Strategic Equality Objectives

2016 - 2020
Overview

In Wales there is a specific duty under the Equality Act 2010 for public bodies to publish Strategy Equality Objectives and a Strategic Equality Plan.

Powys Teaching Health Board’s Strategic Equality Objectives were crafted from the evidence gleaned from many sources including what people were telling us.

During 2015, we revisited the objectives to see if they were still relevant. This work was informed by the Commission for Equality and Human Rights Report, Is Wales Fairer, organisational priorities, and public engagement.

It was clear that the Strategic Equality Objectives as set out in 2011 are still relevant in 2016.

For publication purposes, this document therefore sets out the refreshed Strategic Equality Objectives for the period 2016-2020.

The Strategic Equality Plan will be updated during 2016 to reflect the current legislative and political landscape.
Objective 1 Better, more accessible information on services

Why do we want to do this?

You told us that it was not always easy to know what public services are available to people living in and visiting Powys. You also told us that even when you do know what is available it is not always easy to find out how and when to use a particular service.

For instance, there are many advocacy schemes available in Powys but the need for advocacy was raised during all of our engagement activities.

We know from our research and from the findings of others that this is not a new problem or a problem unique to Powys.

We also know that Powys is well served by organisations providing services that enhance the experiences and knowledge of health service users but that these have sometimes been developed in a separate rather than planned coordinated way.

We understand the importance of language choice and need.

Everyone will benefit, including service users, health service professionals and members of all the protected characteristic groups.

The more people know about and use existing services, the more efficient and effective and relevant those services will be.

What we will do.

We will look at the information the Health Board currently provides and how we make it available. We will update and
enhance existing information if needed and add any information on services that might be missing. We will also find out what information other organisations provide on their services and activities and where relevant add details of these services to our own information.

The Health Board’s website will be one of our main ways of publicising services but we will also use our Annual Report and the Powys communications hub. Information will be made available in other formats and be displayed in public areas.

We will work with others including the local authority and voluntary organisations to find ways of making it easier for people to find out what they want or need to know regardless of where they might make contact or look.

**What we have done.**

We have created a brand new website in partnership with users and members of the public.

We continue to work with other organisations to find ways of making it easier for people to find out what they need to know about public services and to provide information in Welsh, in accessible formats and in other languages.

Although we know that things are improving we will continue to drive forward improvement.
Objective 2 Engagement - Joint Objective with Powys County Council

Why do we want to do this?

You told us that you wanted more opportunity to let us know how we are doing and how we could do better especially when providing services for those with particular needs or characteristics.

You also told us that it is important that we feedback to you. This objective as well as the communication objective will help us to do that.

We know how important it is to ask people who need and use health services how well those services are meeting their needs when planning and reviewing our work. This is especially true of our equality work.

We also know that that it makes sense for public bodies to work together when asking the same questions.

We know we need to find ways of finding out what people with certain particular protected characteristics think of and want from their health providers. We know this from the engagement activities we arranged to inform the equality objectives.

Everyone will benefit, including service users, health service professionals and members of all the protected characteristic groups.

Those harder to reach groups of people will especially benefit as this objective will require us to work harder to find out what people who share a particular protected characteristic think of their health services.
How will we do it.

By working with Powys County Council and other appropriate organisations we can reach more people and cut down on the number of times the same questions are asked. This objective will continue the work of “How Fair is Powys” that was used to inform our strategic equality objectives.

You told us that you want more opportunity to let us know how we are doing and you also told us that you want us let you know how we have acted upon what you have told us.

We will know how well we are doing this by asking you and by expanding the range of views put forward to us to include those more difficult to reach groups of people who are not already engaging with us.

We will regularly update you in a variety of ways including reports, press releases, our website etc.

What we have done.

Powys Teaching Health Board now has a strong communications team with a marketing manager and a marketing strategy.

In addition to this, implementation of the PTHB’s Patient Experience Framework includes regular engagement activities.

To avoid you being approached to answer the same questions more than once, we joined the other public organisations throughout Mid and West Wales to engage with you to refresh these equality objectives.
Objective 3 Attitude.

Why do we want to do this?

You told us that you sometimes find it difficult or don’t want to use our services because our staff do not always understand or are aware of your particular difficulties.

You also told us that you have seen instances of hate crime within your community.

One or two of you told us that the attitude of some staff towards other members of staff could be better.

We know from our research and from the findings of others that these are not new problem or a problem unique to Powys.

We also know that the attitudes, beliefs and values of individuals and those they interact with can have a profound effect on those around them and their health and well-being.

From hate crime to treating vulnerable people with dignity and respect; from dignity in the workplace to embracing the Welsh language “fostering good relations” is a fundamental equality duty.

Everyone will benefit, including service users, health service professionals and members of all the protected characteristic groups.

The Teaching Health Board creates an organisational culture in which it treats all its service users, staff and partners with dignity and respect at all times

How will we do it .
We will use our influence as an employer to make sure that people who work for us understand and value difference and the importance of treating everyone with dignity and respect. We will do this in a number of ways including providing appropriate training, standard setting, seeking feedback from service users and routine monitoring mechanisms such as reviewing complaints and letters of thanks.

Recognising that success in this area will be more easily achieved through strong leadership, Executive Directors and Independent Board members will be taking a keen and active interest in progress and will personally demonstrate how important a healthy and respectful attitude is in the workplace.

Working with others including the local authority we will run specific campaigns and initiatives. These will aim to make members of the public more aware of the impact of negative attitudes and hate crime on health and well-being and how they can help minimise this.

Others things we will do include, a staff survey, continuing to using quality improvement tools such as the fundamentals of care to monitor patient care, and continuing through workplace initiatives to ensure and improve the health and well-being of our staff.

During the previous four years the organisation has transformed to being a values based organisation. Equality is at the heart of these values. We have worked with other public sector organisation to tackle hate crime focussing in the early years on domestic abuse and progressing to bullying, anti-slavery and more. We updated and strengthened our internal policies and procedures and we joined the Stonewall as Diversity Champion programme.
We will continue to build on the progress we have made.

**How will we know how well we are doing?**

We will ask you. We will ask other organisations including Dyfed Powys police. We will monitor staff training and our business and service improvement plans.

We will update you on progress through a variety of ways including reports, engagement events and the website.
Objective 4 Access to services

Why do we want to do this?

You told us of the difficulties of using services, especially health services in a rural and sparsely populated area such as Powys. Transportation, distance travelled and opening times featured largely here.

You also told us about the difficulties the way we do things can cause people with different needs. An example you gave us was the difficulties experience by a deaf person being asked to telephone to confirm a hospital appointment.

Other things you told us included the fact that sometimes people providing health services do not always understand or respond the special needs of some people wanting to use the services.

And, that you don’t always know what services are available and how to use them.

We know that transport is a major issue in many parts of Wales and especially so in Powys. We know that there are many reasons why people do not use health services and attend their appointments.

We know that low income families and people with caring responsibilities find it especially difficult to access services. Again the reasons are many but examples might be not being able to afford to travel to the service, or to take time off work or away from caring duties.

We know that you want services to be available to you as locally and conveniently as possible.
Everyone will benefit, including service users, health service professionals and members of all the protected characteristic groups.

The more people use existing services and attend their appointments the more efficient effective and relevant those services will be.

The health benefits of making health (and other public) services more accessible to people are many. Taking action to make it easier for certain groups of people to use their public services could improve their emotional well-being, reduce isolation, and improve life opportunities from an early age.

By making services more accessible, the number of hospital and other health service appointments which people fail to attend will be reduced which in turn will improve efficiency, help to reduce waiting times and save public money.

**How will we do it.**

We will continue to explore with the Local Authority and others the transportation difficulties with distance to and from health services being a particular focus for us.

We will continue to review our systems and processes to make sure they are sensitive and responsive to the different needs of people.

We will give our staff relevant and appropriate training.

During the previous four years, we have emphasised the transport difficulties experienced by people living in Powys in key service reviews such as the South Wales and Future Fit programmes. We have also made it easier to get to Brecon Hospital by bus.
How will we know how well we are doing?  

We will ask you if you are finding it easier to use health related services.
Objective 5 Working for us.

Why do we want to do this?

You told us about the difficulties finding and sustaining work and especially well paid and permanent work in and around Powys. You told us that it is even more difficult for people who experience mental health problems and other disabilities to secure and maintain a job.

Age was also of major concern; not only the problems associated with being perceived as an older worker but also the fears and experiences of young people in these financially challenging times. The impact on families, especially children, where the household income is restricted as a result of caring responsibilities or other earnings limiting factors was another area of concern.

You also told us that the health board, as a major employer in Powys has an important role to play in ensuring fairness and opportunity for all of its existing employees.

A general concern is the gap between the lowest paid and highest paid public body employees and the difficulty for certain groups of people to progress within their organisation.

Suggestions you made included, apprenticeships, innovative work experience initiatives, older and younger people working together or otherwise benefiting from spending time together.

We know from our research that this is not a new problem or one unique to Powys.
We know that equality of opportunity, especially with regards employment is of major concern to the Welsh Government and the Commission for Equality and Human Rights.

Access to good, well paid employment for Powys people is fundamental to alleviating child poverty and enhancing life opportunity.

This objective will benefit staff who already work for us by helping to ensure that the Health Board is a fair and good employer and by helping them to reach their full potential.

Older and younger people will benefit from the innovative work experience, training and employment schemes being put in place. These schemes will also encourage good relations between generations.

Sensitive employment practices and initiatives that assist people with particular difficulties into work, will help to reduce economic disadvantage and improve the social mental health problems associated with unemployment and low income.

**How will we do it.**

We will explore what might be preventing people from obtaining and or retaining employment with the Health Board. We will also explore the perception that it is difficult for some individuals or groups to progress further with their career development within the Health Board, the NHS or public sector.

As we understand the issues, we will take appropriate action to eliminate any practices that might be hindering job opportunities with and within the Health Board.

We will also consider ways of providing young people with work experience and opportunities to learn from our more experienced
We will look at pay information and consider the wider implications of pay inequality.

We will consider innovative ways of helping people to obtain the experience and skills they need to obtain employment. It will also consider how sensitive policies and procedures are to the needs of specific groups, in particular the protected characteristic groups.

We will participate in the NHS Wales staff survey

During the previous four years we have offered apprenticeships, created opportunity and employment for looked after young people and people with a learning difficulty and are shifting towards values based recruitment. We have also updated and improved our associated employment policies.
Objective 6 – Collating and analysing evidence.

Why do we want to do this?

You told us that you want your public services to be sensitive to your needs.

You also told us of your fears for those in the community with fewer advantages or opportunities than others.

Additionally, you told us that you want to be more involved in the planning and design of services and to be listened to.

We know that successful business cases and clinical interventions are those which collect and base service design and delivery on evidence and best practice.

We also know that in order to be able to build an accurate picture of how fair society it and how relevant the services provided are to the needs of the community, we need to be able to examine as wide a range of information as possible. Those with the greatest need but perhaps not the loudest voices will benefit the most from an improved information base and analysis.

Ultimately, everyone will benefit. Good information will make it easier to demonstrate those areas of work that have improved. It will also identify those areas of work requiring development and improvement.

Better information will also help us to operate more efficiently by providing services that people want to use and will benefit from using.

How will we do it. .
PTHB knows that the availability, analysis and utilisation of high quality information is a key priority. Systems are continually being improved and a new patient management system is to be implemented during 2016/17. A new recruitment system has improved tracking and reporting functionality.

The All Wales Sensory Loss Standards, the Welsh Language Strategy Framework and Standards and the English Communication Standard all require that patient’s Welsh Language and accessible communication needs are flagged and acted upon. This is a key objective expected to have been achieved before 2020.

We will assess information gaps.

**How will we know how well we are doing?**

The quality and quantity of our information regarding protected groups will increase as will our ability to interpret the information.

The systems will be in place to flag patient communication needs

We will also ask you if you notice an improvement in the quality of our services and their relevance to you and the community.
Objective 7 Healthy and sustainable communities.

**Why do we want to do this?**

You told us that you recognised that it was not possible for the difficulties of living in a rural and sparsely populated area such as Powys to be solved by the Health Board either working alone or with others. You said that with help and guidance from public bodies individuals and communities could do much to alleviate many of the problems experienced by people, especially vulnerable people and people from ethnic and minority groups.

You suggested that interaction between older people and younger people might help to reduce isolation and loneliness and to foster good relations.

You suggested that the Social Enterprise model might be one way of boosting a community.

You suggested people helping one another with their transportation and employment difficulties and with imparting their knowledge and expertise to others, particularly to young people.

You suggested the use of role models such as sports people in increasing the knowledge of young people to specific health issues or in tackling hate crime.

We know from our research and from the findings of others that this is not a new problem or one unique to Powys.

We know that life opportunity beginning with educational attainment is lower for children living in poorer and more isolated households.
We know that there is a higher suicide rate among men in Wales. We know that people over 55 are more likely to be registered as disabled in Wales. We know that younger people often have to move away for work and other opportunities. We know that the population of Powys is an ageing one. Everyone will benefit, especially older and younger people and people suffering mental health problems attributable to loneliness and isolation.

The Health Board will benefit if people use health services more effectively and appropriately and perhaps less often as a result of the support of their peers and communities.

**How will we do it.**

We will consider the role we play as part of our core business and what might be considered to be our additional Corporate Social Responsibility and how we might be able to influence this.

We will explore joint initiatives with the Local Authority and others. For example, encouraging and facilitate greater uptake of exercise for poorer families and isolated individuals. This simple initiative would help to alleviate many inequalities especially mental health and well-being and good relations within families.

Other initiatives to be explored with the other organisations include looking at domestic abuse and the roles we as public bodies play in preventing it, social inclusion, placement and employment opportunities for vulnerable groups and transport.

**What we have done.**
During the previous period, the THB together with the local authority and other organisations in Powys launched a domestic abuse campaign. We participate in the Health Crime initiatives as part of the Mid and West Wales Collaborative. We participate in Stonewall Hate Crime campaigns. We have also updated our workforce policies, strengthened our partnership arrangements with other organisations and improved and increased the training offered to staff.

**How will we know how well we are doing?**

We will ask you if you have noticed a difference and we will also know by looking at the information available to us.
Objective 8 Communications

Why do we want to do this?

You told us that it was not always easy to deal with the Health Board. Being able to communicate effectively with staff delivering services was your main concern regarding communications.

Another area you said you would like us to strengthen was raising public knowledge of how to stay healthy and well.

You also said that communications between other agencies and organisations and staff who work with patients was sometimes poor and disconnected.

We know from our research and from the findings of others that this is not a new problem or one unique to Powys.

We also know that Powys is well served by organisations providing services that enhance the experiences and knowledge of health service users but that these have sometimes been developed in a separate rather than a co-ordinated way.

Everyone will benefit, including service users, health service professionals and members of all the protected characteristic groups.

The more people are better able to communicate with us about what we do the more efficient and effective and relevant our services will be.

How will we do it?

We will monitor our communication and engagement systems and processes for sensitivity and relevance to the differing needs of people we want to use them.
We will, from at time to time, working with others, run specific campaigns on “how to stay healthy” or “understanding difference”

We will work with others including the local authority and voluntary organisations to find ways of making it easier for people to deal with public services, in particular with regards their health and social care needs. This will include specific focus on how we work with partner organisations and how we communicate with our service users.

We will make it easier for people using our services to do so using Welsh if they choose to.

We will also further develop our patient experience work to seek the views of individual using our services on all aspects of our communication with them before, during and after they have accessed our services.

**What we have done.**

The Communications Team has been strengthened, Engagement and Patient Experience Strategies agreed and the All Wales Standards for Accessible Communications launched.

The Welsh Language Strategic Framework, More Than Just Words introduced the concept of the Active Offer and Welsh Language Standards for the Health Sector have been drafted.

We have begun implementing these initiatives and must do’s and will continue to do so during 2016-2020. As a result, We expect you to tell us that communications have improved.
Objective 9 Gender Pay and Employment monitoring.

Why do we want to do this?

You told us that it was difficult for women to obtain well paid employment in Powys.

You also told us that you believed that there was too much of a gap between the highest and lowest paid workers.

We know from national evidence that men are paid more than women.

All staff who are directly paid by NHS organisation except for medical and very senior managers are paid under a pay system called Agenda for Change which is based on a job evaluation system.

Within Powys Health Board, an initial analysis of workforce information shows a mixed position amongst the lower and middle bands. It was clear that in order to be able to satisfy ourselves that we are a fair employer that we need to be able to examine the information in greater detail. Especially as research tells us that the gender pay gap continues to be a general issue in the United Kingdom including Wales. As a result of work from initiatives such as the Women Adding Value to the Economy project, tools are due to become available to us to assist with this analysis.

By looking closely at pay from an equalities perspective the Health Board will be assured that its policies and procedures are indeed fair.
Should it become apparent that any of the protected groups are disadvantaged in any way, a specific equality objective and action plan will be drawn up.

Those most likely to benefit from any corrective action would be women, lower paid and part-time workers and people with a debilitating illness or caring responsibilities.

How will we do it When will we do it

The working group established to look at pay with an equality lens with reconvene to use the Women Adding Value to the Economy tool to undertake and audit and analysis of available data. This group contains representation from workforce information and equalities experts and trades unions and will be asked to identify any gaps and consider how best to report on findings whilst paying due regard to the Data Protection Act and information governance.

As well as looking at gender pay differences, this group will also look at the pay profile of the Health Board with regards all of the other protected characteristics.