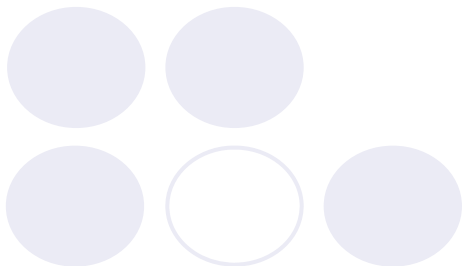


Disability Equality Scheme

1

December 2006



If you would like this document in another language or format, or if you require the services of an interpreter.

ይህንን ጽሁፍ በሌላ ቋንቋ ወይም ቅርጽ ከፈለጋችሁ ወይም አስተርጓሚ ከፈለጋችሁ እባካችሁ ደውሉልን።

إذا أردت هذه الوثيقة بلغة أخرى أو بطريقة أخرى، أو إذا كنت بحاجة إلى خدمات مترجم، فنرجو أن تقوم بالاتصال بنا.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান অথবা যদি আপনার একজন ইন্টারপ্রেটারের প্রয়োজন হয়, তাহলে দয়া করে আমাদের সাথে যোগাযোগ করুন।

本文件可以翻譯為另一語文版本，或製作成另一格式，如有此需要，或需要傳譯員的協助，請與我們聯絡。

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočnicka, kontaktujte nás.

اگر این مدرک را به زبانی دیگر یا در فرمتی دیگر میخواستید و یا اگر احتیاج به سرویس مترجم دارید، لطفاً با ما تماس بگیرید

Si vous souhaitez obtenir ce document dans une autre langue ou sous un autre format ou si vous avez besoin des services d'un interprète, veuillez nous contacter.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

ئەگەر دەتەوێ ئەم بەلگەییەت بە زمانیکی که یا بە فۆرمیکی که هەبی، یا پیویستت بە موتهرجیم هەیه، تکایه پهبیوهندیمان بیوه بکه

Jeżeli chciałoby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

ਜੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਸਲਥਾਤ ਸਮਝਾਉਣ ਲਈ ਕਿਸੇ ਇੰਟਰਪ੍ਰੈਟਰ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਸੱਸੋ।

Haddii aad ku rabtid dokumentigaan luqado kale ama daabacaad kale, ama haddii aad u baahan tahay turjibaan, fadlan nala soo xiriir.

Kama unataka hati hii katika lugha nyingine au katika mtindo mwingine, au kama unahitaji huduma za mkalimani, tafadhali wasiliana nasi.

இந்த ஆவணம் வேறொரு மொழியிலோ அல்லது வேறு வடிவத்திலோ தேவை என்று நீங்கள் விரும்பினால், அல்லது உங்களுக்கு மொழிபெயர்ப்பாளரின் தேவை இருந்தால், தயவு செய்து எம்மைத் தொடர்பு கொள்ளவும்.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

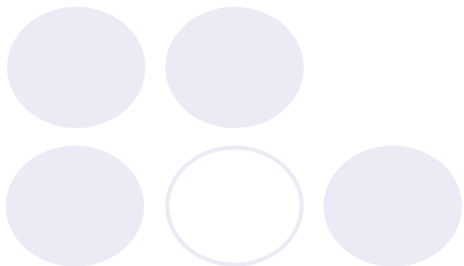
یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو براہ مہربانی ہم سے رابطہ کیجئے۔



01782 227700

Contents

Foreword	4	
Introduction	6	
Stoke on Trent Primary Care Trust	8	
Statement of Commitment to Equality and Diversity	9	3
Implementation of this Scheme	14	
The Benefits of the Scheme for Stoke on Trent PCT	23	
Stoke on Trent PCT's Disability Equality Scheme	26	
Our Disability Equality Strategic Objectives and Action Plan	30	
Appendix 1: Our Managing Equality and Diversity Strategic Priorities	36	
Appendix 2: Comprehensive Policy and Functions List	44	



Foreword

Stoke on Trent Primary Care Trust was first established in October 2006, following the merger of North and South Stoke Primary Care Trusts, the newly established Trust has prioritised equality and diversity and put the vision and values of diversity as central to all that we do. We are totally committed to health care users being able to access and enjoy the same quality of service regardless of their background. To do this we have to first focus on identifying the barriers which prevent people who use services coming, and then concentrate on removing them.

The approach we have adopted reflects the principles that underpin the Disability Discrimination Act 2005, namely the principle of the social model of disability. It also informs the way in which we work to improve services and remove bad practice at all levels within the organisation.

We provide services to a high proportion of people who are disabled or are parents or carers for someone with a disability. For many disabled people health and social care services are a key part of their daily lives. Health and social care services are a vital element of a person's wellbeing and in the case of many disabled people can have the most profound effect of any public service upon their quality of life. It is essential we prioritise the needs of people with disabilities to ensure they are treated as individuals whose condition or impairment does not exclude them from participating in the communities they live in and form part of.

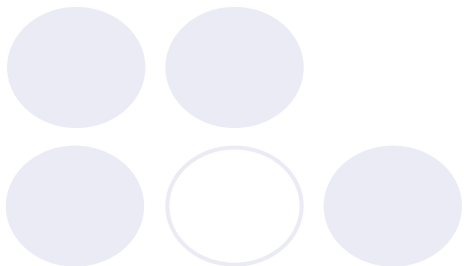
Disabled people frequently need everyday health and social care services to support their normal lives, as both service users and employees, we also recognize that people who care for people with disabilities are also profoundly affected by our services and in some cases face the same disadvantages as disabled people themselves. We particularly recognize that the quality and consistency of care can have far reaching implications for people and should be seen as critical to guaranteeing their independence. Both younger and older people with disabilities are at risk of being disadvantaged from current models of healthcare services. Stoke on Trent PCT has a prominent role, both as a provider, commissioner and a partner agency in encouraging and ensuring the quality of services and promoting best practice which places people with disabilities at the centre of patient led service provision.

We are acutely aware that health and social care services should prioritize treating people in a way that best meets their needs. Through our work in preparing this scheme and ongoing consultation processes we have been consistently made aware that people with disabilities want to be engaged in a truly meaningful and empowered way within the organization and its decision making processes. People wish to be involved with the PCT allowing them to make their own choices and identify issues that are of deep concern to them and their communities. People who have consulted on this process have expressed

their desire to help make a difference to both services and the community accessing them. Healthcare services need to recognise that fact and to deliver culturally sensitive, inclusive, accessible and appropriate services, which make individuals central to service design and ensure and allow transparency and accountability to all our service users..

We have a significant challenge to not only alter our service provision but also to revolutionize our employment practices to help create a reflective workforce that truly represents the communities we serve. We recognise that some roles and positions within the organisation are inaccessible to people with disabilities, due to physical requirements, however, the majority of our positions do not preclude staff from having a disability and as such we should be working to encourage applicants from disabled communities and demonstrate that we are an employer that does not discriminate against people in any of our employment practices due to their disability or impairment.

We are required by law to publish this Disability Equality Scheme, it is our intention to move beyond seeing this as a legislative requirement and identifying the moral and business case for prioritising action on this agenda. Over the last three years we have undertaken a large amount of work to ensure that we create an inclusive new Primary Care Trust, building upon the valuable work done by both North and South Stoke Primary Care Trusts. We have published our Managing Equality and Diversity Strategy and our Race Equality Scheme. We are actively monitoring these and are working together with people who use our services to achieve ongoing improvement. This scheme forms part of the public accountability of the Equality and Diversity Strategy and builds on our commitments to embrace the challenge of improving our organisation and it's services for all members of the communities of Stoke on Trent and North Staffordshire.



Introduction

Our Commitment

This scheme forms the beginning stages of a new way of managing Equality and Diversity for Stoke on Trent Primary Care Trust. Our experience managing the Trust's Race Equality Scheme has highlighted the need to change our approach and reverse the direction we approach this agenda. We see this scheme as being a dynamic, living commitment that is jointly owned by the Trust and the communities of Stoke on Trent and North Staffordshire. The means for *delivering* change is the responsibility of the Trust and will be overseen by the Trust's Equality Leads Group and driven forward through the Trust's performance management framework. Responsibility for *setting the agenda* and *forming the priorities* for action will lie with the Disability Partnership Panel, a new committee that will be formed to provide members of the community and local organisations direct access into the decision making and monitoring processes of the Trust. Further details of the management of this scheme and the internal and external accountability arrangements can be found throughout this document.

6

We recognise that priorities for action are completely dynamic and that this scheme needs to reflect the changing needs of the community. Therefore the priorities and actions contained within this document are liable to change and be updated on a regular basis. To ensure that this flexibility is possible we are giving overall responsibility for the direction of the scheme to the Disability Partnership Panel. The Panel will lead and advise the Trust Board on progress against the commitments of the Scheme and make recommendations regarding new priorities for action and the direction in which the Trust should move on this agenda. There will be strong links between the Disability Partnership Panel and the Equality Leads Group to ensure that both external and internal accountability are strongly linked together. We are hoping that this innovative approach to managing this complex agenda can be duplicated for future equality schemes and we can establish a network of Partnership Panels that can interact and share best practice across North Staffordshire.

Barriers and Challenges

People with disabilities face many barriers and challenges in accessing our services and employment opportunities. Those barriers are as much about cultures and attitudes within our policies, procedures and practices as about physical or practical barriers. We recognise that physical barriers rather than attitudinal ones are most apparent and these form the basis of most actions surrounding disability. We also recognise that whilst effort has gone into addressing some physical barriers substantially less effort has gone into addressing those less obvious areas for concern. Even in healthcare services disabled people face many different kinds of barriers, and are often treated without dignity or respect.

What are We Trying to Achieve

This scheme states what the Trust is specifically doing and planning to do to ensure that we achieve real changes to, outcomes for and practical improvements in the experiences and lives of disabled people.

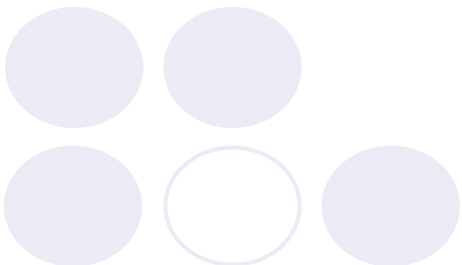
It is part of our wider Managing Equalities and Diversity strategy (published in December 2006). That Strategy sets out our commitment to and our performance framework for managing equalities and diversity in all that we do. This scheme, however, focuses solely on our disability equality duty and how we are:

- Promoting equality of opportunity between disabled people and other people;
- Eliminating unlawful discrimination against disabled people,
- Promoting positive attitudes towards disabled people;
- Encouraging and supporting active participation by disabled people in public life; and
- Making sure we take account of individual disabled people's difficulties and adjusting what we do to ensure they are treated in the same way as others, even where that means treating them more favourably.

7

We are doing this because we believe it is our responsibility to do so, and that it is the right thing to do for the people we serve. We want disabled people, a significant number of whom use some form of healthcare services, to have the same opportunities and choices in their lives and to be respected and included as equal members of society.

The Trust is also subject to a statutory duty under the Disability Discrimination Act 2005 to promote disability equality, which we must comply with. That duty helps us to focus on what we would want to be doing anyway. Further information regarding our legislative commitments can be found on the following pages.



Our *Vision* for a Fair and Equitable Health Service in Stoke on Trent

As a Provider and Commissioner of Services

We embrace service users of all backgrounds, meeting their individual needs by adapting our facilities and services, making them accessible and appropriate for an increasingly diverse society.

We aspire to be recognised as an exemplar in fostering healthier communities, by understanding a wide range of social situations, cultures and societal pressures.

We will be aware of and seek to understand the diverse cultures and backgrounds of all our service users.

We appreciate that our service user base is diverse and serving their best interests is our core business.

As a Corporate Community Citizen

We aspire to be a leader in embracing and responding to changing social values.

We aim to encourage social inclusion and sustainable community participation.

We will take cultural differences into account when applying our equality and diversity principles with each community to which we provide services.

We seek to be known in North Staffordshire and throughout its communities as a fair, open-minded and progressive organisation

As a Caring Employer

We respect and value people of all backgrounds and encourage open discussions of views as part of an inclusive culture.

We recruit, develop and promote people on merit and seek to reward outstanding performance regardless of background.

We will deal swiftly and decisively with any incidents of discrimination or other inappropriate behaviour.

Our employment policies and practices support employees in balancing their work and personal lives, allowing them to be themselves at work and giving their best to the organisation.

We strive to have a workforce that reflects the communities in which we operate, and the countries from which we recruit, at all levels.

We strive to continually empower our workforce to deliver our equality aims and objectives in more culturally appropriate ways through training and developing their skills and understanding

Our Partners and Stakeholders

We aspire to be a beacon of enlightened equality and diversity policies and practices within North Staffordshire, and to be an exemplar of best practice for members of the Health family.

We consider that achieving equality and diversity makes good business sense and is a part of our core business and our Partners business.

We will work to introduce equality and diversity principles into all aspects of our business, employment, supplier and community practices to bring best value to the organisation and to our stakeholder communities

We are ambitious about diversity goals and will measure and publish progress.

Statement of *Commitment* to Equalities and Diversity

Promoting equality, embracing diversity and ensuring full inclusion for people who use our healthcare services is central to our vision and values. We recognise that promoting equal opportunities, preventing discrimination and valuing diversity are also fundamental to building strong communities and strong services. We believe that healthcare services should be delivered in an inclusive, socially appropriate and anti-discriminatory manner, which embodies these values.

We are committed to addressing and redesigning policies, processes, procedures, practices and behaviours within the organisation, which support direct or indirect discrimination, compound discrimination or fail to promote equality.

We will also strive to create an organisation that harnesses the different perspectives and skills of all staff, makes use of them in our work, and provides a working environment that is free from discrimination, harassment or victimisation. The Trust is determined to be a pro-active and empowering organisation that respects all people and celebrates their diversity. We wish to focus on the interests of those most likely to experience discrimination or barriers to a normal life because of their race, gender, including gender identity, age, sexual orientation, religion or disability.

Our purpose is to ensure that healthcare services promote the independence and well being of service users, help them to maximise their potential, offer them protection when they need it and support their rights and choices. We will value the diversity and contributions of people who use healthcare services, commissioners, providers and other stakeholders and colleagues and treat everyone with dignity and respect.

Partnership Responsibilities

The Trust has responsibilities regarding the provision and commissioning of health and social care services which means it is in a unique position to use its position in North Staffordshire to influence best practice, from local government policy to the practice of individual providers.

The Trust's ability and track record of community involvement has made it clear that we must use our partnerships and our influence effectively to improve health and social care organisations' approach to equalities and diversity issues. The Trust is specifically working with partners to help address equalities and diversity issues, help partners to account on what we are doing and how, and contributing to developing strategies, schemes and action plans.

Our Organisation

The Trust is a significant employer in North Staffordshire, with around 1800 staff members in the wards across Stoke on Trent and furthermore commissions services from a variety of organisations across the Midlands and throughout Great Britain.

We are responsible for ensuring that our entire workforce:

- Reflects the diversity of our local communities;
- has equal access to opportunities within the organisation;
- is well trained in both the general and specific duties under the legislation; and
- can act with confidence in undertaking their responsibilities for promoting disability equality.

Primary Care Trust Services and Population Profile

Stoke on Trent Primary Care Trust provides community health services to a population of approximately 260,000 from locations across the City. The Trust provides a range of services offered from a number of venues including the University Hospital of North Staffordshire, the Haywood and Westcliffe Hospitals the Trust also provides District Nursing, Health Visiting, Physiotherapy, Speech and Language Therapy and Podiatry services. We also invest in the care provided by hospitals, dentists, family doctors (GP) opticians, pharmacists and mental health service. We have salaried GPs, specialist GPs and specialist services such as Interpretation services and Family Planning services.

10

Following the merger the management structures and some services are subject to change. This, it is hoped will promote more efficiency and effective use of resources available, particularly in the climate of financial recovery. Despite these increasing pressures the Trust remains committed to providing the best patient care for the people of the City wide PCT.

The Role of a PCT

- Assessment of local health needs
- Provision of Primary care services
- Providing community health services and ensuring provision of primary care services
- Commissioning of services (from its provider arm and from other organizations)
- Improving the health of the local community and reducing health inequalities
- Securing the provision of hospital and acute services
- Consult with and involve patients, staff and the public
- Develop and maintain robust policies and procedures
- Promote education, training and staff development
- Monitoring and reviewing the key functions as a commissioner and service provider
- Partnership working with Service Users and Stakeholder organisations

In order to discharge our responsibility in relation to both the duties, we need first to describe the core 'business' of the PCT both in terms of commissioning, direct service provision, public health and support functions and managing primary care contracts.

Trust services

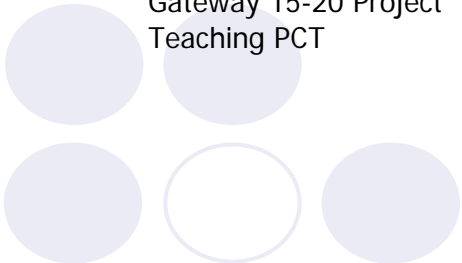
The Trust has a number of core responsibilities, within each of which exist key functions that are vital to the delivery of the Trust's mission statement. The PCT has three spheres of responsibility as an organisation which enable it to fulfil its purpose; these are Corporate Responsibilities, such as leadership, performance monitoring, risk and security management, Patient and Public Involvement and Equality and Diversity. Service Provider responsibilities, which include the provision of district and community nursing, direct services from the Haywood and Westcliffe Hospitals and the provision of therapy services such as podiatry and speech and language therapy. The third sphere of responsibility is as a commissioner of health services for the population of Stoke on Trent, this includes secondary care from large hospital Trusts, primary care from local general practitioners and other more specialised services from the public, voluntary and independent sectors. Several functions overlap and are complementary to these core roles, such as primary health care which is both commissioned and directly provided and Human Resources which operates outside these spheres but in a complementary manner to enable effective support to employed and in some cases commissioned staff.

11

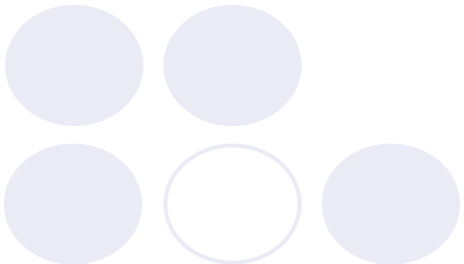
The following list gives a sample list of the types of services that the PCT provides, as a commissioner and direct provider of services

- Older Peoples services
- Stroke Services
- Screening Services including Breast Cervical and Diabetic Retinopathy
- Cancer Services
- Practice Based Commissioning
- District Nursing
- Health Visiting
- School Nursing
- Patient Advice and Liaison Services
- Specialist Nursing Services e.g. Primary Care Macmillan Nursing Services, Coronary Heart Disease Nurses and Diabetic Specialist Nurses
- Ambulatory BP monitoring
- Electrocardiogram (ECG)
- GP Specialist Ear Nose Throat (ENT) Service
- GP Specialist Dermatology Service
- Personal Medical Services (PMS)
- Mental Health e.g. CPN/ Counselling
- Gypsy / Traveller Services
- Dietetics

Community Intermediate Care Team
 Joint Commissioning Unit
 Sure Start
 Health Promotion (North Staffordshire)
 Public Health
 Patient Choice and Access Centre
 Medical Audit (North Staffordshire)
 Discharge Service (North Staffordshire)
 Health Action Stoke
 Commissioning lead for Specialised Services (North Staffordshire)
 LIFT Programme (North Staffordshire)
 Community Dental Service (North Staffordshire)
 Chiropody/Podiatry
 Family Planning and Women's Health Services including Clinic in a Box
 Out Of Hours District Nursing
 Equality and Diversity Services
 Out of Hours Co-operative Nurse Triage
 Welfare Foods
 Financial and Patient Registration Shared Services Agency
 Children's Airway Support Team
 Night Allocation Nursing Services (NANS)
 North Staffs Care Dependency Team
 Haywood Hospital, Longton Cottage Hospital and Westcliffe Hospital
 Health Promotion
 Medical Audit
 LIFT Programme
 Discharge and Community liaison Service
 Community Dental Service
 Asylum Seeker and Refugee Scheme
 Gateway 15-20 Project
 Teaching PCT



The list above only provides a small sample of the services that the PCT provides and commissions. A comprehensive list of functions provided and policies operated by the PCT can be found in appendix 1. These have been assessed for their relevancy to the General Duty of the DDA 2005



Implementation of this Scheme

Consultation

The Disability Equality Scheme was developed by the Equality Team in consultation across the Trust. Departmental representatives were members of the Diversity Champions Group operated by the PCT. This has ensured that all equality and diversity issues were considered from departmental viewpoints from the inception of this process. Consultation of the draft vision for the Managing Equality and Diversity Strategy took place in December 2005/January 2006. The vision was publicised widely across the organisation and was forwarded to Partner agencies for feedback. Feedback on the vision was very positive, particularly in relation to being outcome driven and how this was brought together with reference to Equality and Diversity. The strategy has also been checked against the general and specific legislative duties to ensure we are able to demonstrate how we will meet these.

14

Monitoring our progress

The Disability Equality Scheme is supported by a series of documents including the Managing Equality and Diversity Strategy the Mental Health Employment Standards and the Learning Disability Strategy. These will help to ensure that the key objectives and targets within the scheme are delivered. These documents contribute to the Trust's performance management framework within which progress against the scheme and Managing Equality and Diversity Strategy will be monitored. Progress will be measured through creating appropriate standing items on the senior managers and Trust Board meeting agendas to monitor progress against the scheme and associated strategy. An annual position statement showing our progress on actions against our targets and indicators and our outcomes will be produced.

Implementation responsibilities

The Non-Executive Directors including Chairperson are responsible for approving policies that are non-discriminatory and promote equality and diversity for all employees and service users, with particular emphasis on disabled people.

The Chief Executive is responsible on behalf of the Trust Board for implementing this scheme through Directors and Heads of Services.

Directors and Heads of Services are responsible for ensuring that all employees, customers, contractors and suppliers are aware of the scheme, and associated strategy and standards and that they are implemented in all parts of the management and departmental structures. Practices within each department should be monitored and reviewed to ensure equality and diversity is promoted in all its forms and that there

are no discriminatory practices which affect employees or the service they provide. Directorate performance indicators and equality action plans should reflect the departmental commitment to removing disability discrimination and promoting the rights of disabled people.

Managers and Supervisors are responsible for recruiting, training, promoting and implementing conditions of service and Trust policies in a manner that is non-discriminatory. They should comply with the spirit and intention of this policy in carrying out their duties and in managing staff and services.

All Employees should positive contribution to equality and diversity by treating people with respect and promoting equality and diversity. This will be monitored by Managers through the KSF process

Reviewing

This scheme covers an initial three year period, 2006-2009. We will review this scheme on an annual basis to ensure that it continues to help us deliver against our moral, legal and business case drivers within this field of operation. The Equality Leads Group will be responsible for the internal monitoring of this scheme and recommending in partnership with the Disability Partnership Panel future improvements and changes to the Trust Board.

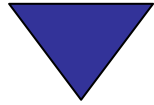
The Equality Team

The Equality Team is responsible for leading and co-ordinating the Trust's equality and diversity approach. The aim of the Equality Team is to ensure that the principles of equality, diversity and community cohesion are integrated into all the work the Trust undertakes. This is achieved by supporting Trust departments, senior managers, service managers, other staff, non-executive directors and local partnership agencies to deliver strategies that promote and enhance equality and diversity and community cohesion. The team can be contacted at:

Bedford House Clinic
Havelock Place
Shelton
Stoke on Trent
Staffordshire
ST1 4PR

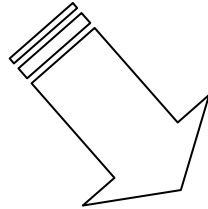
Patrick.Devine@northstaffs.nhs.uk
Tel: 01782 425034

Inputs

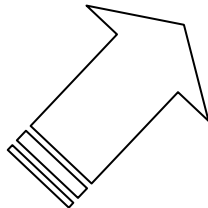


Internal Drivers

Business Case (improved Efficiency)
 Legislative Responsibilities (Minimize risk of Judicial Review)
 Employment Responsibilities (Risk of Tribunal Claims)
 Standards for Better Health



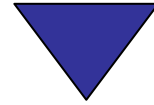
**Stoke on Trent PCT
 Managing Diversity
 Strategy**



External Drivers

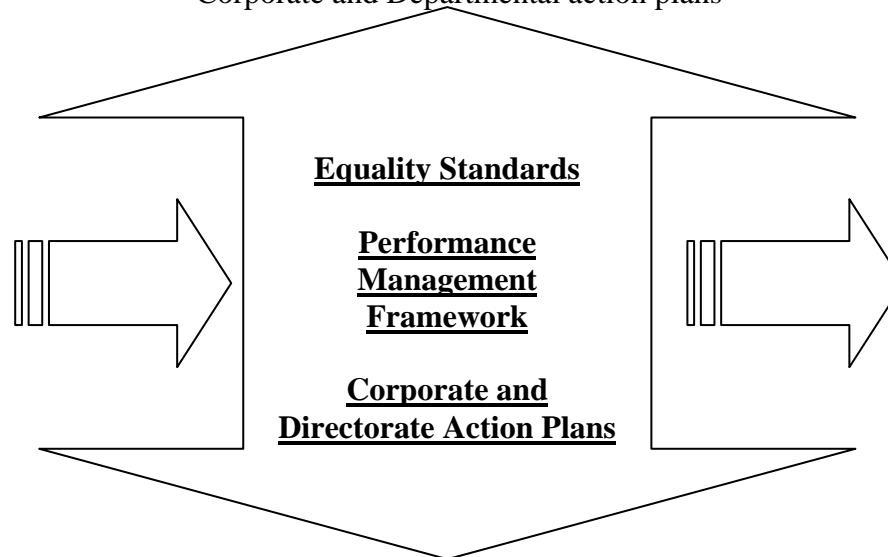
Responsibility to Service Users
 Legislative Responsibilities
 Healthcare Commission Audits
 Commissioning for Equality Responsibilities

Outputs



Internal Accountability

Corporate and Departmental Standards and Performance Indicators
 Performance Management Framework
 Corporate and Departmental action plans



Equality Standards

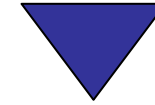
Performance Management Framework

Corporate and Directorate Action Plans

External Accountability

Disability Equality Scheme –
 through the Disability Partnership
 Panel

Outcomes



Responsive and Reflective Ethical Services both Commissioned and Directly Provided

Exemplar of Employment Best Practice

A Responsible Corporate Community Citizen

Exemplar of Best Practice in Partnership Working

Mainstreamed Ethical Response to Equality Commitments

Improved Public Image

The links between the Managing Equality and Diversity Strategy and this scheme

The Managing Equality and Diversity Strategy sets out the Trust's priorities, standards and management processes for equality and diversity.

This Disability Equality Scheme is part of that overarching strategy, but identifies some specific issues that the Trust has identified as important in relation to disability equality.

The standards and associated performance indicators and action plans agreed as part of the Managing Equality and Diversity Strategy and the relevant actions already set out in each Directorate's action plans will form the disability equality scheme action plan. However below are set out a few specific additional key priorities for addressing disability equality that the Trust, (together with the disabled people who have developed the scheme and disabled staff of the Trust) have agreed for the next two years.

17

What is a Disability Equality Scheme?

Rationale behind the Disability Discrimination Act 2005

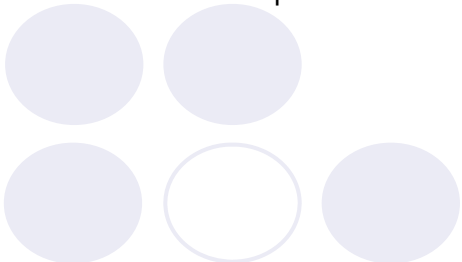
"At present disabled people do not have the same opportunities or choices as non disabled people. Nor do they enjoy equal respect or full inclusion in society on an equal basis. The poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairment or medical conditions, but rather stems from attitudinal and environmental barriers. This is known as 'the social model of disability', and provides a basis for the successful implementation of the duty to promote disability equality"

The duty to Promote Equality: Statutory Code of Practice – England and Wales 2006

The General Duty

The Disability Discrimination Act 1995 has been amended by the Disability Discrimination Act 2005 to place a duty on all public sector authorities to promote disability equality; this duty will have a significant impact on the way in which all public services are run.

The Trust has specific duties in the areas of policymaking, service delivery and employment. These duties apply directly to all our functions and to our responsibilities as an employer. These specific duties together underpin how we fulfil our general duty.



How will it operate?

Stoke on Trent Primary Care Trust as a public authority has a statutory general duty to promote disability equality. That duty requires public authorities to have “due regard” to the need to take steps to take account of disabled people’s disabilities even where that involves treating them more favourably than others. In doing so they need to take into account the relevance of the disability or impairment and the proportionality of the proposed remedial action intended to ensure equality.

Inevitably this means that in each situation a judgement has to be made about what action should be taken, why, and whether it is proportionate in terms of impact and equity with other forms of action. This is particularly important for the Trust - in our work we constantly need to assess not only whether we have paid due regard to the needs of disabled people, but whether the actions taken by our commissioned services and other health and social care providers have properly taken account of the needs of disabled people.

In addition, public bodies in common with everyone else covered by the Disability Equality legislation have to make reasonable adjustments to ensure that disabled people can work for the Trust or receive the same services as other from the organisation. The process of deciding what constitutes a reasonable adjustment also requires judgement.

We know, however, that high performing organisations are those that integrate equality and diversity into their business culture and processes and that a good organisation will integrate the need to have due regard and make reasonable adjustment into their work.

What will our Disability Equality Scheme Do?

The Regulations also give key public bodies a specific duty to produce a Disability Equality Scheme.

In the process of producing a final Disability Equality Scheme the Trust must:

- Involve disabled people in producing the scheme and developing the action plan;
- Identify how we will gather and analyse evidence to inform our actions and track progress;
- Set out how we will assess the impact of our existing and proposed activities on disabled people;
- Produce an action plan for the next three years;
- Report on progress every year and review and make appropriate revisions to this scheme at least every three years.



We need to show what success will look like in relation to this duty, our particular responsibilities and how we know that we are making progress. We must demonstrate that we have taken the actions we have committed ourselves to and achieved appropriate outcomes by setting appropriate performance targets.

The details of all our responsibilities are set out in the Duty to Promote Disability Equality Statutory Code of Practice published by the Disability Rights Commission.

What is the meaning of disability?

The Disability Discrimination Act says that a person is disabled if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

The effect of impairment is long term if:

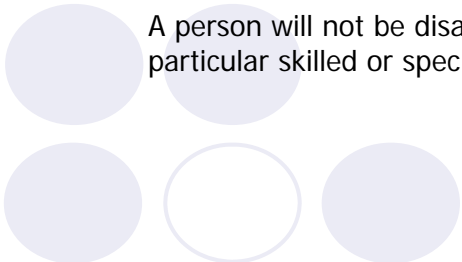
It has lasted for at least 12 months: or
 The period for which it lasts is likely to be at least 12 months: or
 It is likely to last for the rest of the life of the person affected

What are normal day to day activities?

There has to be substantial and long term adverse effect on the normal day to day activities. This means that the impairment must affect one or more of the following activities:

- Mobility
- Manual dexterity
- Physical coordination
- Continence
- Lifting, carrying or moving every day objects
- Speech, hearing and eye sight
- Memory or ability to concentrate, learn or understand; or
- Perception of the risk of physical danger

A person will not be disabled under the act if s/he is affected only in a way that is not listed for example, if her/his impairment only affects a particular skilled or specialist task at work.



The definition of disability includes people with learning disabilities, sensory impairments, people with severe disfigurements and some long term or progressive medical conditions such as cancer, multiple sclerosis or HIV infection. As well as having different impairments disabled people (of all ages) will also have differing experiences depending upon their gender, sexuality, age, religion or ethnicity. The link between disability equality and other equalities and diversity issues is an important component of any action taken to improve disability equality. It means solutions to address inequality will be varied and may be multi-faceted.

Recurring Conditions

Where an impairment ceases to have a substantial adverse effect on a person's ability to carry out normal day to day activities, it is treated as continuing to have that effect, if that effect is likely to recur.

Past Disabilities

People who have a disability within the definition in the past are protected from discrimination even if they have recovered.

20

Progressive Conditions

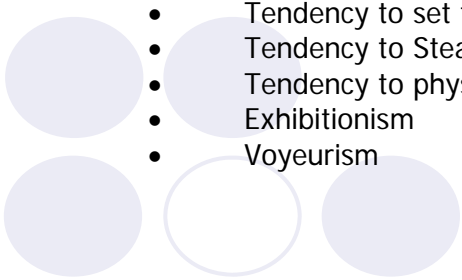
Where a person has a progressive condition s/he will be covered by the act from the moment the condition leads to an impairment which has some effect on the ability to carry out normal day to day activities. This might not be a substantial effect as long as the impairment is likely eventually to have a substantial adverse effect on ability. From December 2005 this also covered people with certain types of cancer, HIV or multiple sclerosis. They will be deemed to have a disability from the time of diagnosis.

Severe Disfigurement

People with severe disfigurement are covered by the act. An impairment which consists of severe disfigurement is treated as having a substantial adverse effect on the ability of the person concerned to carry out normal day to day activities. This rule does not apply to tattoos and non medical body piercing.

Exclusions

- Some conditions are regarded as not amounting to impairments for the purposes of the Act:
- Addiction to or dependence on alcohol, nicotine or any other substance (unless due to medical prescription)
- Seasonal allergic rhinitis (hay fever) unless aggravating another condition
- Tendency to set fires
- Tendency to Steal
- Tendency to physical or sexual abuse of other persons
- Exhibitionism
- Voyeurism



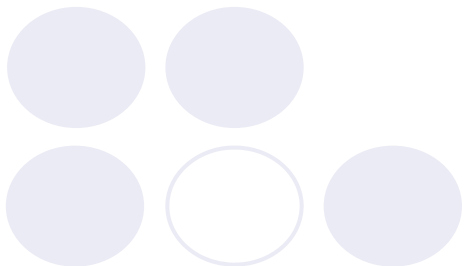
The social model

The social model of disability recognises that the disadvantage, social exclusion and poverty experienced by many disabled people is not because of their impairments or their medical condition but is because of the attitudinal and environmental barriers they face. This restricts the opportunities and choices disabled people have, and they are not afforded equal respect or full inclusion in society. Coupled with the individual attitudes many people express towards disabled people unnecessary restrictions are placed on disabled people.

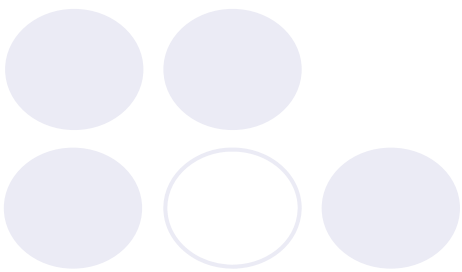
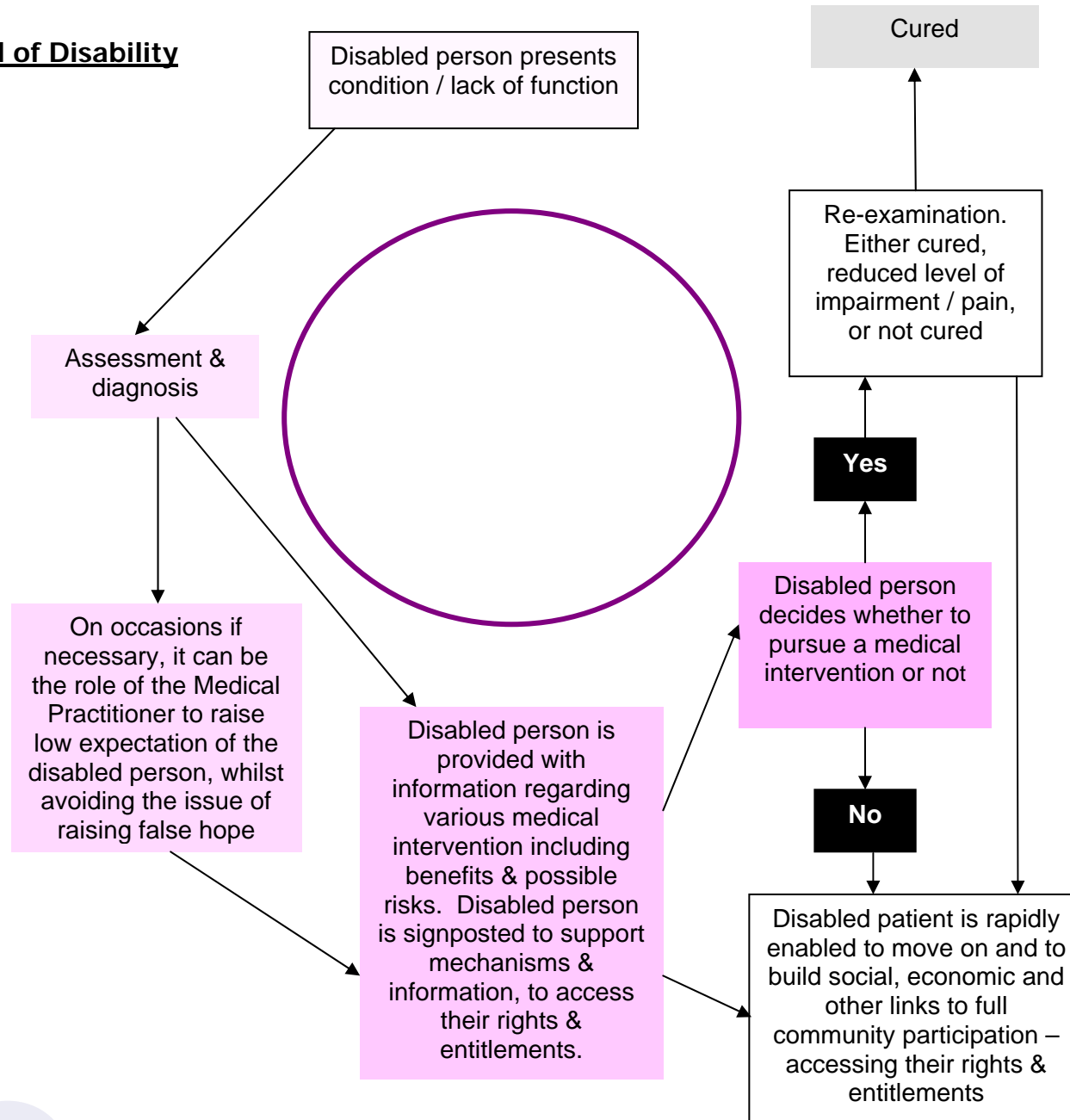
Surprisingly, given the foundations of and fundamental values of health care, the social model of disability is still not the dominant model in many care settings where disabled people are seen as vulnerable, passive, and unable to take control of their own lives.

We are actively working to change attitudes, to challenge a model that sees disabled people as people with impairments that prevent them taking an equal part in society and to support disabled people to take control of their own lives. Please see overleaf

21



The social model of Disability



The Benefits of the Disability Equality Scheme for Stoke on Trent Primary Care Trust

This scheme will help the Trust to ensure it is properly representative at all levels of the organisation, improve people's perception and experience of services and increase satisfaction, bring greater confidence in what we do, and give better access to health care services in Stoke on Trent and North Staffordshire.

It will also contribute to more informed decision making, better targeted policies and activities, and greater confidence in health care generally and in Stoke on Trent PCT's contribution in particular.

For our staff it will help to improve staff morale and productivity, improve staff management, and identify and develop good practice.

Involvement

23

What we have done so far

As both a single Primary Care Trust and in the preceding years as North and South Stoke PCTs we have involved disabled people in our work in many ways, for the purpose of compiling this Scheme we have worked in Partnership to ensure we get the best possible quality of information to guarantee relevancy to the communities we serve:

Questionnaire – disability matters

The Trust is very grateful for the assistance it has received from North Staffordshire Combined Healthcare NHS Trust (NSCHT) in preparing this scheme and in particular sharing the information and resources in consulting with community groups and individuals in preparing this scheme. The Trust contacted other provider services and local organisations to seek public opinion on 'what services are 'available' and people's 'views of services', a questionnaire was devised by NSCHT and consulted on with various representative groups from the local community. As a result different formats and styles of questionnaires were then circulated widely across the local community to the following representative groups.

CHANGES - a local voluntary sector organisation that works closely with the Trust focussing on supporting and assisting individuals experiencing mental distress with their recovery.

Representatives from CHANGES met with NSCHT and circulated the questionnaire to their own members and also distributed widely across all voluntary sector groups and organisations.

dDeaflinks – the local representative group for individuals with hearing impairment liaised with NSCHT to devise a specific questionnaire for individuals with a hearing impairment and also circulated across the local deaf community. They were also directly consulted as part of this scheme as representatives of the deaf community in Stoke on Trent and North Staffordshire.

Disability Solutions – Are a local umbrella organisation for the disabled community and have been involved in the formulation of the priorities and specific actions in the scheme through directly organised community participation events.

REACH – a local advocacy group for individuals with learning disabilities were involved in cascading and supporting individuals with a learning disability to complete a questionnaire.

Areas identified as good practice

The questionnaire asked respondents to identify any things / areas that the Trust currently does that they considered to be helpful or useful in supporting people with a disability:

- GPs giving more time to service users in appointments (specific response)
- CPNs providing information about disability and keeping an eye on service users
- My GPs surgery is outstanding in never questioning my need for a home visit when requested
- Professionals write things down if I don't understand

Priority Issues for Disabled and Deaf / Hearing Impaired People

The questionnaire asked respondents to identify any areas that they would like to change most to help the trust to move towards disability and deaf equality. These are recorded below and will be included within the DES as high priority actions set out within this scheme.

- "I would like people to treat me as normal not mental!"
- "It is impossible to get my wife to clinic to get scans. She goes into respite four times a year for one week at a time. Scans check-ups could be done then."
- "I want people to undergo deaf awareness training in order to make deaf people welcome and their services more accessible."
- "More help with phone enquiries and different methods available."
- "Better disabled car parking."
- "Prevent non disabled drivers from parking in disabled bays as these are minimal."



Focus Groups

The Trust in Partnership with NSCHT also attended Disability Equality Focus groups. Everyone who received a questionnaire received an invitation to come along and share their views about Health services.

As part of the Focus Groups attendees were asked if wished to participate in future involvement and consultation opportunities and in taking forward the actions identified as a result of the current involvement and consultation events.

Some of the issues rose at the Focus groups included:

- "Not all fire alarms have red flashing lighting attached when alarms go off so deaf people may not respond."
- "Posters need displaying for Code Red situations and information booklets could be available – Fire orders and code red to be laminated in Matt to prevent glare for sight impairment."
- "Frontline need to be made aware of Diversity Issues"
- "Doors that have intercom systems have click mechanisms when opened for access but a hearing impaired person may not hear this."
- "When individuals attend clinics etc there could be visually displayed number / name systems so people know when it is their turn."
- "Consider English language when deaf people are being seen by professional's accents can change lip pattern when speaking."
- "If people have difficulty with speech hearing or other disability they need longer appointments."
- "A lot of clinics surgeries and health environments have loop systems but staff is not trained in using them."
- "Signs and notices are not always clear there is guidance around good contrast for signs."
- "Reception areas often have glass screens which are reflective and difficult to see through if you have sight impairment."
- "TVs on wards do not have subtitles."
- "Radios are often on in reception and clinic areas this causes distortion for hearing aid users for people who have communication difficulty."
- "Paving and pedestrian areas are not always user friendly."
- "Community Transport is not widely available."
- "Taxis charge unreasonable prices if they are suitable for wheelchairs etc."
- "Services users should be involved in planning services and changes from the beginning."
- "Attitudes of clinicians 'Not my Problem' was a comment made by a professional when being challenged about little support for ethnic minority patients."
- "Text appointment available for Deaf community."
- "Raising the profile of Disabled People and their needs - Championing Needs (Local / Regional / National)."

Developing the Disability Partnership Panel

A very positive outcome of the focus groups was the proposed development and implementation of the Disability Partnership Panel.

The Panel will, as stated previously will take ownership of the scheme and associated action plans on behalf of the Trust and help to ensure that there is public accountability for the delivery of our commitments and priorities. The panel members would have a direct link and membership if desired with the Trust's Equality Leads Group.

Stoke on Trent Primary Care Trust's Disability Equality Scheme

Who this scheme is for

We do not want a scheme that promises a lot but then just sits on a shelf. We have been ambitious but have also tried to be pragmatic and realistic about what we can do by when, so that we do actually deliver change. Most of our activity is part of our mainstream business and is not set out in this document. Those mainstream activities are planned for and monitored and are designed to support in detail our top priorities. It has been developed by disabled people as well as our staff.

What is covered by the scheme?

This Disability Equality Scheme sets out the principle ways in which we plan to influence practice, share and disseminate good practice and model that practice ourselves. It complements the mainstream activity of the Commission with regard to disabled people and the social care services they use.

As a "public body" we are expected to ensure that we take action to

- mainstream services to disabled people;
- gather and analyse the evidence we have about the experiences of disabled staff and those we serve;
- prioritise the remedial action we are going to take to ensure disabled people we serve and employ are treated equally;
- involve disabled people in all we do, and;
- Ensure we can in all our publicity and reports explain why a decision has been made, how its impact on disabled people has been assessed and how it should improve equality for disabled people.

We are expected to do this through:

- clear leadership;
- the right level of staff training and expertise;
- attention to how we work with others, particularly to our partnerships and to the way we procure or influence others to procure social care services;
- focussing on effective change rather than expending energy without an impact;
- the efficient use of resources.

What we know about disability equality issues in Health care

Because much of our core business is related to services for disabled people (learning disability, physical and sensory disability, and mental ill health problems) we know a significant amount about disability issues.

27

However, we do not routinely consider this information from the perspective of disability equality. Indeed much of the culture of health and social care still equates disability with vulnerability and dependence. This significantly increases the challenge for us, culturally as well as in policy and practice terms.

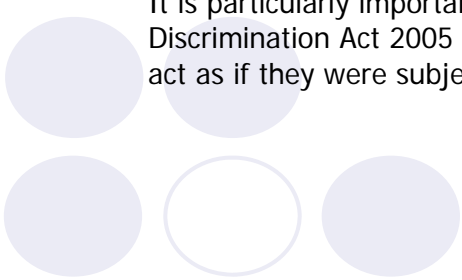
The information we have needs to be re-examined from a perspective of promoting independence and disability equality.

We do not know enough about how health and social care services promote independence and support disabled people to live normal lives.

Procurement

Whilst the Trust is a direct service provider, it also has significant influence through how we commission and procure goods and services. As such the Trust will over 2006/07 develop approaches to refine the procurement practices of our commissioning process and work with providers to ensure they do not discriminate against, harass or exclude disabled people.

It is particularly important that the Trust expects commissioned service providers to meet their responsibilities under the Disability Discrimination Act 2005 Public Duty. We expect our commissioners to specify their expectation that any providers they procure services from act as if they were subject to the same duties as the NHS.



The Trust will change its own procurement practices for goods it purchases and services it provides to ensure the providers of those goods and services are compliant with the requirements of the Act.

EQUALITY IMPACT ASSESSMENTS (EIAs)

One of our key priority areas has been to Risk/Equality Impact Assess Trust policies, procedures and service functions. This means that we have to assess the risk that the services and policies under which we operate are not fair and equitable to all groups in our local communities, and then control the risks through eliminating any direct or indirect discrimination, or by identifying if there may be adverse impact present and identifying how we intend to respond to this). We have an established program of review for each policy and an Equality Risk/Impact Assessment toolkit / screening procedure to help us to do this.

All new policies will be equality risk/impact assessed. We have agreed that all new and reviewed policies will not be accepted by Trust Board without an risk assessment having been undertaken on the policy and a review of this attached as an appendix to the policy. The policy, procedure or function continues to sit on the Trust's electronic risk register and will regularly be reviewed for any increase or decrease to the level of risk the policy may pose to all identified communities.

28

An extensive range of training opportunities are ongoing to support staff at a local level to effectively undertake the risk/impact assessment process. In order for this process to be undertaken in an efficient and effective way it has been agreed that the process be conducted on an ongoing Trust wide corporate approach. All departments will be responsible for assessment of their relative policies and individuals will be supported to undertake this process through training and through partnership working with the Trust's Equality and Diversity team.

All Trust policies will initially undergo the risk assessment as a screening process this will help us to identify and prioritise policies that may require a full Impact assessment if there is concerns that adverse impact may be evident.

The prioritisation of policies have followed a systematic process please see appendix 2.

High Priority

Policies are rated as a high priority if:

- a these were relevant to all elements of the general duty under the Disability Discrimination Act 2005;
- b there was a strong existing or public concern that the actual or potential impact will vary significantly on different groups; and /or
- c these were generally regarded as being most powerful to influence NHS services and partner agencies in tackling the most significant causes of health inequalities between groups.

Medium Priority

Policies are rated as medium if a) these were relevant to parts of the general duty and there are some concerns that their impact will vary for different groups

Low Priority

Policies are rated as low if these are likely to have none or significantly small impact on equality

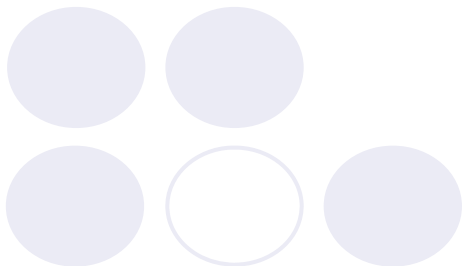
Service Functions – Trust wide Strategic Directions and Local Team Directions (vision for the future)

Each operating unit has a strategic direction; each clinical team also produces their own local strategic directions. These will also be required to undergo an Equality Impact Assessment. Direction documents will not be approved/ratified unless they have undergone an Equality Impact Assessment.

29

Policy Development/Review

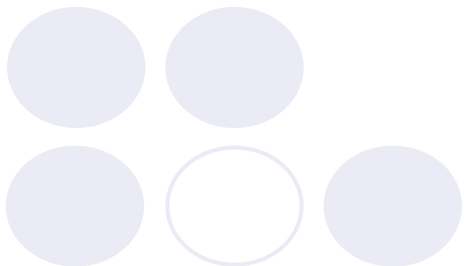
Equality Impact assessment is part of the Trusts policy development and review process. In future, all new policies will undergo equality impact assessment before approval/ratification, and an explicit statement will be included in the policy/staff guidance on writing policies to that effect.



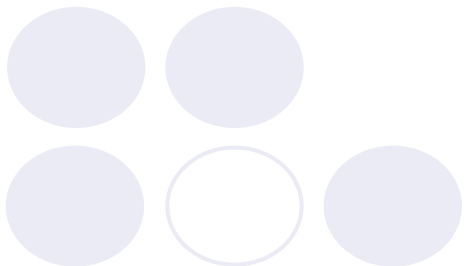
Our Disability Equality *Strategic* Priorities and Action Plan

AREA		AIM	ACTION REQUIRED	DATES	OUTCOME
Good Governance	1	Disability governance	<p>Develop Disability Partnership Panel as external accountable group for scheme</p> <p>Develop Equality Leads Group as internal accountable group for scheme</p> <p>Increase membership of both groups and develop capacity to effectively monitor agenda</p> <p>Build formal links with other statutory bodies for learning, consulting and sharing best practice</p>	<p>December 06</p> <p>Fully developed April 07</p> <p>Dec 07</p>	<p>Group with effective involvement from disabled service users and staff and with links to external agencies.</p> <p>Agencies work together to share best practice and reduce consultation burn-out</p>
Good Governance	2	Disability Equality Scheme	To involve, consult and ratify document.	4 th December 2006	We have a Disability Equality Scheme which works coherently with the Stoke on Trent PCT beliefs and standards.

Good Governance	3	Gap Analysis	A gap analysis is drafted and sent to service managers and receive feedback. Monitor this on a yearly basis (by reporting evidence) to look at improvements in service provision.	February 07 Analysis Oct 07	We have a broad survey method of sourcing information and evaluating our services which can be integrated into scheme and form baseline
Good Governance	4	To review Disability Equality Scheme and Action plan	To set up yearly review dates and incorporate Gap analysis and cross agency learning	Dec 2007, Dec 2008	To make any changes needed within the review to ensure it remains a 'living document'.
Estates Improvement Governance	5	Operational – Stage 1	<p>Improve access to</p> <p>Approach Routes – signage, dropped kerbs</p> <p>Car Parking – designated disabled user bays, signposts</p> <p>Ramps – handrails, gradients</p> <p>Steps – handrails, tactile paving, nosings</p> <p>Entrance Doors – signage call bells, ease of use and automation of doors, colour</p> <p>Entrance Lobbies – size, matting, ease of use of doors and automation</p> <p>Reception Areas – signage</p>	April 07 - ongoing	Use Equality Leads Group to identify and drive forward this section of the action plan, build into directorate business plans and performance management



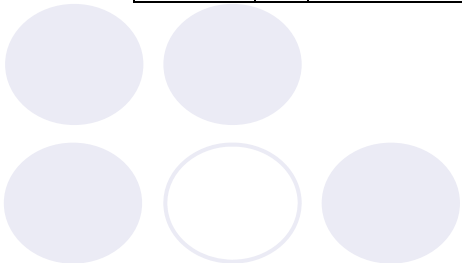
Estates Improvement Governance	6	Operational – Stage 2	<p>Improve access to Reception Areas – counters, induction loops Accessible Visitors WC's – size, layout, contrast Signage – wards</p> <p>To be taken into account, operational review of buildings and consult Estates on building difficulties and review plan as necessary</p>	<p>Revise plans by January 2008</p> <p>Add to capital strategy by April 2008 for future monies</p>	Works complete in relevant buildings
Estates Improvement Governance	7	Operational – Stage 3	<p>Improve access to Internal Stairs – handrails, nosings, signage Ramps – gradients, handrails Bathroom/Showers – size, layout, grabrails WC's – accessible, ambulant disabled, layout, grabrails, contrast</p> <p>To be taken into account, estates review of buildings and consult Estates on building difficulties and review plan as necessary</p>	<p>Revise plans by January 2006</p> <p>Add to capital strategy by April 2008 for future monies</p>	Works to be complete in relevant buildings



Estates Improvement Governance	8 .	Operational – Stage 4	<p>Improve access to Lifts – size, layout, signage Doors – ease of use, vision panels, contrast, handrails Changing Facilities – size, grabrails Means of Escape – ramps, steps, alarms Lighting – adequate lux levels</p> <p>To be taken into account, estates review of buildings and consult Estates on building difficulties and review plan as necessary</p>	<p>Revise plans by January 2008</p> <p>Add to capital strategy by April 2008 for future monies</p>	Works to be complete in relevant buildings
Estates Improvement Governance	9 .	Operational – New Buildings	Ensure that links are established between management and LIFT/other partners so new buildings are compliant with the Disability Discrimination Act Legislation.	Ongoing	All new builds go through a DDA consultation exercise
Estates Improvement Governance	1 0	Commissioned Services	Ensure they meet the Disability Equality Scheme requirements and timeframe	December 2006	All commissioned services meet and enhance disability access

Service Improvement	1 1	Reporting disability access issues (estates)	Ensure clear method for service users and staff to report access issues and these are dealt with.	Dec 06	All feedback on buildings is acted on to improve access
Service Improvement	1 2	Reporting disability access issues (services)	Ensure clear method for service users and staff to report access issues and these are dealt with.	Dec 06	All feedback on service barriers is acted on to improve access
Service Improvement	1 3	Monitoring	Ensure cross cutting equality monitoring arrangements are meeting DDA requirements and are both published and used	April 07	Monitoring of our performance (staff and service users) is effective and meets legal duties
Supporting Staff	1 4	Training	<p>Induction and compulsory equality training to include revised DDA elements and disability awareness.</p> <p>More advanced training on disability awareness specific to role to be developed (e.g. reception staff)</p>	<p>Dec 06</p> <p>Dec 07</p>	

Supporting Staff	1 5	Disability issues among existing staff	Collating information on existing staff with a disability	Jan 07	We can understand the nature of disability within the workforce and set recruitment benchmarks Managers are better informed of what procedure and information is available Staff recognize disability issues among colleagues. Occ Health delivers support to meet staff needs
			Creation of management guidance protocol 'reasonable adjustments'	April 07	
			Widespread understanding of how disability is defined under the act.	Dec 07	
			Monitoring effectiveness of Occ Health in supporting staff	April 08	
Service Improvement	1 6	Communication and customer care	Ensure staff are sensitive to disability issues in customer care, communication and service delivery.	April 07	Service users express satisfaction at customer care and accessing services and complaints limited. Interpretation/translation team addresses all sensory issues in accessing services Appointment systems are flexible and meet needs of service users (e.g. allow SMS or email booking, access to location is good)
			Disability issues in making outpatients appointments and accessing appointment time and locations is addressed. Choose and book assessed for adverse impact	April 07	
				April 08	



Appendix 1.

Our Managing Equality and Diversity *Strategic* Priorities

1. As a Provider and Commissioner of Services

1.1 Strategy and policy development

- We will ensure all Corporate strategies recognise and explicitly mention equalities and address issues relevant to the minority and disadvantaged groups, as well as challenging discrimination.
- We will develop strategies and policies in partnership with stakeholders from minority and disadvantaged groups to ensure their specific needs are taken into account and where possible addressed.
- We will carry out equality risk/impact assessments on all strategies and during all reviews of strategies to ensure equalities issues have been systematically addressed within all aspects of their development and delivery.
- We will publish our revised Race Equality Scheme in May 2008 in line with our duties in the Race Relations [Amendment] Act 2000.
- We will develop and publish both Disability and Gender Equality Schemes in 2006/07.
- We will develop and publish both Age and a Sexuality Equality Schemes in 2007/08.
- We will review each of the equality schemes (Race, Gender, Disability, Age, Sexuality and Faith) on a three yearly cycle and revise them as necessary.
- We will work with local partners, including the Local Authority, and with regional and national partners to share equality and diversity information and good practice to inform the development of future strategies and policies.

- We will invite, as appropriate, the Healthcare Commission, the Commission for Equality and Human Rights, the Commission for Racial Equality, the Disability Rights Commission, the Equal Opportunities Commission, the Audit Commission and specialist agencies to consider the equality and diversity dimension of our strategies and policies.
- We will ensure that equality and diversity initiatives, policies and developments are discussed, agreed and led by the Equality Leads Group with delegated authority from the Trust Board to oversee the delivery of this agenda on behalf of the Trust
- All Trust Directors will hold responsibility for equality and diversity issues and all Directors will be members of the Equality Leads Group, with responsibility for nominating leads from their Directorates for this area of work.
- We will aim to target our resources and initiatives to those in Stoke on Trent experiencing most disadvantage and discrimination.
- We will assess the risk/impact of our work and our functions on disadvantaged and minority groups to identify and allocate resources where they are most needed.
- We will research issues of inequality and social exclusion to highlight need and facilitate information sharing concerning these issues.

37

1.2 Business Imperatives

- Each directorate will produce, in partnership with the Equality and Diversity Department annual key equality performance indicators to contribute to the delivery of the annual corporate Equalities plan.
- The key equality performance indicators will be supported by detailed operational equalities plans produced by each directorate. These will outline the work the directorates will be undertaking that has a clear equalities focus, with outputs and timescales.
- The equalities action plan will include any actions identified as a result of measuring progress and outstanding actions to support the Trust's Standards for Better Health submission and Improving Working Lives initiative
- We will develop policies and procedures that take a positive approach to contracting with individuals, organisations and

companies from minority and disadvantaged groups.

- We will develop fair contracting and procurement policies to ensure we promote compliance with equalities good practice, including, to the extent permitted in law, the recognition by contractors of trade unions within their staff groups.

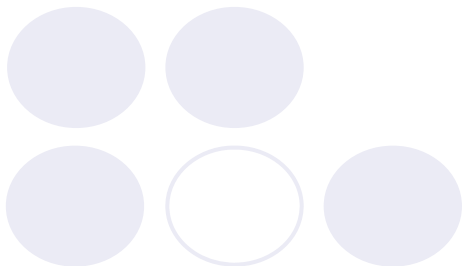
1.3 Operational processes

- All staff members have responsibility for ensuring their work takes into account the specific needs of minority and disadvantaged groups and that it
 - is anti-discriminatory
 - involves the identified minority or disadvantaged groups in planning and evaluation
 - prioritises actions and resources to those in greatest need.
- The Trust will use a series of equality standards as a tool for embedding the mainstreaming of equalities throughout the organisation. These will take elements of both the NHS sponsored positively diverse standards, the equality standards for local government in addition to some localised standards to create a bespoke means of ensuring we meet our vision for equality and diversity within Stoke on Trent.
- The Trust will, in accordance with all legislation have equality schemes with action plans for each of the equality strands. These will be the means of ensuring public accountability for the Trust on Equality and Diversity issues.
- We will carry out equality risk/impact assessments on all our strategies, policies, procedures and functions, including the built environment we operate.
- We will ensure that all equalities initiatives incorporate the principles of best value.
- We will review, monitor and evaluate our equalities outputs annually and set new targets.
- Support for mainstreaming equalities will be provided by the Equalities Team in the Quality and Performance Directorate

- We will provide support and guidance for staff and Trust Board Members through training and development programmes and the implementation of the equality standards adopted by the Trust. The Trust will also publish an Equality and Diversity Toolkit aimed at helping staff members develop knowledge and skills needed to provide culturally sensitive services.
- We will ensure equality and diversity issues are addressed in all our directly delivered services
- We will ensure our events, projects and programmes of work take into account the needs of minority and disadvantaged groups, and where appropriate promote equality and diversity and challenge discrimination and disadvantage.

1.4 Measuring progress

- We will evaluate our performance against the equality standards adopted and the equality and diversity Performance Indicators.
- We will monitor and assess in partnership with community members our progress against each of our equality schemes.
- We will monitor progress against the equality and diversity actions in our corporate and directorate equality action plans
- We will publish an annual equality and diversity report outlining and assessing our equalities work.
- We will work in partnership, where appropriate with the Commission for Equality and Human Rights, the Commission for Racial Equality, the Disability Rights Commission, the Equal Opportunities Commission, the Healthcare Commission and other key organisations in scrutinising and auditing our progress.
- We will evaluate managers and staff members on the extent to which they have developed personal skills relating to equality and diversity through the KSF performance appraisal system.



2. As a Corporate Community Citizen

2.1 Involving Local Communities

- We will seek the involvement of Stoke on Trent’s minority and disadvantaged communities in Trust consultation processes and events and use imaginative and diverse methods of public involvement.
- We will consult minority and disadvantaged communities on all Trust strategies and other main initiatives, allowing suitable time for this consultation.
- We will actively seek out methods of working in partnership with equality target groups and communities.
- We will ensure accessibility by
 - Developing an accessible services policies, stating our commitment in this area
 - Ensuring all our published documents are written clearly and clearly display information on how to obtain alternative formats
 - Providing summaries of key documents in Plain English
 - Making our public documents available in alternative formats such as languages other than English, including British Sign Language; Braille; audio cassette; CD, large print or in child friendly formats on request and in line with available resources.
- We will ensure our web portal complies with current accessibility standards.
- We will publicise the availability of accessible information.
- We will actively support events that celebrate the lives, cultures and faiths of the communities of Stoke on Trent, promote tolerance and raise the profile of important issues for minority and disadvantaged communities and socially excluded groups.
- We will provide accessible information and publicity and seek out opportunities to communicate with the equality target groups.

40

2.2 Monitoring and improving our consultation and partnership work

- We will take steps to monitor our consultation results, complaints, attendance at certain events and take up of initiatives by

gender, ethnicity, and disability and, where appropriate, age. We will report these figures and use the results to identify where action is needed in order to reach the whole community.

3. As a Caring Employer

3.1 Being an exemplary employer

- We will develop and implement conditions of service for staff that
 - are considered models of best practice
 - are fair, not discriminatory and provide equality of opportunity
 - balance the needs of individual members of staff with those of the organisation
 - ensure they are treated with dignity and respect at work.
- The Human Resources Department equality performance indicators and associated annual action plan will detail actions and initiatives to help the Trust achieve equality and diversity in employment.
- We will periodically carry out reviews to equality-proof our staff policies and practices.
- We will develop and implement positive action measures in recruitment and in learning and development initiatives.
- We will ensure that all staff have access to appropriate learning and development activities.
- We will support and promote staff support groups for women, black, Asian and minority ethnic, disabled, lesbian and gay staff where appropriate.
- We will ensure staff have the right to celebrate and honour faith days through use of flexible working and annual leave, if the days are not statutory holidays.
- We will work with community and specialist bodies to source applicants from a wider pool.
- We will adopt age equality and diversity policies and practices that not only meet but exceed the 2006 legislation on age equality

in the workplace.

- We will promote our policies and procedures that enable staff to challenge unfair and discriminatory behaviour and practices that are incompatible with our policies and we will ensure that these policies are effective.

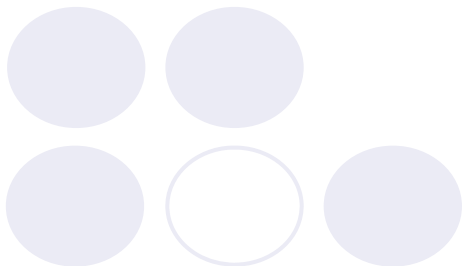
3.2 Setting and monitoring employment targets

We will set employment targets that aim to create a workforce that reflects Stoke on Trent's community as identified in the 2001 census. These apply to all levels and pay grades and are presently

- 52% of the workforce should be women
- approximately 7.5% of the workforce should be black, Asian and minority ethnic people. Within this we will set a separate target that at least 5% of the workforce should be Asian.
- at least 10% of the workforce should be disabled people.
- We will set a longer term target for disabled employees at 17%.
-
- We will review and develop the targets at appropriate intervals so that they remain aligned to Stoke on Trent's diverse population.
- We will monitor and report on our progress towards meeting these targets on a monthly basis and report these publicly in the equalities annual report. The reports will also contain information on the age profile of staff.
- We will develop positive action measures to recruit and retain staff representative of Stoke on Trent's community to the organisation and introduce further measures as appropriate.
- We will consider and implement appropriate monitoring and reporting of faith and sexuality.
- We will monitor and report to the Equality Leads Group, the Directors of the Trust and the full Trust Board on promotion, leavers, grievances and tribunal cases according to gender, ethnicity and disability as required by our legislative responsibilities.

4. Our Partners and Stakeholders

- We will participate in the strategic development of equality and diversity initiatives and support and promote good practice throughout Stoke on Trent and specifically in the Local Strategic Partnership and Local Area Agreement processes.
- We will work actively with partners and organisations in Stoke on Trent to improve the access of all minority and disadvantaged communities to information about Healthcare and Stoke on Trent Primary Care Trust and our service delivery and employment activities.
- We will provide a strategic lead as an employer in Stoke on Trent concerning the promotion of good equality and diversity employment practice with the Local Strategic Partnership, private, public and voluntary sector organisations.
- We will influence members of the Local Strategic Partnership to achieve workforces that are reflective of Stoke on Trent's community.
- We will encourage others to promote equality and diversity and to adopt best practice
- We will make the case to local, regional, national and international decision-makers for changes that will drive the equality and diversity agenda forward and deliver improved outcomes.
- We will work with local partners, including the Local Strategic Partnership, and with regional, national and where appropriate European partners to share and promote the adoption of best practice.



Appendix 2.

Comprehensive Policy And Function List

CLINICAL AND PROVIDER ARM POLICIES AND FUNCTIONS INCLUDING PROVIDER ARM SERVICES (PRIMARY AND COMMUNITY CARE) AND PUBLIC HEALTH FUNCTIONS

Relevance to general duty: Eliminate Discrimination : Promote equality of opportunity: Promote positive images of people with disabilities

♣ 1 = Potential low impact

♣ 2 = Potential medium impact

♣ 3 = Potential high impact

44

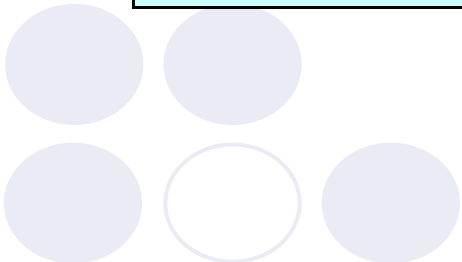
Policy	Relevancy and Level of Relevancy	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
• Clinical and Provider Arm Policies			
Community Hospitals Resuscitation Policy	YES ♣♣♣	<ul style="list-style-type: none"> Differences in likelihood of resuscitation due to disability Access to resuscitation services dependent upon disability 	
Primary Care Resuscitation Policy	YES ♣♣♣	<ul style="list-style-type: none"> Differences in likelihood of resuscitation due to disability Access to resuscitation services dependent upon disability 	
Equal Access to Services Policy	YES ♣♣♣	<ul style="list-style-type: none"> Inequalities in access to services dependent upon disability Discrimination in service provision dependent upon disability 	

Professional Registration and Re-registration Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in people achieving registration/re-registration dependent upon disability • Inequality of access to registration/re-registration opportunities 	
Administration of Medicines	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in administration of medicines dependent upon disability • Discrimination in provision of medicines dependent upon disability 	
Complementary Therapies	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in provision of complementary therapies dependent upon disability • Discrimination in provision of complementary therapies dependent upon disability 	
Attendance at Coroners Court Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in attendance and support provided at courts dependent upon disability • Discrimination in service provision of attendance dependent upon disability 	
Nurse Bank Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in use of nurses with disabilities • Inequalities in numbers of nurses whole time in comparison to bank staff 	
Emergency Forced Entrance to Private Accommodation	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in numbers of properties to which forced entry is made dependent upon disability 	
Patients Missing from Hospital	YES ▲▲▲	<ul style="list-style-type: none"> • Different treatment of patients missing from hospital dependent upon disability 	

Nurses Holding Patients During X-Ray Investigations Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Adverse treatment of patients being held during x-ray dependent upon disability 	
Abuse of Vulnerable Patients	YES ▲▲▲	<ul style="list-style-type: none"> • Abuse and extent of abuse of patients in care being dependent upon disability • Inequalities of response to victims of abuse dependent upon disability 	
Preceptorship and Clinical Supervision	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in numbers and quality of preceptorship and supervision of staff dependent upon disability 	
Discharge Including Inter-Hospital Transfer	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in treatment and discharge quality dependent upon disability • Adverse community relations dependent upon perceived discharge protocol 	
Patient Seclusion	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in numbers of patients secluded dependent upon disability • Perceived adverse treatment of certain community groups when seclusion being administered 	
Practitioner/Client Relationship/Chaperoning	YES ▲▲▲	<ul style="list-style-type: none"> • Non identification of appropriate chaperoning protocols when serving certain communities and individuals • Adverse community relations based upon less favourable or positive discrimination in chaperoning/hospitality 	
Best Practice in Withholding/Withdrawing Life Prolonging Medical Treatment	YES ▲▲▲	<ul style="list-style-type: none"> • Potential for discrimination when withholding/withdrawal based upon disability 	

Infant Feeding Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in administering the infant feeding protocol based upon disability • Insensitivity in administering the protocol to certain user groups dependent upon disability 	
Child Protection (Standards and Guidance)	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementing the standards and guidance based upon disability • Adverse community relations based upon ineffective implementation of the policy 	
Restraint Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Adverse treatment of patients being restrained dependent upon disability 	
Guidance for the Use of Bedrails	YES ▲▲▲	<ul style="list-style-type: none"> • Inappropriate use of bedrails or non proportionate use of bedrails dependent upon disability 	
Continuing Education for Nursing/HV Staff	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in access to continuing education dependent upon disability 	
Disclosure of Criminal Background of those with Substantial Access to Children	YES ▲▲▲	<ul style="list-style-type: none"> • Discrimination in the implementation of the disclosure policy • Inequalities in number of staff members with disabilities working with children 	
Psychological Interventions	YES ▲▲▲	<ul style="list-style-type: none"> • Culturally inappropriate psychological interventions dependent upon disability 	
Discharge of Medically Fit Patients	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in length and nature of discharge of patients dependent upon disability 	

Dress and Appearance	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities and discrimination in the nature and implementation of the dress and appearance policy dependent upon disability 	
Handling of Major Clinical Incidents	YES ▲▲▲	<ul style="list-style-type: none"> • Inappropriate responses to specific communities • Response to disability motivated or terrorist major incidents • Adverse impact upon community relations dependent upon response to major clinical incidents 	
Non Medical Prescribing Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Potential for inequalities in prescribing dependent upon disability 	
Verification of Expected Death	YES ▲	<ul style="list-style-type: none"> • Potential for inequalities in time scales for verifying death dependent upon disability 	
Verification of Death – Out of Hours	YES ▲	<ul style="list-style-type: none"> • Potential for inequalities in time scales for verifying death dependent upon disability 	
Medicines management Policy	YES ▲▲		
Introduction of new Techniques and Procedures Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in the introduction of new techniques and procedures dependent upon disability 	
Consent to Examination or Treatment Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inappropriate implementation of consent procedure dependent upon disability • Inappropriate use of interpreters in receiving patient consent 	



Clinical/Provider Arm Functions			
Health Visiting	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
School Nursing	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
District Nursing	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Out of Hours District Nursing	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Children's Airways Support Team	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Coop Triage Nurse	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Specialist Nursing	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Elderly Care – Boulton Ward, Haywood, Westcliffe	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	

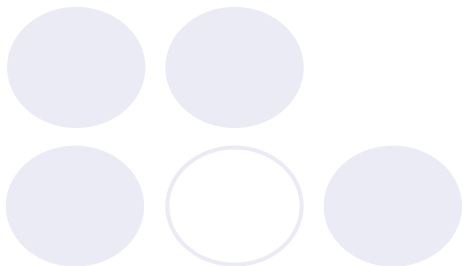
Longton Cottage Hospital	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Learning Disability – Primary Healthcare Facilitator	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Family Planning	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Ethnic Minority Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Mum 2 Mum	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Facilities & General Admin	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Health Centre Administration	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Patient and Public Involvement	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	

Speech and language Therapy	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Community Intermediate Care Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Community Dental services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Podiatry Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
North Staffs. Urgent Care	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Physiotherapy	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Community Optometry	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Community Mental Health Services: CPN, Counselling	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	

Community Pharmacy	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
CAST	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
City Child Protection Team	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Continuing Complex Care: inpatient intermediate care, inpatient continuing and respite care	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Musculo-skeletal Service	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Service improvement and reform Functions	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Medicine management function	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Data Quality function: Utilisation of Data.	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	

Information and Technology	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Chronic Disease Support	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Cervical and breast screening	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Dietetics	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Cancer Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Infection Control	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Family Planning Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Health Promotion	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	

Sure Start Services	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	
Cervical and breast screening	YES ▲▲▲	<ul style="list-style-type: none"> • Access to this service may be difficult for some communities. • Service may not meet cultural needs of local diverse community. 	



CORPORATE AND GENERAL POLICIES INCLUDING CLINICAL GOVERNANCE/CORPORATE SERVICES AND FINANCE AND PERFORMANCE MANAGEMENT POLICIES AND FUNCTIONS

Relevance to general duty: Eliminate Discrimination : Promote equality of opportunity: Promote positive images of people with disabilities

♠ 1 = Potential low impact

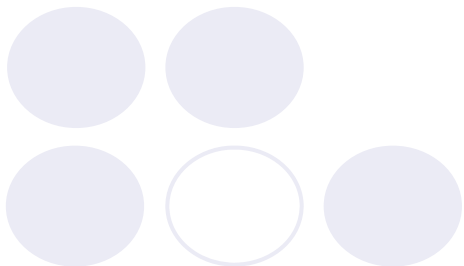
♠ 2 = Potential medium impact

♠ 3 = Potential high impact

Policy	Relevancy and Level of Relevancy	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
• Corporate and General Policies			
Confidentiality of Patient and Employee Information	YES ♠♠♠	• Inequalities in implementation of policy dependent upon disability	
Access to Health and Employee Records	YES ♠♠♠	• Inequalities in implementation of policy dependent upon disability	
Records Management	YES ♠♠	• Inequalities in implementation of policy dependent upon disability	
Secure Storage Handling Use/Disposal of Information	YES ♠♠	• Inequalities in implementation of policy dependent upon disability	
Recruitment of Ex Offenders	YES ♠♠♠	• Inequalities in implementation of policy dependent upon disability	
Patient Property	YES ♠♠♠	• Inequalities in implementation and delivery of policy dependent upon disability	
Dealing with the Media	YES ♠♠♠	• Inequalities in implementation of policy dependent upon disability • Potential for adverse community relations	

Good Practice for Providing Information	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability • Inequalities in delivery to specific communities (language etc) 	
Licence for Traders to Sell Goods	YES ▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Guidance for the Development and Control of Policies, Procedures and Guidance	YES ▲	<ul style="list-style-type: none"> • Lack of appropriate guidance on policy formulation around culturally competent services etc 	
Race Equality Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Child Welfare Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Risk management Policy	YES ▲	<ul style="list-style-type: none"> • Lack of information on recognising equality and diversity risks 	
Comments and Complaints Policy and Procedures	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Vexatious Complaints Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Management of Clinical Negligence and Personal Injury Claims	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Handling major Incident Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Adverse Incident Stress Debrief	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Critical Incident Stress Debrief	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	

Adverse Incident Reporting Policy/Guidance	YES ♠♠♠	• Lack of culturally appropriate responses in the event of adverse incidents dependent upon disability	
Lone Worker Policy	YES ♠♠♠	• Inequalities in implementation of policy dependent upon disability	
Incident reporting Policy and Guidance	YES ♠♠♠	• Lack of culturally appropriate responses in the event of adverse incidents dependent upon disability	
Risk marker Policy	YES ♠♠	• Inequalities in implementation of policy dependent upon disability	
Management of Medical Devices and equipment	YES ♠	• Inequalities in implementation of policy dependent upon disability	
Decontamination of Re-usable Medical Equipment	YES ♠	• Inequalities in quality of decontamination which impact upon members of specific communities	
Health and Safety Policy	YES ♠♠	• Inequalities in implementation of policy dependent upon disability	
Manual Handling	YES ♠	• Inequalities in training on policy dependent upon disability	
Fire Policy	YES ♠	• Inequalities in training on policy dependent upon disability	
Safe Disposal of Clinical Waste Policy	YES ♠	• Inequalities in training on policy dependent upon disability	



Management of Violence and Aggression Policy	YES ▲▲▲	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability • Inequalities in the implementation of the policy dependent upon disability • Cultural or inappropriate guidance on the management of violence amongst key minority groups 	
Use of Mobile Phones	YES ▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Stress Policy	YES ▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Security Policy	YES ▲▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
First Aid Policy	YES ▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Environmental Policy	YES ▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability • Lack of cultural awareness in the implementation of the policy 	
Workplace Transport Policy	YES ▲▲	<ul style="list-style-type: none"> • Potential for discrimination in the delivery/monitoring of the policy 	
Vehicle Driver Policy	YES ▲	<ul style="list-style-type: none"> • Inequalities in implementation of policy dependent upon disability 	
Procedure in the Event of a Gas Leak or Suspected Gas Leak Policy	YES ▲	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability 	
Acquisition of Pets in Healthcare Premises policy	YES ▲▲	<ul style="list-style-type: none"> • Lack of cultural appropriateness in the implementation of the policy 	

Health and Safety Advice for the Purchase of Equipment, materials and substances	YES ♠	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability 	
Mercury Spillage	YES ♠	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability 	
Sharps Finds Instruction Policy	YES ♠	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability 	
Introduction of New Techniques and Procedures Policy	YES ♠♠	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability • Inequalities in the implementation of the policy dependent upon disability 	
Pregnant Workers Checklist	YES ♠♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy dependent upon disability 	
Audit Procedure	YES ♠♠♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy dependent upon disability • Lack of inclusion of disability monitoring and analysis in audit processes 	
Safe Use and Purchase of Portable Electrical	YES ♠	<ul style="list-style-type: none"> • Inequalities in training on policy dependent upon disability 	

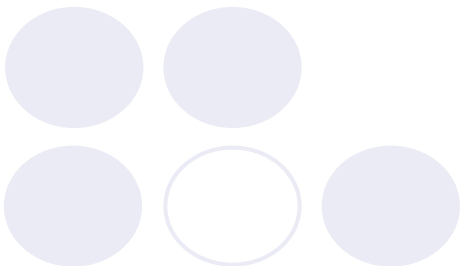
Finance Policies			
Recognition Agreement	YES ♠♠♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy dependent upon disability 	
Budgetary Control and Related Issues	YES ♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy dependent upon disability 	
Treasury Management	YES ♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy dependent upon disability 	

Standing Financial Instructions	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Condemnations and Special Losses	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Banking Procedure	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Official Orders	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Security of Assets	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Disposal of Items Surplus to Requirements	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Cash Handling and Security at Ward Level	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Petty Cash	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Corporate Charge Card	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Charitable Funds	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Car Mileage and Expenses	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Inventory of Furniture and Equipment	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Guidance on Fundraising Activities	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Powers Reserved to the Trust Board and Scheme of Delegated Powers	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Payroll	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	

Standing Orders	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	
Property and Land Transactions	YES ♠	• Inequalities in the implementation of the policy dependent upon disability	

Corporate and Finance Functions			
Health and Safety	YES ♠	• Inequalities in training on the policy dependent upon disability	
Communication	YES ♠♠♠	<ul style="list-style-type: none"> • Discrimination in communication methods • Discrimination in amount of communication • Inequalities in the access to information in a range of appropriate formats 	
Complaints	YES ♠♠♠	<ul style="list-style-type: none"> • Inequalities in the implementation of the policy • Inequalities in the number and nature of complaint outcomes for minority service users 	
Risk management	YES ♠	• Inequalities in training on the policy dependent upon disability	
Use of information	YES ♠♠♠	• Inequalities and potential discrimination in the use of information dependent upon disability	
Quality/ Control Assurance	YES ♠	• Inequalities in training on the policy dependent upon disability	
Clinical Audit	YES ♠♠♠	• Lack of culturally appropriate auditing/monitoring within Trust processes	

Planning and Service agreements	YES ♠♠♠	• Lack of culturally appropriate understanding in planning and service agreements	
Financial Management	YES ♠	• Inequalities in training on the policy dependent upon disability	
Financial accounting	YES ♠	• Inequalities in training on the policy dependent upon disability	



INFORMATION MANAGEMENT AND TECHNOLOGY (IM & T) POLICIES

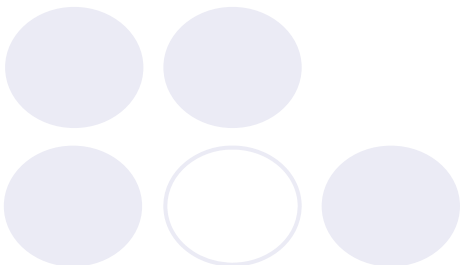
Relevance to general duty: Eliminate Discrimination : Promote equality of opportunity: Promote positive images of people with disabilities

♠ 1 = Potential low impact

♠ 2 = Potential medium impact

♠ 3 = Potential high impact

Policy	Relevancy and Level of Relevancy	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
Information Management and Technology Policies			
It Management Tech – Security/Confidentiality	YES ♠♠	<ul style="list-style-type: none"> Inequalities in implementation of the policy dependent upon disability 	
Fraud Policy and Response Plan	YES ♠♠	<ul style="list-style-type: none"> Inequalities in training on the policy dependent upon disability 	
Internet Access Policy	YES ♠	<ul style="list-style-type: none"> Inequalities in training on the policy dependent upon disability 	
Staffordshire Information Exchange Protocol	YES ♠♠	<ul style="list-style-type: none"> Inequalities in training on the policy dependent upon disability 	



HUMAN RESOURCE AND WORKFORCE DEVELOPMENT POLICIES AND FUNCTIONS

Relevance to general duty: Eliminate Discrimination : Promote equality of opportunity: Promote positive images of people with disabilities

♠ 1 = Potential low impact

♠ 2 = Potential medium impact

♠ 3 = Potential high impact

Policy	Relevancy and Level of Relevancy	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
Human Resource Policies			
Disciplinary Procedure	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Guidelines for Career Breaks	YES ♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Management of Staff Sickness Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Smoking Policy	YES ♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Equal Opportunities Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Harassment in the Workplace Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Job Share Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Flexible Working Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Paternity Leave Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	
Compassionate and Special Leave Policy	YES ♠♠♠	• Inequalities in the implementation of the policy dependent upon disability	

Grievance and Disputes Procedure	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Recognition Agreement	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Protection of Pay and Conditions	YES ▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Relocation Pay	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Raising Concerns at Work	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Clinical Negligence and Personal Injury Claims	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Management of Staff Changes	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Alcohol and Drugs Policy	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Personal Relationships at Work	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Maternity Leave and Pay Entitlements	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Retirement Policy	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Recruitment and Selection Policy and Guidelines	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Lease car Policy	YES ▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Parental Leave Policy	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Bank Holiday Entitlement for part Time Staff	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	

Improving Performance/Supporting Staff Policy	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Exit Interview	YES ▲▲▲	• Inequalities in the implementation of the policy dependent upon disability	
Standards of Business Conduct and Ethics for Employees	YES ▲▲	• Inequalities in the implementation of the policy dependent upon disability	

Human Resource and Workforce Development Functions			
Recruitment and retention	YES ▲▲▲	• Inequalities in the implementation of the function dependent upon disability	
Human Resources Strategy	YES ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Improving Working Lives	YES ▲▲▲	• Inequalities in the implementation of the function dependent upon disability	
Role redesign	YES ▲▲▲	• Inequalities in the implementation of the function dependent upon disability	
Workforce Development Strategy	YES ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Management Strategy	YES ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Agenda for Change	YES ▲▲▲	• Inequalities in the implementation of Agenda for Change dependent upon disability	
Utilisation of Data	YES ▲▲▲	• Inequalities in the utilisation of data dependent upon disability	

Haywood And Westcliffe Hospital

Relevance to general duty: Eliminate Discrimination – Promote Equality of opportunities – promote positive images of people with disabilities

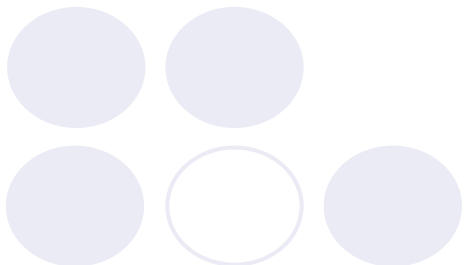
❖ 1 = Potential low impact

❖ 2 = Potential medium impact

❖ 3 = Potential high impact

Function/Activity	Relevant	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
Rheumatology & Osteoporosis	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Rehabilitation Medicine	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Elderly Care Services	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Haywood Walk in Centre	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Orthotics	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	

Function/Activity	Relevant	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
Outpatient Services	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Musculoskeletal Therapy	YES ▲▲▲	Access to this service may be difficult for some communities. Service may not meet needs of local diverse community.	
Occupational Therapy	YES ▲▲▲	Access of this service maybe difficult for some communities. Service may not meet the cultural, religious and spiritual needs of the local diverse community.	
Physiotherapy	YES ▲▲▲	Cultural differences and awareness may impact on some communities accessing this service	
Hydrotherapy	YES ▲▲▲	Cultural and religious differences and awareness of the service may impact on some communities accessing the service.	
Wheelchair Service	YES ▲▲▲	Access of this service maybe difficult for some communities. Service may not meet the cultural and religious needs of the local diverse community.	
Limb Fitting Centre	YES ▲▲▲	Access and provision of support and awareness to some communities maybe difficult	



Stoke On Trent (Teaching) Primary Care Trust (Proposed)

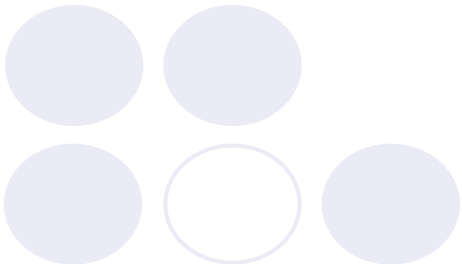
THIRD PARTY COMMISSIONED SERVICES

Services Commissioned	
<ul style="list-style-type: none"> • Older People Services • Stroke Services • Screening Services including Breast Cervical and Diabetic Retinopathy • Local Strategic Partnership • NPSAs • General Medicine inc Derm, respiratory, GUM, Diabetes • Sleep Studies • Learning Disability NSF • Diabetes NSF • Capacity Planning • Choose and Book • Enhanced Services • Sexual Health NSF • Diagnostics incl Pathology and Radiology • Intermediate Care • Prescribing • Voluntary Sector • NICE • Records Management • Dermatology • Sleep Studies • Voluntary / Independent sector SLAs • Dr Barber - GPSI Independent • Dr Chand - GPSI Independent • Dr Merali - GPSI Independent • Dr Guindy - GPSI ENT Independent • Dr Reddy - GPSI ENT Independent 	<ul style="list-style-type: none"> • Cancer NSF • Practice Based Commissioning (with support from Specialised Services; cardiac surgery, renal, neurosurgery) • Long Term Conditions (Neurological) • Rehabilitation Medicine (Specialised Services) • Rehabilitation Medicine (Haywood) • NPSAs • Mental Health Services • CHD Services • Substance Misuse • Locomotor inc T&O, Rheumatology • Surgery inc General Surgery, Cochlear • Ambulance Services • Capacity Planning • Records Management • Extended Primary Care • Women & Children's inc fertility & Childrens NSF • Community Services inc HV, DN, SN • Rehabilitation Medicine (Haywood) • Sensory and Physical Disabilities • Allied Health Services including Physio, SaLT, Orthotics, Podiatry • Mental Health NSF • Valerie Grattage-Rushton – Counsellor - Independent • Cassandra Jackson – Counsellor - Independent • K Lundby – Physiotherapy - Independent • Dr Pullan - GPSI Dermatology - Independent • Dr Harrison - GPSI Dermatology - Independent • Dr Borse - GPSI Dermatology

<ul style="list-style-type: none"> • Dr Chadalavada - GPSI ED Independent • Dr Smith - GPSI - Gay / Bisexual Independent • Lifestyle Fertility – Fertility Independent • Lifestyle ENT Rental Independent • Dr Dent – Vasectomy Independent • Dr Jones – Vasectomy Independent • Dr Malgwa – Vasectomy Independent • Dr Kulkarni – Vasectomy Independent • Dr Pilpel – Vasectomy Independent 	<ul style="list-style-type: none"> • Dr Masters - PC Physician Service - Independent • Dr Parkinson - PC Physician Service - Independent • Dr Jones - Physician Service - Longton Cottage – IC - Independent • Dr Chadalavada – Vasectomy - Independent • Enid Corker – Counsellor - Independent • Orchard Surgery – Counsellor • Dr McCarthy - Physician Service - Travers Court - Respite Care • Language Line – Interpreter • Staffordshire Ambulance (Hilltop) – Transport
---	---

SLAs In Place With	
University Hospital North Staffs -	- NHS
University Hospital Birmingham	- NHS
North Staffs Combined Healthcare	- NHS
South Stoke PCT Provider Arm	- NHS
Staffordshire Moorlands PCT Provider Arm	- NHS
Newcastle PCT Provider Arm	- NHS
North Staffs Health Promotion	- NHS
University Hospital Leicester	- NHS
Derby Hospitals Foundation Trust	- NHS
Christies	- NHS
Druglink	- Voluntary
Charles Jones Institute - Substance Misuse	- Independent
Birmingham Childrens	- NHS
Birmingham Women's	- NHS
Robert Jones & Agnes Hunt	- NHS
Royal Orthopaedic Birmingham	- NHS
Staffordshire Ambulance	- NHS
East Staffs PCT (Community Nursing)	- NHS
Mid Cheshire	- NHS
South Western Staffs PCT (Community Nursing)	- NHS
Burton Hospital NHS Trust	- NHS
NHS Direct	- NHS
Approach	- Voluntary
Hibiscus	- Voluntary
Stroke Association	- Voluntary
Birmingham and Solihull Mental Health Trust	- NHS
Cheshire & Wirral	- NHS
Mid Staffs Hospitals	- NHS
North Stoke Provider Arm (Community)	- NHS
North Stoke Provider Arm (Haywood)	- NHS
South Staffs H/C Mental Health	- NHS
South Birmingham PCT – Rehab	- NHS – Specialised
Central Manchester	- NHS – Cochlears
Royal Free	- NHS – Cochlears
QMC	- NHS – Cochlears
Bradford	- NHS – Cochlears
ADSIS	- Voluntary
North Staffs User Group	- Voluntary
Safe House	- Voluntary
Nottingham City	- NHS
Royal Wolverhampton	- NHS

Cannock Chase PCT (Direct Access & Podiatry)	- NHS	Queens MC Nottingham	- NHS
Headway	- Voluntary	Sandwell and West Birmingham	- NHS
Homestart	- Voluntary	dDeaflinks (Communication)	- Voluntary
Making Space	- Voluntary	Furniture Mine	- Voluntary
Conwy & Denbighshire	- NHS	Jigsaw	- Voluntary
East Cheshire	- NHS	North Staffs Carers	- Voluntary
North West Wales	- NHS	NSREC	- Voluntary
Royal Shrewsbury	- NHS	Soundbase (dDeaflinks)	- Voluntary
South Manchester University	- NHS	Voluntary Action	- Voluntary
Birmingham Heartlands and Solihull NHS Trust	- NHS	Voluntary Action Neighbourhood Forum	- Voluntary
Action Line / BBC Radio Stoke	- Voluntary	Listers (X-ray)	- Independent
Asist (Learning Dis User Involvement)	- Voluntary	Nuffield - Barium meals	- Independent
Bereavement Care (now the The Dove Centre)	- Voluntary	Hilltop Manor (Main Contract) – IC	- Independent
CAB	- Voluntary	Hilltop Manor - SS Input	- Independent
Crossroads	- Voluntary		



The Following Policies and Strategies are Nationally Set, however, a localised response and impact assessment of the national strategy/policy will need to be completed to ensure that we do not implement a national policy in an inappropriate or discriminatory way at a local level. Although we do not set national strategy we have options around the local implementation of such policies, and where appropriate we may influence national policy decisions and strategies.

♠ 1 = Potential low impact

♠ 2 = Potential medium impact

♠ 3 = Potential high impact

Policy	Relevancy and Level of Relevancy	What is the likely public concern that the function maybe implemented in a discriminatory manner	Responsible Person/Department
National Policies			
GMS Contract	Yes ♠♠♠	The GMS contract does not contain specific mention of the provision of culturally appropriate services or the monitoring of service uptake etc by disability. The GMS contract does not bring the GPs into compliance with the DDA or the PCT values and commitments to disability equality	
Choose and Book	Yes ♠♠♠	There maybe specific needs not addressed or identified by the newly developed choose and book system	
Management of GP Lists	Yes ♠♠♠	There is potential for discrimination, inequality of access and adverse community relations dependent upon GP lists and associated access to GPs within specific communities	
Agenda For Change	Yes ♠♠♠	There is potential for discrimination in banding dependent upon disability	
Caldicott Guidelines	Yes ♠♠♠	There maybe areas that may not take account of the diverse needs within the local community and staff	
Pharmacy Contract	Yes ♠♠♠	There maybe a lack of culturally appropriate services linked to the delivery of pharmacy services thereby	

		blocking access to certain groups	
Connecting for Health	Yes ♠♠	The Strategy may not take into account the needs of the local community	

Local Strategies			
Communications Strategy	Yes ♠♠♠	<ul style="list-style-type: none"> Inequalities in the implementation of the strategy dependent upon disability 	
Patient and Public Involvement Strategy.	Yes ♠♠♠	<ul style="list-style-type: none"> Inequalities in the implementation of the strategy dependent upon disability 	
PALS development plan)	Yes ♠♠♠	<ul style="list-style-type: none"> Inequalities in the implementation of the strategy dependent upon disability 	
Premises Strategy	Yes ♠	<ul style="list-style-type: none"> Inequalities in the implementation/delivery of the strategy dependent upon disability and physical disadvantage 	
Risk management Strategy	Yes ♠	<ul style="list-style-type: none"> Inequalities in training on the strategy dependent upon disability 	
Long term conditions strategy	Yes ♠♠♠	<ul style="list-style-type: none"> Inequalities in the implementation of the strategy dependent upon disability 	

Children's service development	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Diabetes NSF + associated plans	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Older people's NSF + associated plans	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
CHD strategy Cancer plan	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
City wide Domestic Violence Strategy	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	
Commissioning Strategies	Yes ▲▲▲	• Inequalities in the implementation of these strategies dependent upon disability	
Primary Care Strategy	Yes ▲▲▲	• Inequalities in the implementation of the strategy dependent upon disability	

