

Strategic Equality Plan 2024-2028



Mae'r ddogfen hon ar gael yn y Gymraeg.

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Foreword

At Powys Teaching Health Board our commitment to equality is not just a principle but a cornerstone of our mission. Nestled in the rural landscapes of mid Wales, our health board recognizes the unique needs of our communities. The Strategic Equality Plan stands as a testament to our unwavering dedication to inclusivity, acknowledging the challenges posed by our rural setting and of navigating an increasingly challenging financial landscape.

Where distance can be a barrier, and resources are stretched, equality cannot be allowed to fall by the wayside. It is our pledge to ensure that every resident, irrespective of location or circumstance, receives healthcare that is accessible but meets their unique needs. This plan encapsulates our vision for an inclusive healthcare future, one where equality is not just an aspiration but a lived reality for every member of our diverse community.

Hayley Thomas

Acting Chief Executive Officer

We are proud to unveil our Strategic Equality Plan for 2024-28, which has been inspired by a commitment to inclusivity and driven by a collective vision for a healthcare system that works to address inequality and eliminate discrimination. This plan is not only a testament to our dedication to anti-racist principles but also a dynamic roadmap for addressing pressing challenges and fostering a culture of inclusion within Powys Teaching Health Board.

In alignment with a range of agendas in the Welsh Policy space, including the Anti-Racist Action Plan, we pledge to actively combat systemic biases and foster a culture that celebrates diversity. We recognize that achieving equality requires intentional efforts to dismantle discriminatory practices, ensuring that our healthcare services are accessible and welcoming to everyone.

Our main objectives underscore our commitment to tangible progress. Addressing sensory loss, a vital but often overlooked aspect of healthcare, becomes a focal point in our journey toward inclusivity. Simultaneously, we take on the challenge of tackling public health inequalities head-on, striving to create a healthcare landscape that prioritizes the well-being of every individual, regardless of socio-economic factors.

Moreover, as we continue to roll out our *Better Together* model, our aim is to bring healthcare closer to people's homes. This approach not only enhances accessibility but also reinforces our commitment to providing patient-centred care, acknowledging the unique needs and circumstances of our diverse communities.

We also understand that a diverse and inclusive workforce is a cornerstone of delivering patient-centred care. Through this plan, we aspire to create an environment that attracts, retains, and nurtures talent from all walks of life. Embracing diversity is not just a moral imperative; it is an integral part of our

strategy to enhance innovation, resilience, and adaptability in the face of evolving healthcare challenges.

It is through these objectives, designed in consultation with our staff and patients, which we hope to address the challenges which face us in Powys.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality

Introduction

A cornerstone of the 2010 Equality Act is the Public Sector Equality Duty, which establishes the need to have *due regard* to meet the General duty under the act (see below). The Strategic Equality Plan is the means by which organisations, like PTHB, show what we are doing to meet the requirements of the act.

The Act explains that having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people different groups, and encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act describes fostering good relations as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more differently to others, as long as this does not contravene other provisions within the Act.

Under these Regulations, listed bodies must prepare and publish a Strategic Equality Plan every four years. In developing their equality objectives, organisations must involve people who represent the interests of people who share one or more of the protected characteristics and have an interest in the way that the organisation carries out its functions.

We have prepared our Equality Objectives with regard to the Equality Act and other national policies, as below:

This Strategic Equality Plan is divided into three parts, as follows:

- **Part 1** outlines the current situation vis-à-vis Diversity and the Equality Act Protected Characteristics in our Health Board, with regard to both the population we serve and our staff body.
- **Part 2** provides information on the consultation process we undertook to inform this plan.
- **Part 3** outlines our Equality Objectives for 2024-28.

Statutory and Policy Requirements:

Equality Act 2010

Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty (PSED) which, in summary, places a duty on public bodies to have due regard in exercising their functions to the need to:

- Eliminate discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The PSED was developed to harmonise the previous equality duties regarding race, disability and gender equality, and to extend across all of the protected characteristics under the Equality Act 2010.

The 9 protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership (in relation to being treated differently at work).

Socio-Economic Equality Duty (Wales)

This is an additional requirement in Wales. Under the socio-economic equality duty, we need to consider the impact of our strategic decisions on inequality related to socio-economic disadvantage. Although Socio-Economic disadvantage is not a protected characteristic under the equality act, nevertheless, it has been included.

LGBTQ+ Action Plan

Welsh government's LGBTQ+ Action Plan aims to address issues faced by the LGBTQ+ community in Wales. It focuses on healthcare, education, and inclusive policies, aiming to eliminate discrimination and promote equality. The plan outlines measures to improve mental health support, enhance education on LGBTQ+ issues, and ensure inclusive practices in public services. There is not a requirement for PTHB to have a separate local plan under this strategy, however there are specific additional requirements for health boards which have been incorporated into this plan.

Anti-Racist Action Plan

The Welsh Government's anti-racist action plan, devised to combat racial inequality, emphasizes comprehensive measures across education, employment, healthcare and public services. It focuses on fostering an inclusive curriculum, promoting diversity in the workplace, and enhancing cultural competency training. The plan advocates for increased representation of ethnic minorities in decision-making roles, aiming to address systemic disparities. Additionally, it underscores the significance of proactive measures to counter discrimination and hate crimes. Under the requirements of the plan, PTHB are required to produce and maintain a local plan identifying specific aims and objectives set to us under the plan. The local PTHB plan is published on our website, and is reported on alongside this Strategic Equality Plan via the Equality Annual Report process. In order to avoid duplication these have not been repeated here except where they also address other areas of Equality.

More than Just Words

Although language is not a protected characteristic under the Equality Act 2010, there are separate requirements under dedicated Welsh language legislation. It has long been recognised that the equality and Welsh language policies complement and inform each other and is further supported through the goal within the Wellbeing of Future Generations (Wales) Act 2015 'A Wales of vibrant culture and thriving Welsh language'. We have therefore integrated the More than Just Words framework into our thinking around Equality.

Part 1: Powys Teaching Health Board: Our Patients and our Staff

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 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 plan 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 Public Health Wales and the Nuffield Trust. Our Strategic Equality Plan acknowledges the need to address these challenges.

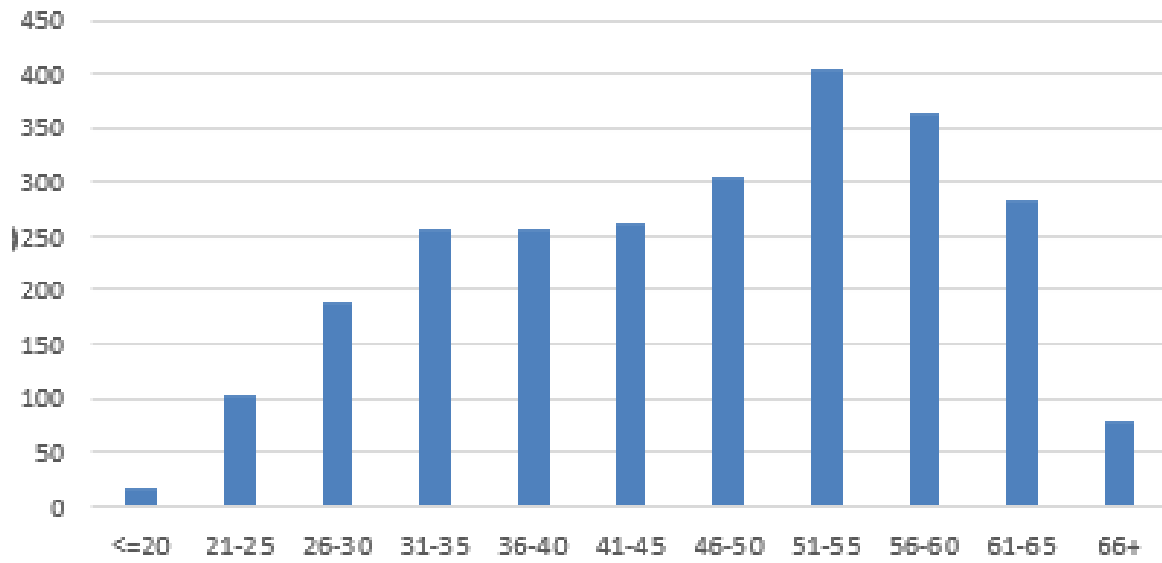
PTHB Staff Data

Note: All the information in this section reflects the situation as of 31st March 2024.

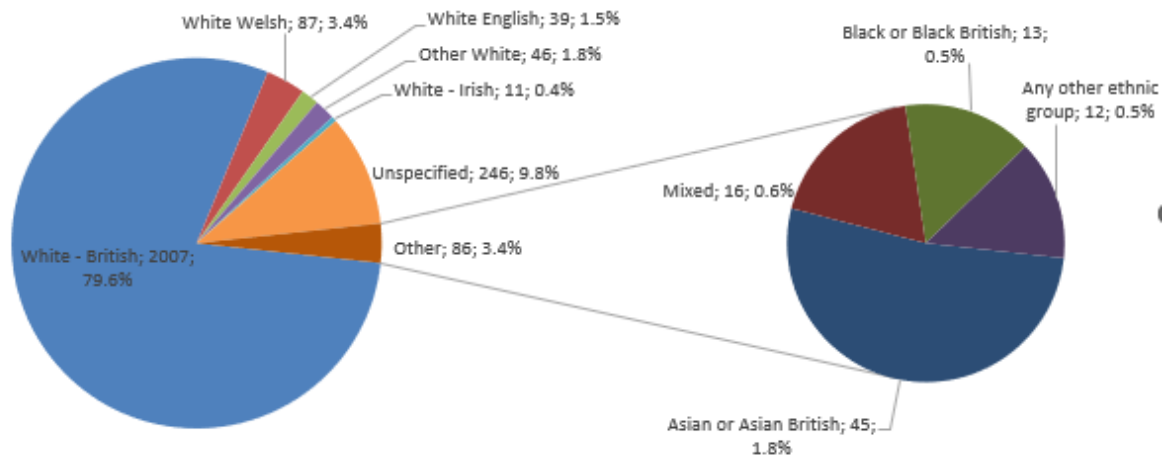
Powys Teaching Health Board employs 2,522 substantive individual members of staff (a decrease of 16 since March 2023). In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

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

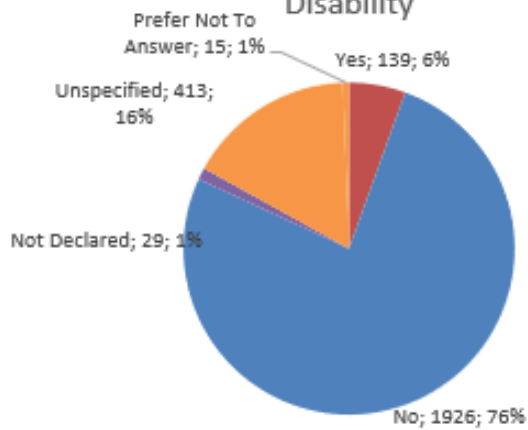
Age



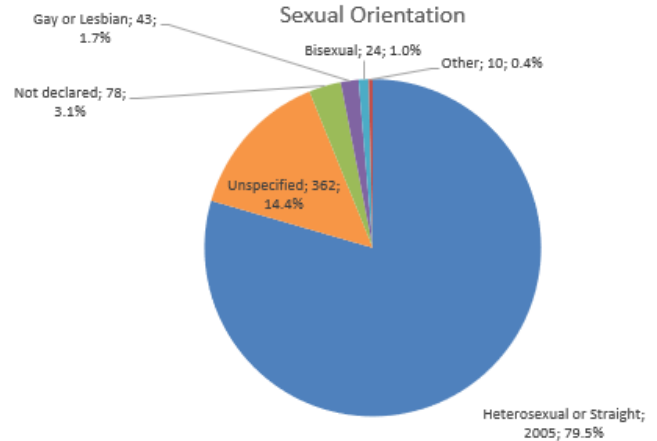
Ethnic Origin



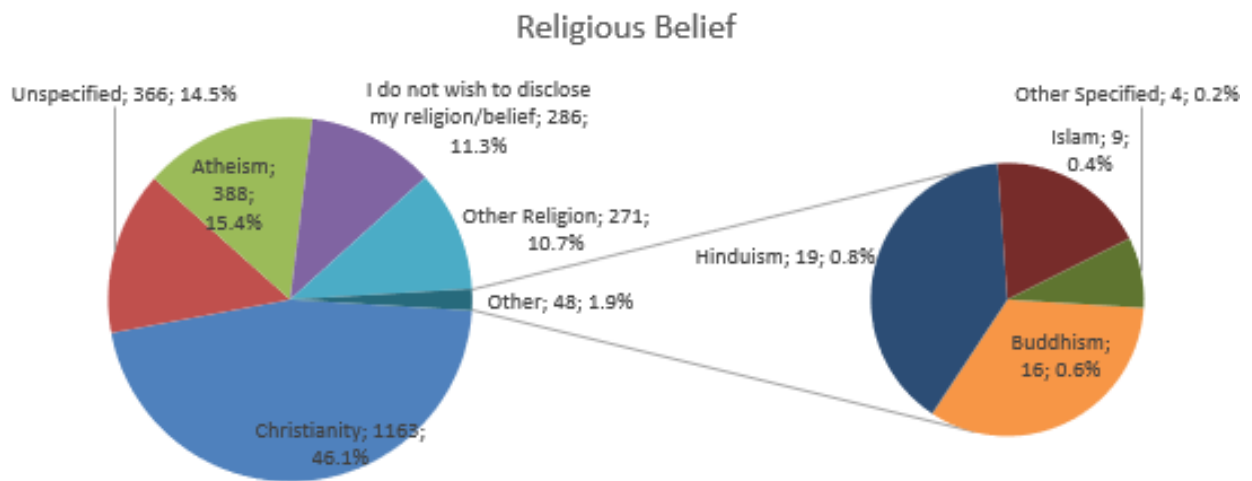
Disability



Sexual Orientation



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 from among the options, but too few individuals chose these 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.

Part 2: Our Consultation Process

Public Survey

The public survey was conducted during May – July 2023 in collaboration with a range of other Public Sector organisations across mid wales including Dyfed -Powys Police, Mid Wales Fire & Rescue, Banau Brycheiniog National Park, several local authorities (not including Powys) and various others.

The survey was widely shared online and promoted via our website and social media accounts; and it was shared on social media groups related to areas of equality. Flyers advertising the opportunity to take part were printed and distributed in events including the Brecon Ghurka Parade and Ystradgynlais, Brecon & Hay Pride events, as well as being distributed to PTHB sites, doctors’ surgeries and council sites (e.g. libraries across the health board area). Various PTHB Equality organisations were also directly contacted. The survey was available in 8 different languages and could be completed online or (on request) by filling in a paper form.

Participants were asked about their perception of whether the experience of people in different groups of various services were much worse, worse, the same, better or much better compared to the average. Due to its collaborative nature the survey asked many questions which are beyond the scope of the health board e.g. regarding participants’ experience of housing or education.

When it came to *Experience of Health*, the highest three groups in terms of percentages indicating that individuals’ from the following groups were ‘worse’ or ‘much worse’ were as follows:

Group	% reporting worse or much worse
Disabled	78%
Older people	64%
Belonging to an Ethnic Minority	58%

Have your say on EQUALITY IN POWYS

Public bodies in Wales need to have a plan to make sure that our actions are **fair for all**. This is our Strategic Equality Plan. We have to refresh it every four years. We start by asking you what you think about equality in Powys.

We have worked with other organisations in our region to create this survey. Please help us by filling it in. All of the organisations on the list below will use your answers to help us to write our Strategic Equality Plans.

- › Powys Teaching Health Board
- › Bannau Brycheiniog National Park
- › Carmarthenshire County Council
- › Ceredigion County Council
- › Pembrokeshire County Council
- › Hywel Dda University Health Board
- › Dyfed Powys Police
- › Mid and West Wales Fire & Rescue Service

How to take part:

- › You can take part online by scanning the QR code.
- › You can email or write to us and ask for a paper copy to be posted to you.
- › The survey is available in other languages at request.

Contact us

› Powys.equalityandwelsh@wales.nhs.uk
 › Welsh Language and Equality Team,
 Powys Teaching Health Board,
 Hafren Ward, Bronllys Hospital,
 Brecon, Powys, LD3 0LX

This survey will close on 30th July 2023.
 Our Plans will be published after we have checked that you are happy with them.

These groups were significantly higher than others (the next highest was 35% for LGB, Trans/non-binary, and young people).

Comments in these areas included:

- Healthcare professionals dismiss you if you are older - I have witnessed this in my capacity as a carer. Deaf people have huge barriers to accessing health services, the rural nature of the area makes this worse.
- Distances to appointments with no hope of public transport
- Does dim digon o wasanethau gofal Cymraeg ar gyfer pobl hŷn. [Insufficient care services in Welsh for older people]

On this basis, it is proposed to focus on these three areas in the Strategic Equality Plan (N.B. best practice guidance advises that the Strategic Equality Plan include an objective for all relevant protected characteristics, however it is proposed to focus on these in terms of ambition and scope).

Staff Survey

The survey was conducted during July and August 2023 and received a total of 44 responses from a wide range of staff members. The survey did not ask staff to comment on particular policy ideals or proposals, but rather asked them about the extent to which they believed particular groups (based on the Equality Act protected characteristics) and individuals experienced disadvantage or discrimination whilst working for PTHB compared to others. Participants were asked to score these staff out of 10, with 0 meaning staff experience no disadvantage compared to the average and 10 meaning that individuals from those groups experienced severe discrimination at work.

The staff survey asked participants to focus specifically on the experience of individuals as members of staff at PTHB, rather than in wider society.

According to the staff surveyed, the group which experiences the most disadvantage when employed by the organisation are disabled staff. Women and neurodivergent staff were also ranked fairly highly, as were older staff.

The group staff felt were most discriminated against was Disability, with an average score of 4/10 (where 0 = no discrimination and 10 = severe discrimination).

Group	Average Score	Paraphrase of Commentary
Those with disabilities (incl. physical, mental health, long term health conditions & sensory loss)	4.0	Poor communication with disabled staff – not considered when changes are made. Negative comments and lack of compassion around mental health.
Women	3.2	Inappropriate sexual comments from patients.

		Difficulty reporting / seeking advice. Disadvantages due to social expectations. Support for breastfeeding.
Neurodivergent (such as ASD, ADHD, Dyslexia)	3.0	No training to support neurodivergent staff. Lack of consideration by managers.
Older working people	2.9	Jokes, comments, abuse and inappropriate behaviour made about being old, suitable for retirement, bald, etc.
Non-binary / gender non-conforming	2.7	Bathroom access, funny looks. Mostly unintentional. Pronouns in signatures should be normalised.
People of colour*	2.5	Lack of experience of different ethnicities. Many assume racism is an issue but few had experienced or witnessed specific instances due to low numbers.
People who don't speak Welsh	2.3	Some felt Welsh language requirements for roles could discriminate against non-Welsh speakers.
Younger Working people	2.1	Assuming that younger staff may not have the 'experience' / knowledge base / seniority of role level to be significantly involved in meeting conversations / decision making etc
Trans men and trans women	2.0	Bathroom access. Staff have little experience of trans individuals.
English	1.8	Personal experiences of anti-English racism.
Organised religions (other than Christianity)	1.7	Religion was not raised as an issue by any individual respondent.
Men	1.5	Men's issues are not acknowledged compared to other genders.
Gay, lesbian & bisexual	1.4	No specific issues reported.
Welsh speakers	1.3	Health board pays lip service to standards but Welsh skills are not valued in practice.
White people from outside the UK	1.0	This group were not mentioned by individual respondents.

Christians	0.7	Religion was not raised as an issue by any individual respondent.
Atheists / Non-religious	0.1	Religion was not raised as an issue by any individual respondent.

*The survey asked questions about different racial and national groups (South Asian, East Asian, Arab/middle eastern, Black British/African/Caribbean) however all were scored very similarly (between 2.3 and 2.5).

Based on this it is proposed that the 2024-27 Strategic Equality Plan should focus on interventions for staff with disabilities / neurodivergent staff, women, and older staff.

Part 3: Our Equality Objectives for 2024-28

With reference to the EHRC guidance suggesting that organisations should include Equality Objectives which cover each of the Protected Characteristics In the following objectives, we have identified, under each of the following, the *primary* characteristics and *secondary* protected characteristics we believe that each objective will seek to impact. Each Equality Objective has been designed to mainly impact on its associated primary groups, but is also expected to address inequality indirectly for its secondary groups. We have also identified where our Equality Objectives contribute to our Health & Care Strategy and its enabling objectives, the Health & Care Standards, and the additional policy strategies.

Objective	Protected Characteristic(s) & other groups impacted.	Proposed Actions / Fields of Work	Contributes to the following Health and Care Strategy Wellbeing/enabling objectives	Health & Care Standards & Additional Policy Strands
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 services, using online technologies and other approaches to avoid needing to send patients out of county where possible.	Primary Age Disability Socio-Economic Status	<ul style="list-style-type: none"> - Effective frailty service in place including prevention, early identification through frailty scoring, community teams with the right mix of competencies, complex geriatric assessment, home support, effective virtual wards. This includes a joined-up approach to physical frailty and frailty of memory. - Improve the resilience of primary and community teams with the right mix of competencies which are the right size for the population and geographical area served. 	<p>Focus on Wellbeing:</p> <ul style="list-style-type: none"> - Concentration on preventative healthcare <p>Digital First:</p> <ul style="list-style-type: none"> - Utilising digital technologies and opportunities to improve access. <p>Innovative Environments:</p> <ul style="list-style-type: none"> - Improving the environment of our sites with new technologies and approaches. <p>Fully Joined Up Care:</p>	<p>Dignified Care</p> <p>Timely Care</p> <p>Individual Care</p> <p>More than Just Words</p>

		<ul style="list-style-type: none"> - Continued development of the North Powys Wellbeing hub. - As part of the work to develop an <i>Better Together</i> Model, PTHB will explore the potential to further develop Ambulatory Care in Powys, learning from how it is being used successfully in some rural areas in other countries. 	<ul style="list-style-type: none"> - 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. 	
2. Work to address known health inequalities within our population and take steps to identify and address others.	Primary Age	<ul style="list-style-type: none"> - Welsh Network of Healthy Schools - Help me Quit'. - JustB SmokeFree project in schools. - Healthy Weight, Healthy Wales - Health Protection team work: Care home visits, testing to support the elimination of Hepatitis B, C and HIV - Working collaboratively to address inequities in uptake for PHW screening programmes - Making Every Contact Count - Addressing inequities in vaccination uptake. - Healthy Child Wales Programme - Designed to Smile - Fair Work for Fair Pay - Smoking prevention in schools 	<p>Focus on Wellbeing:</p> <ul style="list-style-type: none"> - 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>Staying Healthy</p> <p>Individual Care</p> <p>LGBTQ+ Action Plan</p>
3. Improve access to our services and sites for individuals whose	Primary Disability Age	<ul style="list-style-type: none"> - Review of existing patient documents for accessibility in terms of format and language. 	<p>Focus on Wellbeing:</p> <ul style="list-style-type: none"> - Widening access to wellbeing services e.g. living well, Silvercloud 	<p>Effective Care</p> <p>Dignified Care</p>

<p>needs are different from others.</p>	<p>Supplementary Sex Sexual Orientation Gender Reassignment</p>	<ul style="list-style-type: none"> - Establish a Patient document panel and an accessible patient documents approach; continue to ensure accessibility of online content and documents is considered as a part of our wider online/communications strategy. - Carry out a review of our patient letters and our document procedures to ensure patient letters meet the needs of the More than Just Words Welsh Language and Sensory Loss review. - Offer new ways for patients to access the health board e.g. Sign Live. Hearing loops in reception areas. - Ensure new developments e.g. North Powys campus improve accessibility relative to existing provision. - Ensure that health board services such as SilverCloud and the Living Well service are appropriately targeted and differentiated for those with needs arising from disability. - Further roll out Gender Awareness training for staff. - Develop the way we engage with interest groups in our area. 	<p>Digital First:</p> <ul style="list-style-type: none"> - Utilising digital technologies and opportunities to improve access; improving the access of those with additional requirements to those digital services. <p>Innovative Environments:</p> <ul style="list-style-type: none"> - 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 travel outside the county. <p>Fully Joined Up Care:</p> <ul style="list-style-type: none"> - 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>Individual Care</p> <p>More than Just Words</p>
<p>4. In accordance with the <i>Better Together</i> Model / Workforce</p>	<p>Primary Disability Age</p>	<ul style="list-style-type: none"> - Participation in the Disability Confident Scheme (including targeted recruitment & 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Participation in workplace accreditation schemes 	<p>Staff & Resources</p>

<p>Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.</p>	<p>Supplementary Sex Pregnancy & Maternity</p>	<p>apprenticeship opportunities for individuals with disabilities).</p> <ul style="list-style-type: none"> - Make the Age-friendly employer pledge & become a signatory to the Hate Crime Charter. - In consultation with the staff Neurodiversity network, update Equality for Managers' training to include more content on working with neurodivergent staff. - Continue Menopause awareness and Anti-racist action plan work. - Explore options for a combined PTHB/PCC Disability network modelled on the existing Neurodivergence Network. 	<p>may draw new applicants and improve retention of existing staff.</p> <p>Transforming in Partnership</p> <ul style="list-style-type: none"> - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. 	<p>Anti-Racist Action Plan</p> <p>More than Just Words</p> <p>LGBTQ+ Action Plan</p>
<p>5. Improve the health board's ability to accommodate the religious needs of its staff and patients.</p>	<p>Primary Religion & Belief</p> <p>Supplementary Race & Ethnicity</p>	<ul style="list-style-type: none"> - Explore potential capacity for providing designated wellbeing/quiet space provision, which could be used as a multi-faith room by staff and patients with religious needs, at the 9 main hospital sites; committing to plan for this in new developments. - Develop further our existing Chaplaincy models in order to improve our spiritual care offer. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Providing staff with the opportunity to contribute to workstreams which concern them increases investment and retention. <p>Focus on Wellbeing:</p> <ul style="list-style-type: none"> - Respecting the spiritual needs of our staff and patients. 	<p>Dignified Care</p> <p>Individual Care</p> <p>Staff & Resources</p> <p>Anti-Racist Action Plan</p>
<p>6. We will develop an organisational culture that is inclusive and</p>	<p>Primary Sex</p>	<ul style="list-style-type: none"> - Participate in a Sexual Safety Charter scheme modelled on that introduced by WAST. 	<p>Workforce Futures</p>	<p>Staff & Resources</p>

<p>supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.</p>	<p>Supplementary Age Race & Ethnicity</p>	<ul style="list-style-type: none"> - Continued participation in the Speak Out Safely protocol to promote a culture of transparency and accountability. - The relaunch of the Chat to Change program to encourage staff to share their views. 	<ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	
<p>7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.</p>	<p>All PCs.</p>	<ul style="list-style-type: none"> - Improve the rate of Civica feedback collection. Compare the feedback rates based on protected characteristics with expected proportions based on population and, where necessary, make changes to systems and processes to address these. - Develop and deploy an electronic platform for recording PROMs. - Following implementation in Musculoskeletal and Frailty services, expand the collection of Patient Reported Outcome Measures to other targeted clinical areas, as part of the organisational approach to the collection of PROMs. - Develop opportunities to bring diverse experiences to our Board, via Patient and Staff Stories and mechanisms such as the proposed Aspiring Board Members program organised by Welsh Government. 	<p>Transforming in Partnership</p> <ul style="list-style-type: none"> - Providing our service users and staff with the opportunity to impact on the direction of the health board on a micro and macro-level. <p>Digital First</p> <ul style="list-style-type: none"> - Using digital technologies to capture feedback from a range of stakeholders. 	<p>Individual Care</p>

		<ul style="list-style-type: none"> - The relaunch of the Chat to Change program to encourage staff to share their views. 		
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.		<ul style="list-style-type: none"> - See PTHB Anti-Racist Action Plan. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. <p>Focus on Wellbeing</p> <ul style="list-style-type: none"> - Addresses health inequalities within these groups. 	<p>Staff & Resources</p> <p>Individual Care</p>
9. Implement our Welsh in Healthcare Strategy	Welsh Language / All PCs.	<ul style="list-style-type: none"> - Implement the strategies and actions outlined in the 2024-2029 PTHB Strategy for Welsh in Healthcare. 	<p>Focus on Wellbeing:</p> <ul style="list-style-type: none"> - Improve Welsh speakers' access to Wellbeing services like Silvercloud and Powys Living Well <p>Digital First:</p> <ul style="list-style-type: none"> - Utilising digital technologies to provide services bilingually. <p>Workforce Futures</p> <ul style="list-style-type: none"> - Developing the bilingual skills of our current and future workforce. 	<p>Staff & Resources</p> <p>Individual Care</p> <p>Dignified Care</p>
10. Gender Pay Gap Continue to monitor the relative pay gap in PTHB and identify any issues arising.	Primary Sex & Pregnancy Maternity	<ul style="list-style-type: none"> - Continue to monitor and report on Gender Pay in our Workforce. Using existing reporting mechanisms such as the NHS Staff survey, identify any challenges which may impact on differences of pay between men and women. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	<p>Staff & Resources</p>

<p>11. Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.</p>	<p>Primary Race & Ethnicity</p> <p>Supplementary Religion & Belief</p>	<ul style="list-style-type: none"> - Carry out a detailed review of Ethnicity Pay within PTHB identifying any trends or tendencies, and, where necessary, take actions to improve any inequalities identified. 	<p>Workforce Futures</p> <ul style="list-style-type: none"> - Ensuring PTHB is an employer of choice for staff locally and beyond. 	<p>Staff & Resources</p>
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Monitoring the 2024-28 Strategic Equality Plan

More information is available in the Equality Annual Reports published annually. The following table will summarise the content of these with reference to the Equality Objectives

Objective	2024-2025 Progress	2025-26 Progress	2026-27 Progress	2027-28 Progress
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 services, using online technologies and other approaches to avoid needing to send patients out of				

county where possible.				
2. Work to address known health inequalities within our population and take steps to identify and address others.				
3. Improve access to our services and sites for individuals whose needs are different from others.				
4. In accordance with the <i>Better Together Model</i> / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.				
5. Improve the health board's ability to accommodate				

the religious needs of its staff and patients.				
6. We will develop an organisational culture that is inclusive and supportive of all our staff, and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.				
7. Ensure that our feedback mechanisms collect the views of patients of all groups.				
8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.				
Gender Pay Gap				

<p>Continue to monitor the relative pay gap in PTHB and identify any issues arising.</p>				
<p>Ethnicity Pay Identify and mitigate or address any underlying issues contributing to unequal pay outcomes for staff from different ethnic backgrounds.</p>				