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Powys Teaching  
Health Board

# **Powys Teaching Health Board Equality Annual Report 2024-2025**

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## CEO's Foreword – Equality Annual Report 2024–25

I am proud to present the Powys Teaching Health Board's Equality Annual Report for 2024–25. This report highlights the progress we've made in advancing equality, diversity, and inclusion across our services and workforce. These values remain central to our vision of delivering equitable, person-centred care for all who live in and rely on our services across Powys.

This year, we were especially proud to launch **SignLive**, enabling British Sign Language (BSL) users to communicate with our teams more easily and effectively. This marks an important step toward breaking down barriers in healthcare access for our Deaf community and reflects our ongoing commitment to inclusive communication.

I would like to recognise the exceptional efforts of our **Public Health and Maternity teams**, whose work has made a real difference in tackling inequalities and improving outcomes for families and communities. From targeted health campaigns to personalised maternity support, their dedication continues to be a driving force in delivering care that is both compassionate and fair.

We were also delighted to be recognised as an **Age Friendly Employer**, an achievement that reflects our commitment to valuing people at every stage of their working life. Creating a supportive and inclusive environment for staff of all ages strengthens our workforce and enriches our organisation as a whole.

There is still more to do, but I am inspired by the progress we are making. Thank you to our staff, partners and communities for your ongoing support and commitment to equity in health and care.



**Hayley Thomas**  
**Chief Executive Officer**  
Powys Teaching Health Board

Once again we are pleased to present our Equality Annual Report. A key focus in this year has been the development and delivery of our **Anti-Racism Action Plan**, aligned with the Welsh Government's vision for an anti-racist Wales by 2030. Through staff engagement and listening sessions, we've begun important conversations and laid the foundation for ongoing work in this area.

We are also proud to have achieved the **Age Friendly Employer** certification. This recognises our efforts to create a supportive and flexible working environment for colleagues of all ages, enabling them to thrive at every stage of their careers.

Another significant area of progress has been the continued strengthening of our internal Equality training offer. From Gender Awareness to Compassionate Leadership and Cognitive Bias, we are investing in learning that equips our workforce with the skills and confidence to embed equality in everything we do.

Thank you to our staff and partners for their dedication and commitment.



**Debra Wood-Lawson**  
**Executive Director of People and Culture and**  
**Board Equality Champion**

Powys Teaching Health Board

## About the Powys Teaching Health Board Area

Powys Teaching Health Board (PTHB) 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's 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 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 2,605 staff (as of 31 March 2025), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards and our operating model is different, focussing 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 [Key Documents](#) 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 as shown in the 2021 Census 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 access the services they need. This has been acknowledged by reports from [Public Health Wales](#) and [the Nuffield Trust](#). Our [Strategic Equality Plan \(SEP\)](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

## Activity during 2024-2025

The following table outlines the Equality-related activity which has taken place during 2024-2025, cross-referenced to the Long Term Aims/Equality Objectives outlined in our 2024-2028 [Strategic Equality Plan](#).

| Objective   | Protected Characteristic(s) & other groups impacted.                   | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives   | Health & Care Standards & Additional Policy Strands  |
|---|--|--|--|--|
| <p>1. As part of <i>Better Together</i> (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising</p> | <p><b>Primary</b><br/>Age<br/>Disability<br/>Socio-Economic Status</p> | <p><b>Better Together</b><br/>We have continued to extend the range of services available within Powys, meaning that individuals can access these closer to home, rather than having to travel out of county - these services include:</p> <p><b>Respiratory</b><br/>Virtual Pulmonary Rehabilitation: Individuals can access from their own home. If they do not have a tablet or laptop, they are able to borrow one from local Powys Library, with support provided from a Digital Facilitator to help them to access the virtual sessions.<br/>Overnight sleep oximetry: obstructive sleep apnoea pathway. This is a virtually provided service, whereby patients collect and return the oximeter to their nearest PTHB site and</p> | <p>Focus on Wellbeing: Concentration on preventative healthcare</p> <p>Digital First: Utilising digital technologies and opportunities to improve access.</p> <p>Innovative Environments: Improving the environment of our sites with new technologies and approaches.</p> | <ul style="list-style-type: none"> <li>• Dignified Care</li> <li>• Timely Care</li> <li>• Individual Care</li> <li>• More than Just Words</li> </ul> |

| Objective   | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives  | Health & Care Standards & Additional Policy Strands |
|---|--|---|---|---|
| <p>services, using online technologies and other approaches to avoid needing to send patients out of county where possible.</p> |  | <p>access support via Attend Anywhere or telephone from the clinical team.<br/> Full pulmonary function testing: This is now available in South Powys, with work to develop the North Powys offer linked to the North Powys Wellbeing Programme.</p> <p><b>Cardiology</b><br/> Since the PTHB Community Cardiology Service was rolled out in North Powys from 11 November 2022, 613 new patients have been seen in a service that they would have previously had to access in Shrewsbury. The service also works with and supports GP surgeries to undertake ECG rhythm assessments using Kardia and Zio mobile devices with 323 Patients followed Arrhythmia Pathway (20 repatriated from a secondary care waiting list).<br/> A deep review of 121 patient cases identified the following:</p> <ul style="list-style-type: none"> <li>• 15k Patient travel miles saved (average = 123 miles saved per patient)</li> </ul> | <p>Fully Joined Up Care:<br/> Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.</p> |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <ul style="list-style-type: none"> <li>• 372 patient travel hours saved</li> <li>• 5.3k kg of CO2 saved</li> </ul> <p><b>Dermatology</b><br/> Funding from the Welsh Cancer Network has enabled GP practices in North Powys to receive the Dermatology Dermoscopy camera by Casio (DZ-D100). The aim of getting a dermoscopy camera into each GP practice in Powys is to make this valuable additional diagnostic tool available locally in the community. A pilot commenced on the 01.09.24 with St. Michaels Clinic to enable GP Practices in North Powys to attach a clinical dermoscopy photo to a referral to St Michaels Clinic for advice and guidance on diagnosis and management of any skin lesion that is NOT considered to be an Urgent Suspected Cancer (USC).<br/> The benefits of the pilot include, support for people living in rural communities to get a diagnosis of a benign lesion without having to travel for a specialist appointment saving time</p> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <p>and cost. Quicker appointments to see a specialist with the appropriate triage of an urgent lesion to an urgent face to face appointment or direct to surgery and improved patient access through reduced waiting list times which will result in quicker diagnosis and management of a non-urgent suspected cancer (USC) skin cancer lesion. Up to the 18/09/2024, out of the 11 referrals received:</p> <ul style="list-style-type: none"> <li>• 37% patients were discharged under the newly negotiated advice and guidance pathway, avoiding them having to travel to any appointments.</li> <li>• 36% were referred straight to surgery, saving the patient travel time as the patient will be travelling once to their surgical procedure with the pre-op conducted over the phone, also a cost saving to Powys as only one in person appointment required,</li> <li>• 0% required a face to face first appointment,</li> </ul> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <ul style="list-style-type: none"> <li>27% recorded under "other" which meant that St Michael's Clinic asked the referral to be re-directed to secondary care due to the clinical photo looking suspicious (USC pathway not included in pilot).</li> </ul> <p><b>MSK Orthopaedics</b><br/>MSK Orthopaedics pilot demonstrated as of 2nd September 2024, the total number of patients triaged through the pilot was 178 and 47% of patients (84 individuals) were redirected to be seen by the PTHB Clinical Musculoskeletal Assessment and Treatment Service whereas they would have previously been seen by a consultant, most likely out of county. A business case is under development to expand the pilot across Powys.</p> |  |   |

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|-----------|--|---|--|---|
|           |  | <p><b>Point of Care Testing</b><br/> The Point-of-care Testing Coordinator position has also been made permanent, enabling many tests to be held within PTHB that would formerly have necessitated long waits or travel out-of-county.</p> <p>Expanding the range of services that can be offered within Powys and reducing the need to travel can benefit all of our patients by reducing waiting and travel times. However it is particularly likely to benefit those for whom travel is particularly difficult or inconvenient, such as those in poorer socio-economic groups, those of advanced age, children, people with disabilities and their carers. These have been identified as some of the highest</p> |  |   |



| Objective   | Protected Characteristic(s) & other groups impacted.   | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives  | Health & Care Standards & Additional Policy Strands  |
|---|--|--|---|--|
|   |  | priority groups in our consultation exercises, thus this area of work remains a major organisational priority from the perspective of Equality as well as more broadly.  |   |  |
| 2. Work to address known health inequalities within our population and take steps to identify and address others. | <p><b>Primary</b><br/>Age<br/>Disability<br/>Pregnancy &amp;<br/>Maternity</p> <p><b>Supplementary</b><br/>Socio-Economic<br/>Status</p> | <p><a href="#">Powys Public Health Team</a></p> <p><b>Vaccination Service</b></p> <ul style="list-style-type: none"> <li>• Developed a vaccination equity plan to outline key areas of action to reduce inequity in vaccination</li> <li>• Deployment of a hub and spoke model to deliver Winter Respiratory Vaccination Programme to the eligible population of Powys</li> <li>• Delivered late evening and weekend clinics to increase access to services</li> <li>• Offered mop-up clinics for flu and school-age flu for those that missed appointments</li> <li>• Issued printed and digital media to promote winter vaccination programmes</li> <li>• Material is supplied in Welsh and English</li> </ul> | <p><b>Focus on Wellbeing:</b><br/>Work to address the underlying causes that lead to people needing to access healthcare services will reduce demand on those services at all levels.</p> | <ul style="list-style-type: none"> <li>• Staying Healthy</li> <li>• Individual Care</li> <li>• LGBTQ+ Action Plan</li> </ul> |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|---|--|---|
|           |  | <ul style="list-style-type: none"> <li>• Monthly operational delivery group meetings discuss equity and access as part of the discussion around plans</li> <li>• Data is reviewed to identify areas of low uptake and agile plans are modified to respond.</li> </ul> <p>One of the barriers identified to receiving the COVID-19 vaccination in Powys was access to the main vaccination centres in Bronllys and Newtown. In Spring 2024 we adapted our delivery model to ensure that there were local clinics in large towns across Powys.</p> <p>For the Winter 2024/25 COVID Vaccination campaign, a similar model was adopted, where eligible patients were invited to their most local clinic, reducing the need to travel large distances across the county. The winter 2024/25 campaign was offered in thirteen different locations through both the Health Board Vaccination Service and GP Practices across Powys</p> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <p>The Health Board Vaccination Service also offers after work appointments and Saturday appointments throughout the duration of the campaign to ensure that everyone has the opportunity to attend an appointment that is convenient for them, including after work and on the weekends.</p> <p><b>MMR Catch Up</b><br/>Between March 2024 and July 2024 PTHB undertook an MMR catch up campaign targeting school age children. The school health nursing team reviewed school uptake data and contacted those children with an incomplete vaccination record. This included secondary and primary schools. The SHN team offered vaccination at the school, Newtown and Bronllys Vaccination Centres, some outreach clinics at PTHB sites, or referred back to their GP.</p> <p><b>Smoking cessation team</b></p> |  |   |


| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <ul style="list-style-type: none"> <li>• The Smoking Cessation GP Text message project has continued to target GP Practices in areas of deprivation sending personal invites to smokers to make a quit attempt with support from Smoking Cessation team locally. This project has likely contributed to the increase in overall number of overall quit attempts in Powys in Q1 2024/25 as compared to Q1 2023/24 and there is evidence of an increase in activity in Smoking Cessation teams at GP Practices in these areas following text delivery.</li> <li>• Smoking Cessation Advisors have targeted their support to Pharmacies in areas of deprivation. Their support aims to increase promotion and delivery of the smoking cessation support service delivered by the pharmacies in these areas.</li> <li>• Focused Midwifery Team visits in areas of deprivation to try to increase Carbon Monoxide (CO) monitoring and referral for</li> </ul> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|---|--|---|
|           |  | <p>smoking cessation support for clients in these areas</p> <ul style="list-style-type: none"> <li>• Smoking Cessation group support and community clinics based in areas of deprivation</li> <li>• Recruitment of Smoking Cessation Champions focusing on areas of deprivation. The champions will be given some training regarding having conversations about behaviour change and signposting to services</li> <li>• Delivery of Smoking Cessation GP Text message project has continued to target GP Practices in areas of deprivation sending personal invites to smokers to make a quit attempt with support from the Smoking Cessation team locally. This project has likely contributed to the increase in the number of overall quit attempts in Powys in 2024/25</li> <li>• Targeted support provided by Smoking Cessation Advisors to pharmacies in areas of deprivation. This support is to help</li> </ul> |  |   |


| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <p>increase promotion and delivery of the smoking cessation support service delivered by the pharmacies in these areas.</p> <p><b>Healthy schools team</b></p> <ul style="list-style-type: none"> <li>• Support offered by Healthy Schools for schools within Powys who are eligible due to free school meals entitlement level to sign up for Food and Fun scheme</li> <li>• Vaping work with young people engaging schools in areas of deprivation</li> <li>• Healthy Pre-school Gold Snack Award targeted at Flying Start settings alongside wider settings</li> </ul> <p><b>Health Protection team</b></p> <ul style="list-style-type: none"> <li>• Blood borne virus tests have been completed within the high risk cohort who attend probation services, with visits to Brecon, Newtown and Llandrindod since August 2024</li> </ul> |  |   |

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|-----------|--|--|--|---|
|           |  | <ul style="list-style-type: none"> <li>• Blood borne virus testing has also taken place in Ponthafren, Newtown and Welshpool and within Food banks at Llandrindod, Ystradgynlais and Brecon to ensure those from deprived areas are offered a test.</li> <li>• 'Farming Fit' has offered health check services to farmers across Powys, including a visit to the Winter Fair. This project runs due to a recognition that this is a population who do not always access services as readily as other groups within the county.</li> </ul> <p><b>Whole System Approach to Healthy Weight</b><br/> The Whole System Approach (WSA) to healthy weight includes work to address:</p> <ul style="list-style-type: none"> <li>• <b>Affordability of healthy food</b> – The team continues to look at the NHS Healthy Start scheme. Uptake has generally been around 62% in Powys. Powys staff have spoken with the national</li> </ul> |  |   |

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|-----------|--|--|--|---|
|           |  | <p>team and have suggested a number of changes that may increase uptake – raising threshold for eligibility, increasing funds available for each child, making it possible to use the card online, developing a phone app and reviewing delivery of the whole scheme. Actual numbers of people accessing the scheme in Powys vary but are usually between 435-450 each month.</p> <ul style="list-style-type: none"> <li>The team is also looking at affordability of healthy food and cooking skills.</li> </ul> <p><b>Breastfeeding Welcome scheme</b><br/> We have introduced the scheme in Powys to support mothers to feel confident when breastfeeding out and about. Although breastfeeding initiation rates are over 80% in Powys, this falls to below 60% at 6 weeks and we hope this scheme may go some way to address this. Both the PTHB and PCC have agreed that all public-facing areas will be breastfeeding welcome. We are working with</p> |  |   |

| Objective   | Protected Characteristic(s) & other groups impacted.                             | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives                                     | Health & Care Standards & Additional Policy Strands   |
|---|--|--|--|---|
|   |  | <p>premises across the county – starting in Ystradgynlais and Newtown, because they are the most deprived areas of Powys – to support them to be breastfeeding welcome. To date, we have over 70 sign-ups (scheme launched on 1<sup>st</sup> August 2024). Information about the scheme is included in staff induction and also in equality and diversity training in PTHB. It is recognised that mothers in lower income families may be less likely to breastfeed, so increasing initiation of breastfeeding can lead to long term improvements in health and nutrition.</p> |  |   |
| <p>3. Improve access to our services and sites for individuals whose needs are different from others.</p> | <p><b>Primary</b><br/>Disability<br/>Age</p> <p><b>Supplementary</b><br/>Sex</p> | <p><a href="#">SignLive BSL Video Relay Service</a> </p> <p>We have established access to the PTHB telephone switchboard via the <i>SignLive</i> service. This ultimately enables BSL users to contact any PTHB telephone line via a BSL interpreter by their own initiation; this has</p>  | <p>Focus on Wellbeing:<br/>Widening access to wellbeing services e.g. living well, Silvercloud</p> <p>Digital First:</p> | <ul style="list-style-type: none"> <li>• Effective Care</li> <li>• Dignified Care</li> <li>• Individual Care</li> <li>• More than Just Words</li> </ul> |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives   | Health & Care Standards & Additional Policy Strands |
|-----------|--|---|--|---|
|           | Sexual Orientation<br>Gender Reassignment            | <p>been used on <b>72 separate occasions</b> during 2024-25.</p> <p>The service can also be used for live interpretation once in hospital, and its availability has been advertised on our sites. One service user provided the following feedback from their experience of using the service:</p> <p>“I used SignLive to have a conversation with the dietitian service to discuss my Mother’s health. The issues were too complex to deal with by email and needed a conversation, so I was able to contact someone to sort this out. The conversation went well and they were able to advise. Without being able to access the service, this would have had a detrimental impact on Mum's health and all the issues would not have been identified in a timely manner which would have had a direct adverse impact on Mum's health.”</p> | <p>Utilising digital technologies and opportunities to improve access; improving the access of those with additional requirements to those digital services.</p> <p>Innovative Environments: Improving the environment of our sites with new technologies and approaches; this may enable patients to receive treatments within Powys that might otherwise have to</p> |   |


| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives   | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <p>A staff member said the following after using the service for the first time:</p> <p>“We arranged a time to call only a few hours in advance as I was responding to an urgent query. I was contacted as planned by the interpreter. It worked well for me. The patient’s daughter had used the app so it was far easier than trying to arrange for an interpreter by other means. I will be encouraging its use in the future. In Powys, we rely heavily on telephone communication, so this felt like a great solution.”</p> <p><a href="#">Video Foreign Language and BSL Interpretation</a></p> <p>We have maintained the increase in the use of on-demand Interpretation seen since the wide rollout of on-demand Video interpretation in 2023-24.</p>  | <p>travel outside the county.</p> <p>Fully Joined Up Care:<br/>Ensuring a standard approach to accessibility across our services so that patients experience the same kinds of service from different areas of the health board.</p> |   |


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|-----------|--|--|--|---|-----------|---------|-------|-----------|---------|-------|-----------|---------|-------|-----------|---------|-----|-----------|--|--|
|           |  | <p>Interpretation was used on 1,258 separate occasions in 2024-25, 955 of these (78%) via on-demand Video or Telephone systems.</p> <table border="1" data-bbox="752 587 1514 788"> <thead> <tr> <th></th> <th>Total Instances</th> <th>On-demand</th> </tr> </thead> <tbody> <tr> <td>2024-25</td> <td>1,258</td> <td>955 (78%)</td> </tr> <tr> <td>2023-24</td> <td>1,037</td> <td>651 (63%)</td> </tr> <tr> <td>2022-23</td> <td>1,133</td> <td>525 (46%)</td> </tr> <tr> <td>2021-22</td> <td>706</td> <td>313 (44%)</td> </tr> </tbody> </table> <p>On-demand interpretation offers a number of advantages over face-to-face interpretation as it can be used where the need for interpretation was not foreseen or where it was not possible to arrange a local interpreter due to availability. It also avoids costs and travel where the service user or interpreter fails to attend. These are particularly useful in a rural context like Powys where travel costs are high.</p> <p>2022-23 saw an unusually high demand in interpretation likely due to the Russian</p> |  | Total Instances                                     | On-demand | 2024-25 | 1,258 | 955 (78%) | 2023-24 | 1,037 | 651 (63%) | 2022-23 | 1,133 | 525 (46%) | 2021-22 | 706 | 313 (44%) |  |  |
|           | Total Instances                                      | On-demand  |  |   |           |         |       |           |         |       |           |         |       |           |         |     |           |  |  |
| 2024-25   | 1,258  | 955 (78%)  |  |   |           |         |       |           |         |       |           |         |       |           |         |     |           |  |  |
| 2023-24   | 1,037  | 651 (63%)  |  |   |           |         |       |           |         |       |           |         |       |           |         |     |           |  |  |
| 2022-23   | 1,133  | 525 (46%)  |  |   |           |         |       |           |         |       |           |         |       |           |         |     |           |  |  |
| 2021-22   | 706  | 313 (44%)  |  |   |           |         |       |           |         |       |           |         |       |           |         |     |           |  |  |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |         |       |         |     |         |     |         |     |  |  |
|-----------|--|---|--|---|---------|-------|---------|-----|---------|-----|---------|-----|--|--|
|           |  | <p>Invasion of Ukraine in February 2022. This demand has since substantially subsided, but Removing instances of Russian and Ukrainian from the dataset gives the following trend:</p> <p><i>Translation usage (excl. Russian &amp; Ukrainian)</i></p> <table border="1" data-bbox="752 663 1453 866"> <thead> <tr> <th></th> <th>Total Instances</th> </tr> </thead> <tbody> <tr> <td>2024-25</td> <td>1,214</td> </tr> <tr> <td>2023-24</td> <td>967</td> </tr> <tr> <td>2022-23</td> <td>943</td> </tr> <tr> <td>2021-22</td> <td>705</td> </tr> </tbody> </table> <p>This suggests that <b>the rollout of video interpretation has increased overall usage of interpretation</b>, meaning patients are now receiving interpretation who would not have done in the past. This has been achieved whilst simultaneously reducing costs.</p> <p>Where there is a communication need, effective professional interpretation is absolutely crucial for enabling an effective diagnosis, ensuring patients understand the treatments they are receiving and are able to</p> |  | Total Instances                                     | 2024-25 | 1,214 | 2023-24 | 967 | 2022-23 | 943 | 2021-22 | 705 |  |  |
|           | Total Instances                                      |   |  |   |         |       |         |     |         |     |         |     |  |  |
| 2024-25   | 1,214  |   |  |   |         |       |         |     |         |     |         |     |  |  |
| 2023-24   | 967  |   |  |   |         |       |         |     |         |     |         |     |  |  |
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|-----------|--|--|--|---|
|           |  | <p>give informed consent, as well as understanding any aftercare needs.</p> <p>The most popular languages for interpretation in 2024-25 were Polish (32%), Dari (10%), Bulgarian (10%), Arabic (9%), Ukrainian (7%) Bengali (5%) and BSL (3%).</p> <p><b>Assistive Hearing Technologies</b><br/>Assistive Hearing technologies assist those who are hard of hearing (for both hearing and non-hearing aid users). The health board already had some technological capability to enable this, but it was not widely utilised. As such, an audit of all PTHB sites identified that although coverage of the technology being available across sites was relatively good, there were understanding gaps for hearing Loops and Digital Listeners.</p> <p>As a result of this exercise, additional units have been purchased during 2024-25 and</p> |  |   |

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|-----------|--|--|--|---|
|           |  | <p>there is now 100% coverage for our main hospital sites. The training gap is being addressed in 2025-26 to ensure all departments know how to use the hearing support technologies on offer.</p> <p>Facilitating communication with patients who are hard of hearing is crucial for their effective care in the same way as interpretation, as well as reducing stress for the patient. Making it easier for staff to communicate also reduces a need for staff to raise their voices, reducing stress and improving comfort.</p> <p><a href="#">Site Access Improvements at Bronllys Hospital</a></p> |  |   |


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|           |  | <p>During February and March 2025 a range of Access improvements were carried out at Bronllys hospital, which is the largest PTHB site by the number of staff based there. These improvements included curbing improvements, resurfacing walkways, roads and carparks as well as installing a new pathway and some lighting improvements.</p>  <p>It is intended to build on these developments in the future by further facilitating the movement of staff, patients and visitors both within the site but also onto the site itself.</p> <p>As well as improving access to our services for disabled and elderly patients, these access improvements can reduce the risk of</p> |  |   |

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|           |  | <p>accidents to all staff and visitors and improve patient flow across the site.</p> <p><b>Gender Awareness Training</b><br/>           We have continued to deliver our Gender Awareness sessions (10 sessions to 116 individuals for the year) which continue to be published and promoted via the HB staff intranet pages.</p> <p>Feedback on this session has been very positive, with one attendee describing it as “Really engaging” and another “Very interesting and insightful.”, with 82% reporting the training had significantly increased their knowledge of the subject and 0% reporting that they were dissatisfied.</p> <p>As a result of the 2025 Supreme Court ruling into the definition of “Sex” in relation to the</p>  |  |   |

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|-----------|--|---|--|---|
|           |  | <p>Equality Act, this training will be reviewed to ensure it reflects current requirements.</p> <p><b>Learning Disability Champion Training</b><br/>The Primary &amp; Community Care Academy ran Learning Disability Champion training with 5 sessions across the Health Board during the course of the year.</p> <p><b>Regular Training Circulars</b><br/>Regular messages are sent out to all staff advertising ad-hoc non-mandatory training opportunities on a variety of Equality-relevant subjects.</p> <p>Training in these areas ensures staff understand how to cater for the diverse range of patients under their care, and are confident in understanding what is asked and expected of them.</p> |  |   |

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|--|--|---|--|--|---|---|------------------------------------|---|------|----------------------------------|-------------------|---|------|-----------------------------------|-------------------------------------|---|---|--|--|--|-------|--|--|--|-------|---|--|--|-------|---|--|--|
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| 4. In accordance with the <i>Better Together Model / Workforce Futures</i> , ensure that Powys Teaching            | Primary Disability Age<br>Supplementary Sex<br>Pregnancy & Maternity   | <p><b>Age-Friendly Employer Pledge</b></p> <p>Powys Teaching Health Board has a comparatively older workforce, a trend which is expected to increase in coming years (see below section on Equality Data for more details).</p>  <p>Accordingly, we have recognised the crucial importance of ensuring the older members of</p>   | Workforce Futures: Participation in workplace accreditation schemes may draw new applicants and improve retention of existing staff. | Staff & Resources<br>Anti-Racist Action Plan<br>More than Just Words<br>LGBTQ+ Action Plan |   |   |                                    |   |      |                                  |                   |   |      |                                   |                                     |   |   |  |  |  |       |  |  |  |       |   |  |  |       |   |  |  |

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|---|--|---|--|---|
| <p>Healthboard is an employer of choice for individuals with diverse needs.</p> |  | <p>our workforce feel valued and respected. Starting in this Equality Annual Report and in future reports we will provide updates on the different ways our organisation shows this commitment. As part of our commitment, this year we have:</p> <ul style="list-style-type: none"> <li>• Developed a toolkit specifically to support retirement considerations, including retire-and-return and partial retirement.</li> <li>• <a href="#">Chat to Change (sharepoint.com)</a> provides and Speaking up Safely provide a channels for staff to raise concerns.</li> <li>• ESR collects usable data regarding age demographic of staff. This is reported on publicly in the Equality Annual Report.</li> <li>• Ensured our Equality and Gender Awareness training includes examples relevant to Age discrimination, which is also highlighted in our Equality Impact Assessment process and template.</li> </ul> | <p>Transforming in Partnership:<br/>Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.</p> |   |

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|           |  | <ul style="list-style-type: none"> <li>• Developed HR toolkits for Flexible Working, Managing Attendance at Work and Reasonable Adjustments to facilitate their implementation.</li> <li>• Promoted learning sessions on Age Discrimination and partial retirement:</li> <li>• We have a <a href="#">24/7 Menopause Helpline</a> via Vivup, and the PTHB Menopause Café continues to meet.</li> </ul> <p>Disability Confident<br/>           We achieved the first level of the Disability Confident scheme (committed) and will be developing an action plan in 2025-26 to attain the next level over the course of the next financial year.</p>  |  |   |

Supporting our LGBTQ+ Staff



We have continued to mark Pride Events within the county by attending local events e.g. Brecon Pride (pictured below).







We also marked LGBT History Month by participating in an NHS Wales online event and co-hosted the NHS Wales Pride Quiz 2024.



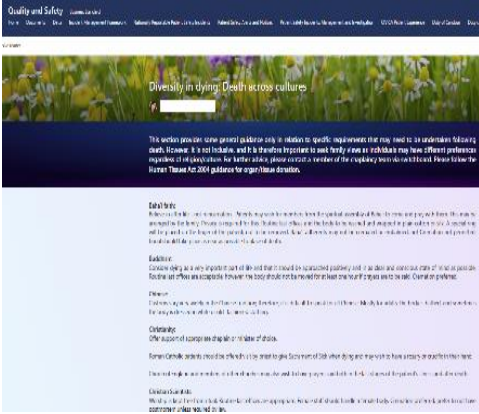
Promoting and Supporting Staff Networks

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|-----------|--|--|--|---|
|           |  | <p>We have continued to promote opportunities for staff from a variety of protected groups to network with their colleagues across PTHB and the wider NHS.</p>  <p>These opportunities have included the All-Wales NHS BSL and Hard of Hearing Network, the PTHB Neurodivergent Staff Network and National Staff Networking event – which was well attended by PTHB staff, who chaired one of the events – among others.</p>  <p>This is part of the wider and ongoing communications program around Equality by which a range of Equality events and opportunities are promoted widely to PTHB staff.</p> |  |   |

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|           |  | <p><b>Digwyddiad Rhwydwaith Staff Cymru Gyfan.</b></p> <p><b>Cadw'r dyddiad</b></p> <p><b>8 Mai</b></p> <p><b>Dros TEAMS - 9.30-4</b></p>  <p>Sgariwch i archebu</p>   <p><b>Reverse Mentoring Programme 2024-25</b><br/>An exciting new development for this year, this scheme, modelled on similar programs run in other organisations, provides staff with the opportunity to mentor a more senior employee, thus providing them with a unique opportunity to learn about the issues and experiences facing staff.</p> |  |   |

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|           |  |  <p><b>Applications for PTHB Reverse Mentoring Programme 24/25</b></p> <p><b>PTHB Reverse Mentoring Programme 24/25</b><br/>Would you relish the opportunity to mentor a senior colleague? Then apply to join this round of Reverse Mentoring which will have a theme of Wellbeing and Staff Retention.</p> <p><b>What is Reverse Mentoring?</b><br/>Similar to a back-to-the-floor experience, reverse mentoring is simply the opposite format of traditional mentoring, where the senior employee is mentored by a younger or more 'junior' employee. Aka, mentoring in reverse. The process recognises that there are skills gaps and opportunities to learn on both sides of a mentoring relationship.</p> <p><b>What does it involve?</b><br/>For example, a reverse mentor (you) would have regular touch points with, and may accompany that senior employee to meetings, observe behaviours and provide constructive feedback regarding issues and points that are observed.</p> <p>These may be born out of your lived experiences as an employee for PTHB. You will provide an insight into the stresses, difficulties and barriers you may have faced, with opportunities to explore how the more senior colleague could learn from and adapt their future leadership approach to ensure they are able to look after their own and others' wellbeing, find ways to improve retention of staff and to gain an insight into the breadth of skills/knowledge in the workforce.</p> <p><i>See also work carried out under the auspices of the Anti-Racist Wales Action Plan (see below).</i></p> <p>These events and programs provide opportunities for staff to learn about the diverse experience of colleagues and patients, and the networks provide a means for staff to support one another as well as functioning as a sounding board for the for the health board's policies and processes.</p> |  |   |

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|--|--|---|---|---|
| <p>5. Improve the health board's ability to accommodate the religious needs of its staff and patients.</p> | <p><b>Primary</b><br/>Religion &amp; Belief</p> <p><b>Supplementary</b><br/>Race &amp; Ethnicity</p> | <p>In anticipation for carrying out more work in this area during 2025-26, initial work has been carried out to assess current provision, which is low across PTHB. No sites currently have a designated Multi-faith space, though such provision has been incorporated into the design of the North Powys Campus project.</p> <p>Provision on existing sites is difficult due to the nature of the health board with small sites and old buildings limiting options and low staff numbers and footfall meaning provision is rarely prioritised. Future work will focus on ensuring the available provision is well advertised and on making it clear that staff are able to make reasonable use of quiet/meeting rooms for this purpose.</p> | <p>Workforce Futures: Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention.</p> <p>Focus on Wellbeing: Respecting the spiritual needs of our staff and patients.</p> | <p>Dignified Care<br/>Individual Care<br/>Staff &amp; Resources<br/>Anti-Racist<br/>Action Plan</p> |

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|---|---|--|---|---|
|   |   | <p>As an initial step, information on ritual requirements has been shared on Sharepoint and information on meeting religious needs is incorporated into our Equality for Managers' training session.</p>  |   |   |
| 6. We will develop an organisational culture that is inclusive and supportive of all our staff, | <b>Primary</b><br>Sex<br><b>Supplementar</b><br>y<br>Age<br>Race &<br>Ethnicity | See above sections for details of Gender Awareness Training, Age Friendly Employer and Disability Confident schemes. See also work carried out under the auspices of the Anti-Racist Wales Action Plan (see below).  | Workforce Futures: Ensuring PTHB is an employer of choice for staff locally and beyond. | Staff Resources &                                   |

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| <p>and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.</p> |  | <p><b>Equality for Managers &amp; Equality Impact Assessment Training</b><br/> This training session is a standard and mandatory part of the PTHB Managers' Training program. This means that all managers receive an advanced session focused on identifying workplace discrimination, providing Reasonable Adjustments for disabled staff, with 66 new individuals completing this training in 2024-25.</p> <p>Feedback has been very positive with one attendee describing the session as:</p> <p style="padding-left: 40px;">"Probably the best Equality/diversity training I've ever attended in my career."</p> <p>Training has also been delivered on Equality Impact Assessment to 19 individuals mainly working in the People &amp; Culture Directorate.</p> |  |   |

### Cognitive and Unconscious Bias Training

This is a new session delivered “in house” by the PTHB Equality and Welsh Language team to 30 individuals during 2024-25 across PTHB and colleagues in Powys County Council.

Recognising the limited evidence base for “awareness raising” on Unconscious Bias in relation to e.g. race discrimination, this session focuses instead on the broader picture of human cognition and the role of bias in decision making, and on techniques to empower staff to avoid situations where there is a risk of bias.



### Workforce Policy Review Group

The local workforce policy review group includes representation via the Service Lead for Equality & Welsh Language and is jointly chaired by the Head of People: Business Partnering & EDI & a trade union representative. This enables us to embed equality impact assessments into our policy decision making and more recently enabled us to include a check process relating to the anti-racism recommendations to ensure these

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|           |  | <p>recommendations are built into any newly developed or amended workforce policies.</p> <p><b>Speaking Up Safely</b><br/> The Speaking Up Safely framework is a Wales-wide scheme aims to ensure that NHS staff feel able to raise or report concerns without placing themselves at any form of personal or professional risk. This includes both safety concerns but also concerns around behaviour, including discriminatory behaviour. 13 requirements were set out in Section 6 of the SUS Framework and these have now all been carried out or otherwise now considered 'business as usual' placed into a long-term monitoring state. These include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• The Chair of the Board has been appointed as the Independent Member Champion with the Director of People and Culture as the Executive Lead.</li> </ul> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <ul style="list-style-type: none"> <li>• Speaking Up Safely is part of the Executive Director for People and Culture’s report in the Workforce and Culture Committee’s regular agenda, and on an annual basis as a requirement within the SUS Framework. Specific elements of the national staff survey relating to speaking up as well as any data and themes around concerns raised, are utilised</li> <li>• The ‘Our Voice’ portal was created on the intranet (with mirror pages for staff on the external web) to have a single place for staff to if they wanted to raise a concern formally. The pages capture elements such as DATIX, the Safeguarding Portal, and Workforce routes, as well as providing information and a form to complete under the NHS Wales Procedure for Staff to Raise Concerns.</li> <li>• PTHB has commissioned VIVup as its EAP provider to host a trial whistleblowing</li> </ul> |  |   |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25  | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|-----------|--|--|--|---|
|           |  | <p>service for 12 months. This will provide an external point of contact to triage concerns and allocate them to the right senior person within the organisation.</p> <ul style="list-style-type: none"> <li>• The approach has been regularly promoted through posters, the Chat to Change network, the organisation's cascade briefing, and when promoted related activity such as the NHS Staff Survey.</li> <li>• A training course was rolled out through the autumn and winter 2024/25 that invites individuals in teams to understand psychological safety and the approach to speaking up in PTHB. The intent is to provide the participant with a simple toolkit of discussions to have in their own teams to help create a culture of speaking up, whilst also raising awareness of the formal mechanisms.</li> <li>• In addition to the training course detailed above, speaking up safely has been specifically included within the Manager's</li> </ul> |  |   |

| Objective   | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives   | Health & Care Standards & Additional Policy Strands |
|---|--|---|--|---|
|   |  | <p>programme, corporate induction, and as a theme within the Clinical Leadership Immersive Programme (CLIP).</p> <ul style="list-style-type: none"> <li>The Speaking Up Safely Steering Group has been established consisting of senior leaders from across the organisation. The group will meet on a quarterly basis with the aim to monitor and make recommendations for actions to continuously improve our culture of speaking up.</li> </ul>  |  |   |
| 7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups. | All PCs.   | <p>The business case for an organisational digital PROMs platform was delayed at the end of 2023-24 however this work has now been resumed as of February 2025 onwards.</p> <p>The initial focus is on mental health pathways as more of the pathway is delivered within Powys (compared to physical health pathways where patients often receive treatment out of county). Eventually the National Data Resource will enable PTHB to access the PROMS data centrally for Powys patients treated elsewhere,</p> | Transforming in Partnership: Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level. | Individual Care                                     |

| Objective  | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives  | Health & Care Standards & Additional Policy Strands    |
|--|--|---|---|--|
|  |  | but in the interim we've shared Powys postcodes with SBUHB and they're working with their PROMs supplier to identify Powys patients so that they can share the data with us. If this is successful, we'll aim to do the same with other health boards. We're also attempting to access the PROMs data for Powys patients treated at some of our main English providers too. | Digital First:<br>Using digital technologies to capture feedback from a range of stakeholders.  |  |
| 8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan. |  | (See dedicated section below)   | Workforce Futures:<br>Ensuring PTHB is an employer of choice for staff locally and beyond.<br><br>Focus on Wellbeing:<br>Addresses health inequalities within these groups. | Staff & Resources<br>Individual Care                   |
| 9. Implement our Welsh in Healthcare Strategy                                  | Welsh Language / All PCs.                            | Work to deliver the strategy this year has included the following key areas: <ul style="list-style-type: none"> <li>• Introduction of a new vacancy assessment service.</li> </ul>  | Focus on Wellbeing:<br>Improve Welsh speakers' access to Wellbeing services   | Staff & Resources<br>Individual Care<br>Dignified Care |

| Objective | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives  | Health & Care Standards & Additional Policy Strands |
|-----------|--|---|---|---|
|           |  | <ul style="list-style-type: none"> <li>• Continued rollout of Welsh for Managers training.</li> <li>• Promotion of training opportunities with record numbers attending Welsh Language training.</li> <li>• Improvements to processes around the uploading of documents to the website.</li> <li>• Review of the way we advertise vacancies in Welsh.</li> </ul> <p>Overall, the health board continues to work to ensure compliance with the Standards. Systems are in place to ensure most of the standards are met in most circumstances. The health board performs particularly well in areas such as communications and social media, and in areas where systems are managed centrally (e.g. recruitment processes such as offering contracts, assessing prospective applicants' Welsh language skills and inviting them to apply in Welsh / use the Welsh language at interview).</p> | <p>like Silvercloud and Powys Living Well</p> <p>Digital First: Utilising digital technologies to provide services bilingually.</p> <p>Workforce Futures Developing the bilingual skills of our current and future workforce.</p> |   |

| Objective   | Protected Characteristic(s) & other groups impacted.            | Work carried out during 2024-25   | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives       | Health & Care Standards & Additional Policy Strands |
|---|---|---|--|---|
|   |   | For full details on our activity in this area during 2024-25, see the Welsh Language Annual Report 2024-25 on the <a href="#">Welsh Language pages</a> of our website, which also hosts the Welsh in Healthcare Strategy. |  |   |
| 10. Gender Pay Gap<br>Continue to monitor the relative pay gap in PTHB and identify any issues arising. | Primary Sex<br>Pregnancy & Maternity                            | See Appendix B.   | Workforce Futures:<br>Ensuring PTHB is an employer of choice for staff locally and beyond. | Staff & Resources                                   |
| 11. Ethnicity Pay<br>Identify and mitigate or address any underlying issues contributing to unequal     | Primary Race & Ethnicity<br><br>Supplementary Religion & Belief | See Anti-Racism Action Plan below.  | Workforce Futures:<br>Ensuring PTHB is an employer of choice for staff locally and beyond. | Staff & Resources                                   |

| Objective   | Protected Characteristic(s) & other groups impacted. | Work carried out during 2024-25 | Contributes to the following Health and Care Strategy Wellbeing/ enabling objectives | Health & Care Standards & Additional Policy Strands |
|---|--|---------------------------------|--|---|
| pay outcomes for staff from different ethnic backgrounds. |  |                                 |  |   |

### Anti Racist Wales Action Plan

As part of the Anti-Racist Wales Action Plan, Powys Teaching Health Board maintains a local plan to capture and monitor how it will work locally towards the aim of an Anti-Racist Wales.

|  |   |
|--|---|
| Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.  |   |
| Providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation's annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the | <p>Following the provision of the Powys Workforce Race Equality Standard (WRES) by Welsh Government in summer 2024, the launch of the 2024-2028 PTHB Strategic Equality Plan and the revision of the national Anti-Racism Action Plan, the local PTHB Anti-Racism Action Plan has been revised and updated to ensure it reflects the most recent situation. The plan has been promoted and shared across the organisation and staff invited to contribute and comment.</p> <p>The main recommendations of the WRES were that PTHB work to address:</p> <ul style="list-style-type: none"> <li>- absence of ethnic minority board membership</li> <li>- progression of ethnic minority staff to senior grades</li> </ul> |

|   |  |
|---|--|
| <p>Workforce Race Equality Standard</p>   | <ul style="list-style-type: none"> <li>- likelihood of ethnic minority staff being appointed after shortlisting</li> </ul> <p>Awareness and membership of the PTHB Minoritised Ethnic staff network (and other staff networks) has been raised through internal promotion and the induction campaign. A strong local staff network will ensure that PTHB staff from ethnic minorities are given a voice within the organisation and the opportunity to contribute to schemes and programs to improve outcomes for these staff within the organisation.</p> |
| <p>Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity.</p> <p>Progress with plan implementation will be reported through the SEP and monitored through the IQPD and policy assurance mechanisms</p> | <p>The Plan is monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports, as per Welsh Government guidance; it is also included in the 2023-2026 PTHB Integrated Medium Term Plan.</p> <p>Ethnicity Pay Gap Reporting was first included in the 2022-23 Annual Report and this is continued in the 2024-25 Annual Report (See Appendix B).</p>   |

|   |   |
|---|---|
| <p>All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful impact of their organisational anti-racism plan.</p>   | <p>All our Board Members have Diversity and Inclusion featured as personal objectives and are provided with regular opportunities to engage with relevant opportunities, including both local and external training. They contributed to the revision of the Anti-Racism plan.</p>  |
| <p>Local / WRES Actions:</p> <ul style="list-style-type: none"> <li>- absence of ethnic minority board membership</li> <li>- progression of ethnic minority staff to senior grades</li> <li>- likelihood of ethnic minority staff being appointed after shortlisting</li> </ul> | <p>The Powys Teaching Health Board Reverse Mentoring Scheme (see above) provides senior staff, such as board members, the opportunity to be mentored by more junior members of staff, sharing their real-life experiences as employees across the organisation. This has been specifically targeted at BME staff via the relevant Staff Network.</p> <p>In light of the WRES recommendations relating to shortlisting data, the health board has undertaken a deeper review of our workforce data to identify whether and where disparities of outcome exist between professional outcomes for staff from different ethnic backgrounds. the issues all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. As of April 2025 this was still being shared internally, however its recommendations will inform our future approach, potentially exploring .</p> <p>An ongoing review of Recruitment processes will strengthen practice in this area and ensure consistency and fairness in appointment processes, incorporating industry best practices.</p> <p>We have recruited to the International Nurses’ Pastoral Care Officer role, a unique role within the People &amp; Culture directorate which seeks to ensure the effective induction, support and onboarding of our internationally recruited nurses. Providing a dedicated member of support staff to address issues around pastoral care and other difficulties that may arise when staff move across the world for employment ensures that, in the shorter term, our internationally educated nurses are able to quickly and effectively integrate into PTHB clinical teams; and in the longer term it is hoped that improving the experience of our internationally educated staff will boost retention rates.</p> |

|   |  |
|---|--|
| <p>Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.</p>                                       |  |
| <p>NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent NHS Wales Workforce Policy Audit (Diverse Cymru, 2023), working with Black, Asian and Minority Ethnic staff groups to support their effective application.</p> | <p>In order to reflect the principles of the Diverse Cymru Audit within local workforce policies, PTHB has established a rolling programme of audit of existing policies against the broad principles of the Diverse Cymru recommendations. As of April 2025 14 local policies have been assessed, approximately 47% of the total eligible policies (30).</p>                                      |
| <p>Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes</p>              | <p>The nationally developed training was published and made available to PTHB towards the end of the 2024-25 year. No data exists for completion rates at the end of 2024-25 however as of May 2025, 52.8% of staff members of staff had completed the training. PTHB staff also contributed to the development of the training, which explains the principles of anti-racism to participants.</p> |

|   |   |
|---|---|
| <p>Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.</p> | <p>PTHB has committed to the Aspiring Board Members program, and promoted participation locally by sharing information about the program with partner organisations.</p>  |
| <p>Data &amp; Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients</p>  |   |
| <p>NHS Boards, Trusts, and Special Authorities will continue to:</p> <ul style="list-style-type: none"> <li>- improve workforce data quality;</li> <li>- facilitate and support data collection against the Workforce Race Equality Standard (WRES) indicators;</li> </ul>  | <p>We have continued to encourage all our staff to update their demographic information on ESR, with an initial target to achieve 90% completion by March 2024 (up from 86.6% in March 2023) by year end. The figure achieved for March 2024 was on-target at 92.1%. Our new ongoing target is to maintain this high level, and as of March 2025 we have successfully increased this to 92.7%. See Appendix C (Workforce Data) for more information. It is likely that this represents something close to the realistic maximum given staff turnover.</p> <p>A specific recommendation in the PTHB WRES was to improve the returns for senior staff. "Senior staff" is not clearly defined. However, PTHB has improved the percentage of those staff on Agenda for Change Bands 8C and higher completing this information</p> |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>- scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in response to evidence base through targeted structural change</li> </ul> | <p>from 85.7% (42/49) in March 2024 to 94.3% (50/53) in March 2025. Improved return rates and accuracy of data ensures that the information we have accurately reflects the reality within the health board, which is crucial to ensure interventions or schemes can be targeted effectively.</p> |
|---|---|

**Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.**

Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027), with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities



As part of their ongoing work around the Maternity and Neonatal Safety Support Program, the Maternity Services team at Powys Teaching Health Board has been awarded a Bronze Distinction Award by Diverse Cymru for the work they have been doing to progress how they approach diversity and equality in the workplace for both staff and patients. Representatives of the team travelled to Cardiff for an Awards Ceremony and Learning Day at Sophia Gardens to receive their award, as part of the Diverse Cymru Cultural Certification Scheme 2024. This work has included:

- A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.
- Maternity services' social media, information and leaflets has been reviewed to improve inclusivity and representation.

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>- The Language line app has been installed on staff's phones and laptops to ensure we can provide visual interpretation services.</li><li>- Communication – a quarterly EDI Maternity Newsletter covers with 'hot topic' areas to share good practice and EDI updates.</li></ul> |
|--|--|

## Moving Forward: Priorities for 2025-26

We intend to work on all of the Strategic Priorities in our Strategic Equality Plan during 2025-26.

However, specific work planned for next year includes

- The rollout of SignLive to Primary Care settings.
- Completion of our reviews of Recruitment and Retention through an Anti-Racist lens and the implementation of recommendations arising from our investigation.
- Further work on objective 5 to improve our Multi-faith provision.
- Further development and expansion of our local Equality training opportunities.
- Further development and expansion of our BME Staff Network.
- Ensure our provision and guidance regarding same-sex facilities complies with recommendations arising from the recent Supreme Court ruling on the definition of Sex in the Equality Act.

## Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team ([powys.equalityandwelsh@wales.nhs.uk](mailto:powys.equalityandwelsh@wales.nhs.uk)). 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 2024-2025 can be found in the [Annual Reports](#) section on the health board's website.

## Appendix A: Gender Pay Gap Reporting & Analysis

Note: All the information in this section reflects the situation as of 31<sup>st</sup> March 2025.

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.

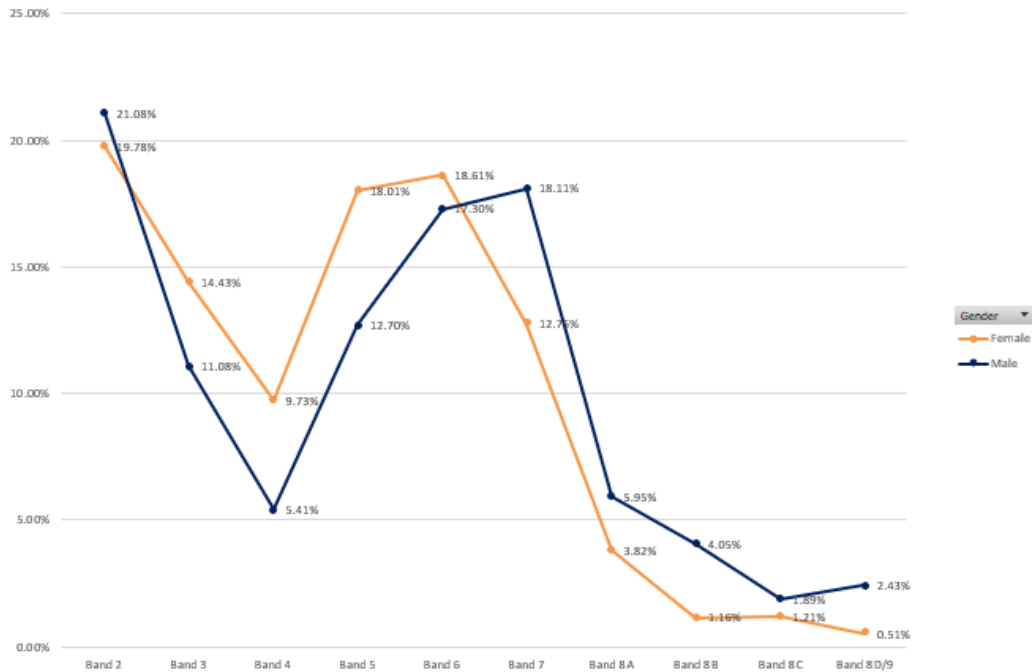
As of 31<sup>st</sup> March 2025, the Gender Pay Gap in Powys Teaching Health Board was as follows:

| Gender     | Avg. Hourly Rate | Median Hourly Rate |
|------------|------------------|--------------------|
| Male       | 23.6990          | 20.1561            |
| Female     | 19.6296          | 17.5048            |
| Difference | 4.0694           | 2.6513             |
| Pay Gap %  | 17.1713          | 13.1538            |

Of our 2,522 staff, 2,137 are women (85%) and 385 are men (15%). This is very similar to other NHS Wales organisations; however, our gender pay gap of 17.2% is a little above the UK average (13.1% in 2024) but compares favourably to other NHS Wales Health Boards.

The [overall UK Gender Pay gap](#) has shown a long term decline since the 1980s. PTHB first reported on the Gender Pay Gap in 2019-20; the figures reported each year since that date have been relatively similar. This year's figure of 17.2% is almost the same as last year (17.5%) and the year before (17.7%).

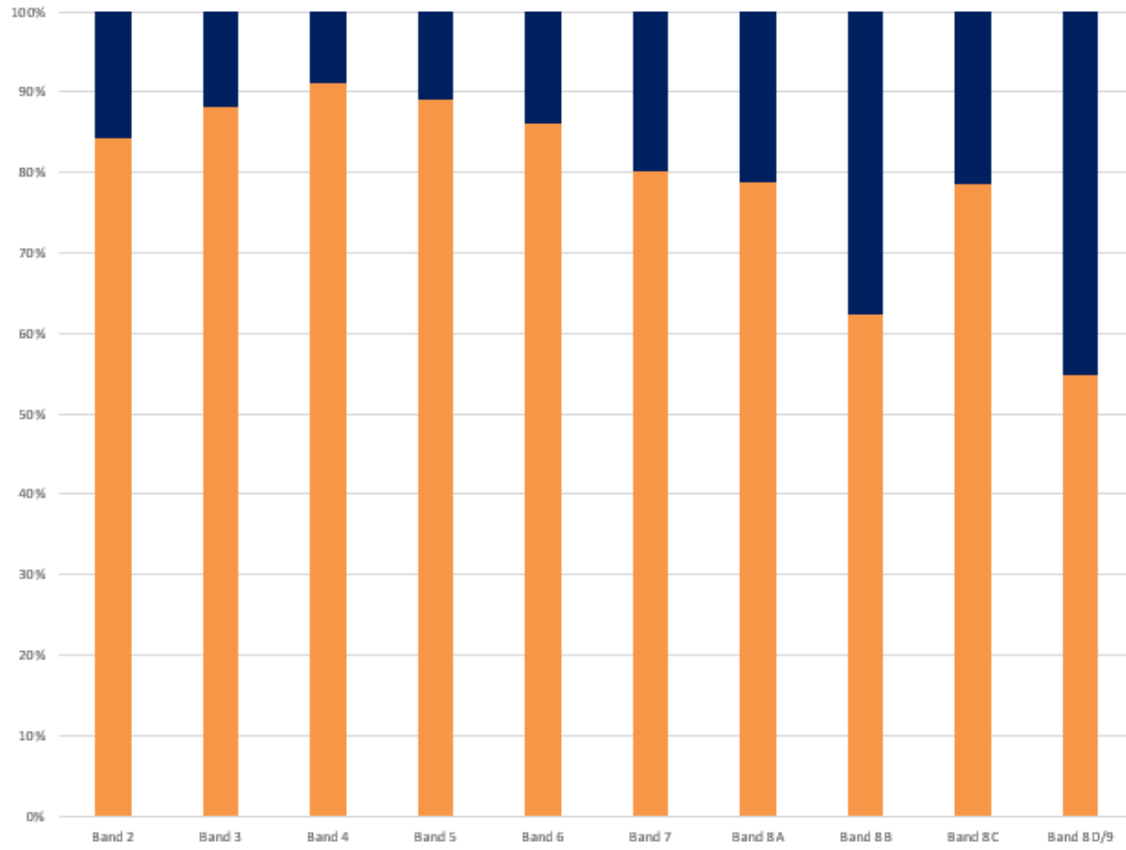
(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)



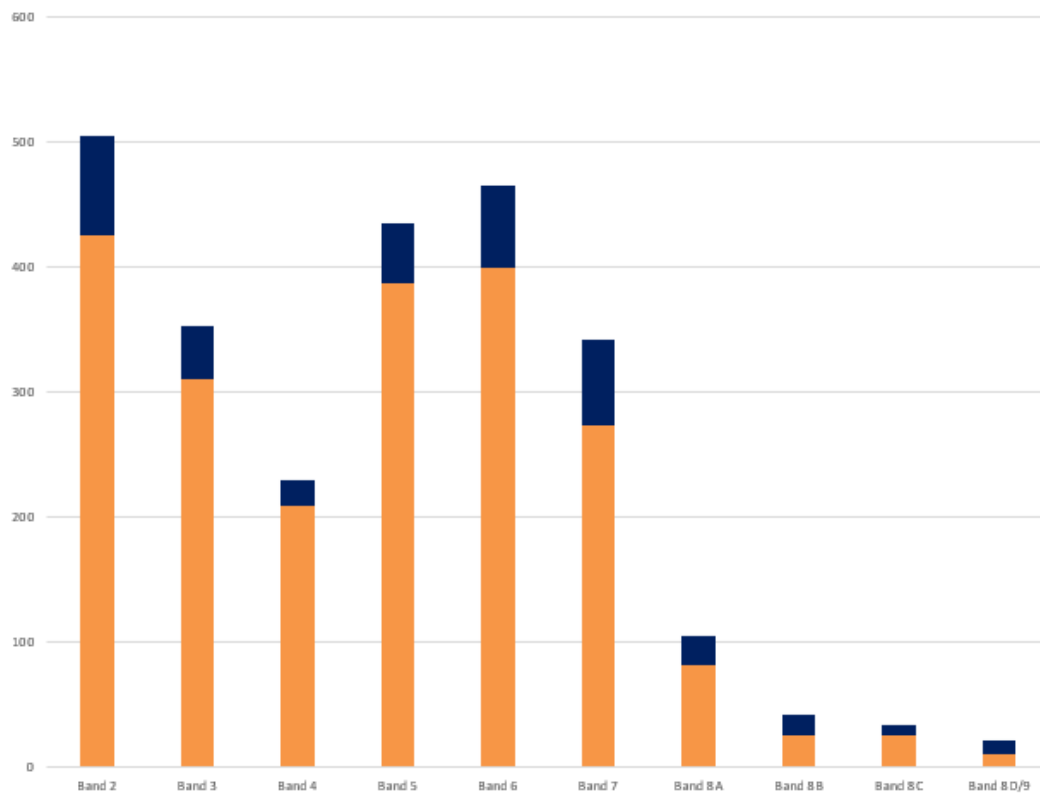
Graph A: the proportion of men and women at each AFC Pay Band, as a % of all men and women on AFC pay bands at PTHB. For example, 21.08% of men employed by the health board are in Band 2 and 12.75% of women are in Band 7.

Because the salaries and terms and conditions of almost all staff are dictated by Agenda for Change and other frameworks with strictly delineated roles and pay bands, there is no reason to suggest that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB.

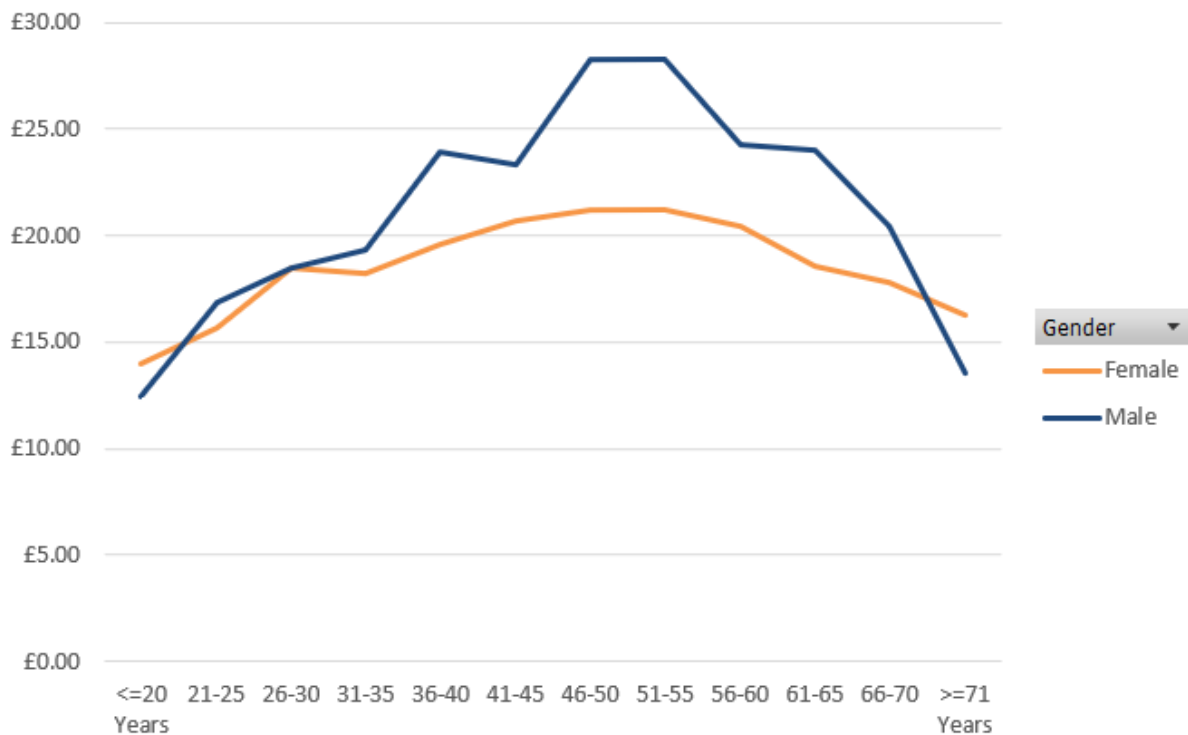
Instead, the gender pay gap is the consequence of the difference in the kind of roles occupied by men and women in the health board, as shown by graphs B & C below. Whilst women are well represented at all levels of the organisation, the fact that men are comparatively better represented at higher levels of the organisation causes the gender pay gap observed. Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant, domestic assistant. However, in the lowest pay band (Band 2), men are in fact proportionately more represented than women (21.08% versus 19.78%).



Graph B: Gender by pay grade (proportions of total)



Graph C: Gender by pay grade (absolute numbers)



Graph D: Average hourly rate of pay for men and women, plotted by age.

#### Additional Remarks about the PTHB Gender Pay Gap

- Women are well represented at all levels of the organisation, including the current and previous CEO.
- Previous annual reports included recruitment data showing that women were, on average, more likely to be invited to interview than men and more likely to be successful, possibly evidence for a “confidence gap” (documented in [various sources](#)) which suggests men are more likely than women to apply for jobs when they are less confident of success.
- The 2024 staff survey indicated that women at PTHB (and in the wider Welsh NHS) scored better than men on all questions related to discrimination, inclusion and compassionate culture.
- It is notable (Graph D) that men and women are paid very similar amounts in the youngest staff groups (20-35), but the pay gap widens significantly afterwards, peaking at 51-55 before closing again due to male income falling (presumably due to retirements) rather than female income improving.
- This may suggest that the gender pay gap would be expected to fall in the future. However, it is also possible that the above can be explained by differing approaches to career and other considerations

(e.g. family commitments). The average age of a first time mother in the UK is now 30.9 (ONS) and a [CPP paper](#) found that women are significantly more likely than men to see their careers impacted by caring responsibilities.

- The gender pay gap of 17.2% is lower than often reported by other (larger) Welsh health boards. This contrast is likely to reflect the lower proportion of the PTHB workforce in medical professions (in which men are more represented generally compared to the average in other NHS roles).

Appendix B: Ethnicity Pay Reporting & Analysis

Note: All the information in this section reflects the situation as of 31<sup>st</sup> March 2025.

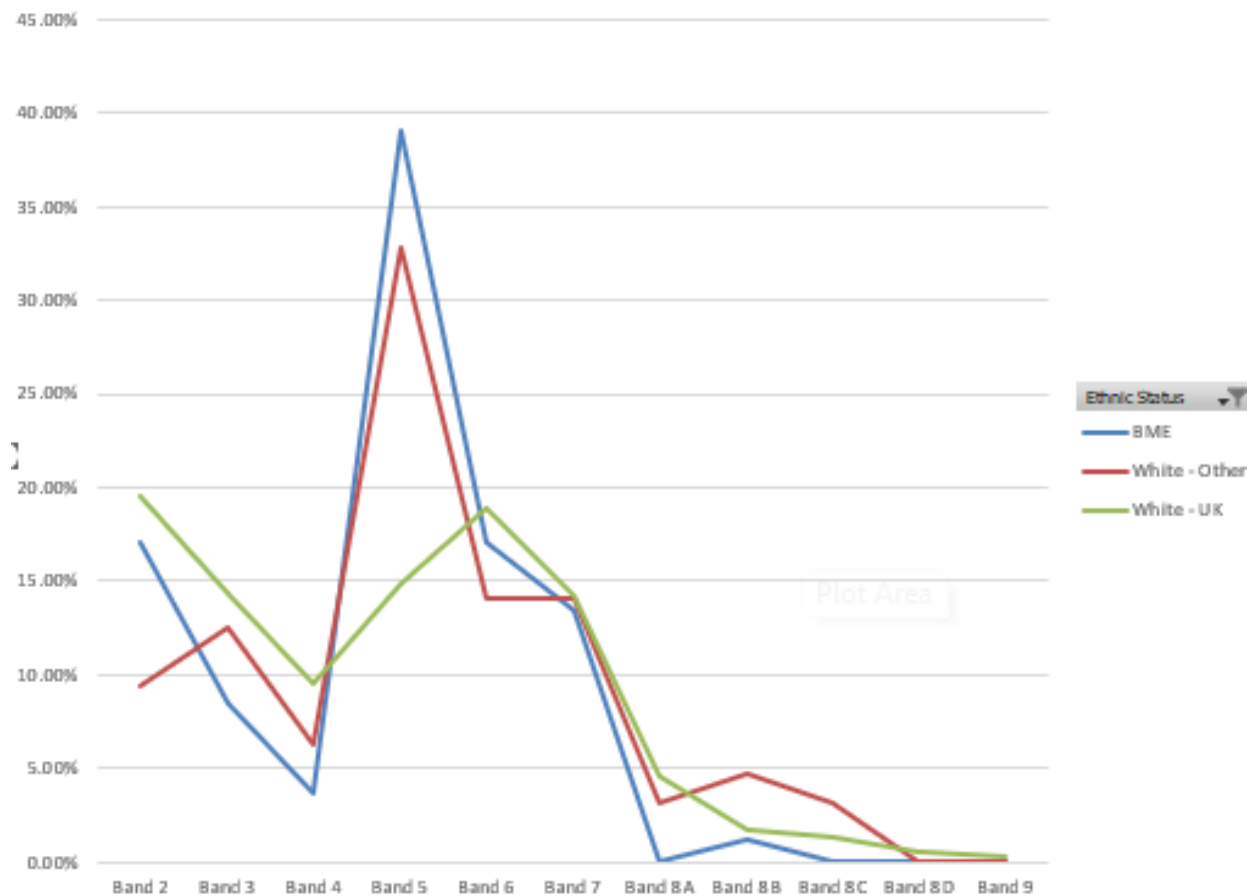
There is no statutory requirement to report on ethnicity and pay. However, PTHB has committed to reporting this voluntarily as per our local Anti-Racist Action Plan (see above).

| Ethnicity     | Avg. Hourly Rate |
|---------------|------------------|
| White - UK    | 20.141686        |
| White - Other | 22.088326        |
| Non-White     | 23.552724        |

Out of a total of 2,605 staff, 2,281 described their Ethnic Group as White and 86 as a non-White group; a further 228 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 **4.04%** 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 5, and less likely to be in other pay grades.

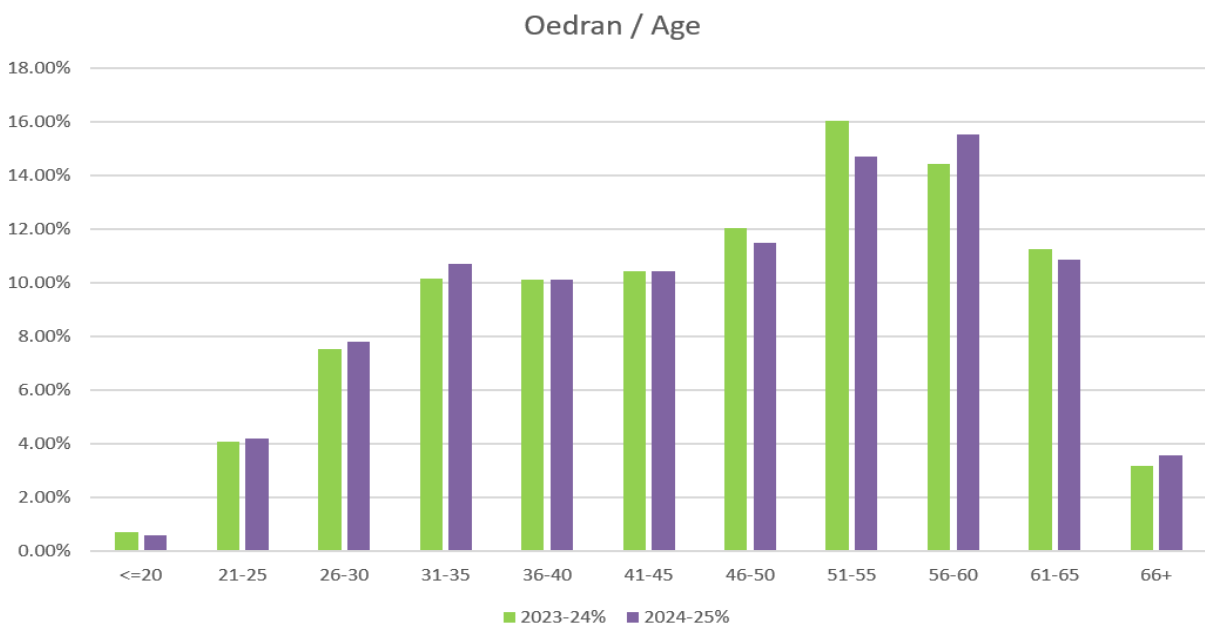
Close analysis of workforce data undertaken during this financial year found that BME staff are very unevenly distributed throughout the workforce, being concentrated in particular fields and staff groups.

Appendix C: Workforce Data

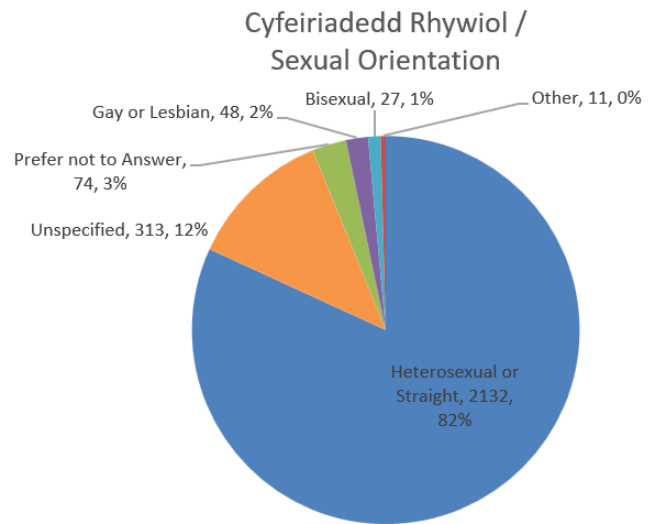
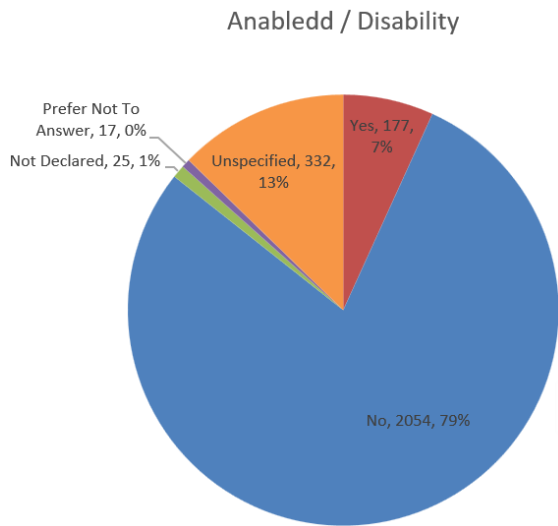
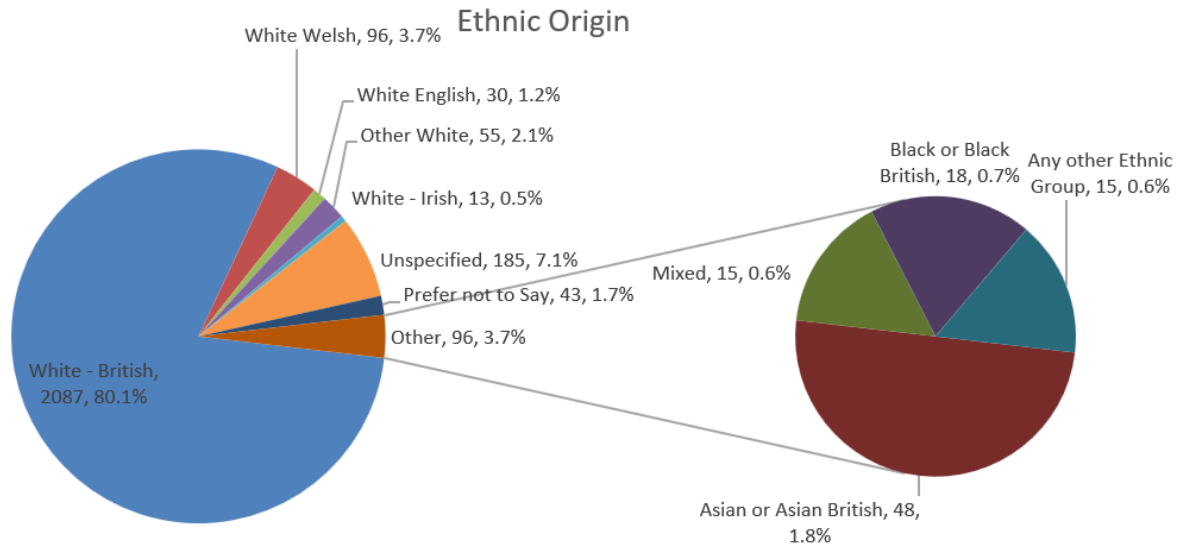
Note: All the information in this section reflects the situation as of 31<sup>st</sup> March 2025.

Powys Teaching Health Board employs 2,605 substantive individual members of staff, an increase from 2,522 in 2024, continuing a trend of gradual increase of over the last few years. 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.

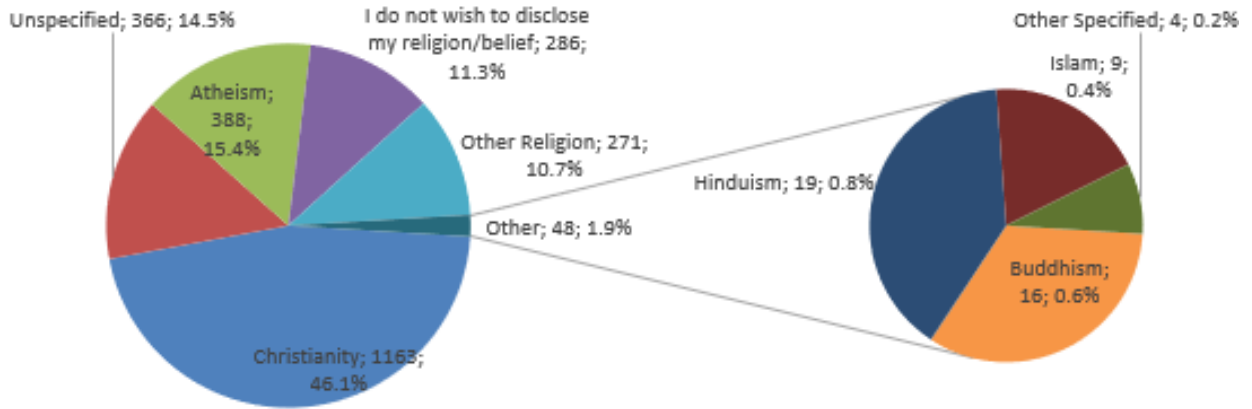


A comparative increase in the proportion of staff in some of the oldest categories has been offset by a promising increase in staff in some of the youngest categories.

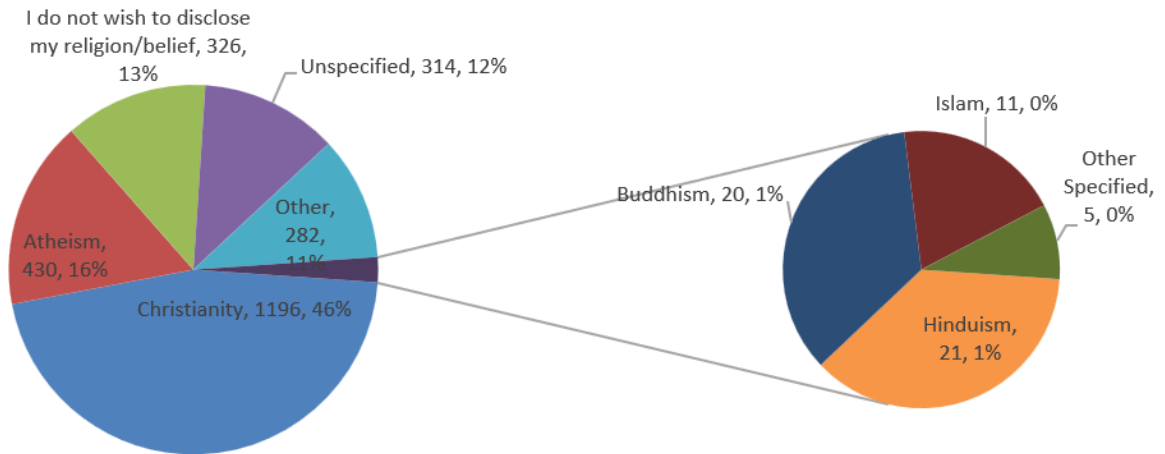


NB: In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* and *Prefer not to answer* are separate form options for disability.

### Religious Belief



### Crefydd / Religion



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 from among the options, but too few individuals chose these religions, and to preserve anonymity these groups have been merged. The other specific options on the form are Jainism, Judaism and Sikhism.

Compared to last year, there has been a further decrease in the number and percentage of "unspecified" returns in all categories:

| Category      | 2023-24 |            | 2024-25 |            |
|---------------|---------|------------|---------|------------|
|               | Count   | Percentage | Count   | Percentage |
| Ethnic Origin | 199     | 7.9%       | 185     | 7.1%       |
| Disability    | 413     | 16%        | 332     | 12.7%      |

|                    |     |       |     |       |
|--------------------|-----|-------|-----|-------|
| Sexual Orientation | 362 | 14.5% | 313 | 12.0% |
| Religious Belief   | 366 | 14.5% | 314 | 12.1% |

This is likely due to ongoing efforts during the year to increase data completion rates undertaken as part of the Anti-Racist action plan. Although these efforts were targeted those whose ethnicity was unspecified, it is likely at least these individuals would have had other data missing also and would then have filled all missing data fields. The fact the rate is lowest for ethnicity may suggest some participants updated only this field, though may also suggest that people feel happier disclosing their ethnicity rather than the “hidden” attributes of disability, sexual orientation and religious belief.

*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 itself 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.