



Wolverhampton City



Primary Care Trust

Single Equality Scheme

Period 1st November 2008 – 30th April 2011

Wolverhampton City Primary Care Trust

Single Equality Scheme

2008 - 2011

Introduction

This Single Equality Scheme has been prepared in response to relevant equality and Human Rights legislation borne unto us as a public Authority.

Aims/Purpose

The Scheme outlines the requirements the PCT has to achieve to demonstrate legislative compliance and beyond. Managers and staff will use this document for reference and implementation across the organisation.

Objectives

- To ensure that the PCT remains complaint as required by the relevant legislation
- To provide an open statement of intention of our commitment to equality and diversity
- To provide guidance and support for our staff enabling them to carry out their day to day duties
- To allow for effective monitoring throughout implementation via Equality and Diversity Steering Group

Synopsis

Yes No

Accountable Officer for Scheme:

Stephanie Harris – Director of Workforce

Responsible Officer for Policy

Bruno Daniel – Head of Equality and Diversity

Policy Date: October 2008

Review Date: May 2011

Equality Impact Assessment Outcome Screening Full |

Implementation Approach

- Stop Press
- Circulation to all Directorate
- Monitoring of Action Plan by Equality and Diversity Department
- Regular reporting to equality and Diversity Steering Group
- Availability of policy on Internet and Intranet
- Action planning meeting with all directorates

English

If you require this document in a different format, e.g., larger print, please contact Clerical Officer, Equality and Diversity Office, telephone 01902 444014 / 444608, e-mail equality.diversity@wolvespct.nhs.uk, fax 01902 444488.

Urdu

اگر آپ کو یہ ڈاکومنٹ کسی اور فورمیٹ، یعنی بڑے لفظوں میں چاہئے تو برائے مہربانی کلریکل آفیسر سے ٹیلی فون نمبر 444608 / 01902 444488 ، فیکس ، 01902 444014 equality.diversity@wolvespct.nhs.uk ای میل پر ایکوالٹی اور ڈائورسٹی آفس سے رابطہ کریں

Polish

Jezeli potrzebujesz przeczytac ten dokument w innej czcionce, np. wieksza czcionka, prosze sie skontaktowac z

Clerical Officer, Equality and Diversity Office (biuro),
telefon: (01902) 444014/ 444608,
adres emailowy: equality.diversity@wolvespct.nhs.uk
fax: (01902) 444488

Farsi

گر شما این اسناد را به شکلهای دیگر برای مثال، چاپ یا حروف درشت نیاز دارید، لطفا تماس حاصل نمائید به مقام مسنول دفتر مساوات، به شماره تلفنهای 01902 444014 / 444608 و یا به ایمیل equality.diversity@wolvespct.nht.uk فاکس 01902444488.

Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਕਿਸੀ ਵੱਖਰੀ ਕਿਸਮ ਵਿਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ, ਤਾਂ ਇਕੁਆਲੀਟੀ ਅਤੇ ਡੀਵਰਸਟੀ ਦਫਤਰ ਦੇ ਕਲਰਕ ਨਾਲ ਫੋਨ ਨੰਬਰ 01902 444014 / 444608, ਈ ਮੇਲ

equality.diversity@wolvespct.nhs.uk, ਫੈਕਸ 01902 444488 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Gujerati

જો તમને આ ડોક્યુમેન્ટ બીજી રીતે જોતા હોય દા.ખ. મોટા અક્ષરોમાં, તો અમારી ક્લેરિકલ ઓફિસરને ઈકવાલિટી અને ડાયવર્સિટી ઓફિસમાં ફોન કરો. ફોન નંબર છે: 01902 444014 / 444608. ઈમેઇલ:

equality.diversity@wolvespct.nhs.uk, ફેક્સ: 01902 444488

Chinese

如果你需要以不同的方式提供這文件，例如：大字印刷，請你跟聯絡辦事員，平等和多樣性辦公室。電話: 01902 444014 / 444608, 電郵: equality.diversity@wolvespct.nhs.uk, 傳真: 01902 444488.

Arabic

إذا كنت تريد هذه الوثيقة في صيغة مختلفة، مثال على ذلك: -، طباعة بخط أكبر، الرجاء الاتصال بموظف السكرتارية، مكتب التنويع والمساواة، تلفون: 01902444014 \ 444608
إيميل: equality.diversity@wolvespct.nhs.uk فاكس : 01902444488

Hindi

अगर आप यह दस्तावेज किसी दूसरे संरूप में पाना चाहते हैं, जैसे कि बड़े अक्षर में, तो कृपया लिपिक अधिकारी, समानता और विभिन्नता कार्यालय, से संपर्क कीजिए, टेलिफोन 01902 444014 / 444608, ई मेल equality.diversity@wolvespct.nhs.uk, फेक्स 01902 444488

Kurdish

ئەگەر تۆ پۈۋىستت بەو بەلگەنامانە ھەيە بە شۆۋازىكى دىكە، بۆ نمونە چاپى گەورە تەكايە پەيوەندى بکە بە بەرئو بەرى
نوسینگە يان نوسینگەى ھەمەجۆرى و يەكسانى بە ژمارە تەلەفۆنى (01902444014) يان (444608) ژمارەى
فاکس(01902444488)
equality.diversity@wolvespct.nhs.uk ئيمەيل

Forward and Executive Summary

We as a PCT have had an ongoing commitment to Equality and Diversity, which has underpinned our day to day business for a number of years. This commitment has driven the publication and implementation of individual equality schemes focusing on specific areas of discrimination in employment and service delivery on race, disability and gender. Although we were required by law to publish these schemes we see our journey towards achieving equity as a moral and social responsibility but most of all a basic Human Right. We do it because it is important not just because we have to by law but see it as a Corporate and Social Responsibility (CSR) towards the city of Wolverhampton. We have prioritised our work on equality and have sought opportunities to challenge us by participating in national pilot schemes such as Positively Diverse, Race for Health and Pacesetters programmes.

The publication of this Single Equality Scheme is yet another step on our journey towards achieving a true ethos of equity in all we do. The scheme draws together the elements of what we have done already and sets out how we take this work forward, taking account our responsibilities as a commissioner, a provider of services, as a major employer in the City to improve health, provide employment and reduce health inequalities for the citizens of Wolverhampton.

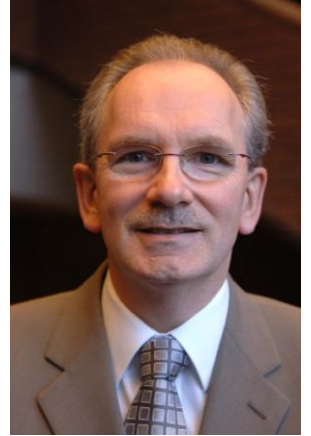
Wolverhampton is a richly diverse City with a sense of local identity and with a good track record of partnership working. Our vision is to embed equality into our City's ethos but we recognise that to achieve this we must work with and learn from other agencies and communities, so we look forward to building on existing partnerships and creating new ones so that together we create an ethos of fairness and equity across the City.

This final version of the Single Equality Scheme is being issued after a full consultation period from May to August 2008. The areas of consultation and process are at Appendix 1 and 2.

Foreword from Chief Executive Officer

Equality and diversity is championed at Board level by me as Chief Executive taking overall accountability and a Non Executive Director overseeing the delivery of the scheme. The Director of Workforce has delegated responsibility for implementation and monitoring progress of the scheme.

Reporting on the implementation of the scheme will be closely monitored by our Equality and Diversity Steering Group which is chaired a non Executive Director. We will continue to listen to the views of people from the different equality strands, carers, our stakeholders, partners, employees and service users, collect information to review progress and assess future needs and will keep the Primary Care Trust Board and other stakeholders informed of developments.



We are keen to improve our services for people in Wolverhampton. We want you to help us by letting us know how things are now and what could be better in the future.

I am fully committed to the aims and intentions of the Single Equality Scheme and will monitor its progress by the reports that are presented to the Trust Board from Equality and Diversity Steering group. It is my intention to demonstrate that this agenda is given leadership and priority and at the opening day of Diversity Week (May 2008) I stated that **“equality and diversity is not just a requirement but critical to business”**. I believe that this can be delivered through this single equality scheme and a robust process of Equality Impact Assessments.

It is also vital that we embed the requirement of the scheme through our corporate objective and the Trusts Business Plans.

I would like to take this opportunity to thank all those who participated in the consultation for the scheme, your views and comments will inform our future development and I give a guarantee that you will be kept informed of progress and developments.

Yours sincerely,

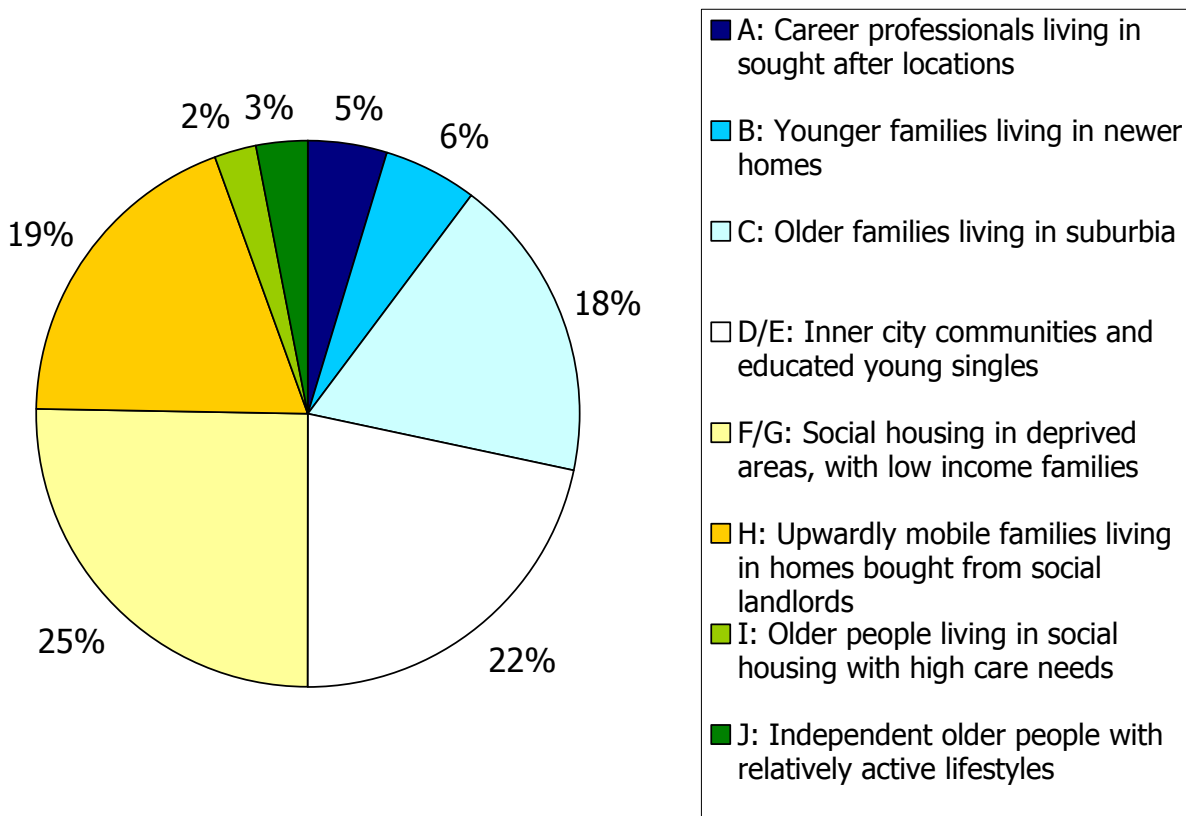
**Chief Executive
Jon Crockett
Wolverhampton City PCT**

Wolverhampton – The City

Wolverhampton’s resident population is approximately 239,000. It is one of the most densely populated places in the country, with nearly 9,000 residents per square mile. About a quarter of the population is of black and minority ethnic (BME) origin. The city’s Sikh population makes up around 12% of the total population, while Black Caribbean communities account for around 5%. The mixed race population in the city is relatively small, as well as very young - mostly under 15 years of age. Mixed heritage children now account for over 8% of all children under the age of 15. There are around 800 asylum seekers in the city.

Wolverhampton’s population has been characterised by several distinct socio-economic groups using the social marketing tool Mosaic Public Sector. The chart overleaf shows the relative size of the custom Mosaic groups.

Figure 1: The population of Wolverhampton by custom Mosaic group



Source: Dr Foster

The city’s population is likely to grow only slightly over the next 20 years, but its composition will change. Current trends suggest that the population will grow to 241,800 by 2026. It is likely that the growth will be in the BME communities, with the biggest percentage increase in those of mixed ethnic background. BME groups will constitute around one-third of the city’s population by 2026.

It is also expected that the population will age. Wolverhampton currently has a slightly larger than average older population. The biggest percentage change is in the 80+ age group, predicted to increase by 42.5% by 2028.

The City also has marked inequalities such as:

- 21.2% of the population report a limiting long term illness
- 4th highest rate of teenage pregnancy in England
- 5th highest rate of stroke in England
- 6.9% of population have a disability
- 22.2% of the population are from minority ethnic groups
- 21% of population claim income support
- 40% of households receive council tax benefits

There are over 60 different languages spoken in the city and this figure is ever increasing and can be seen in a variety of areas such schools and educational establishments, Local Authority but also for us as a Public Authority in the frequency of requests when providing services. In the financial year April 07 to March 08 the evidence from our interpreting services provided indicates that the most common apart from English are:

PUNJABI	29.81%
KURDISH	23.40%
POLISH	11.78%
FARSI	5.12%
RUSSIAN	3.73%
CHINESE	2.86%
DARI	2.30%
LITHUANIAN	2.17%
GUJARATI	1.96%
CZECH	1.75%

We currently have a city wide contract for provision of interpreter and translation service with addition BSL at the service delivery on request.

National Perspective

The Department of Health’s Single Equality Scheme 2007 – 2010 includes the following national data which illustrates why the Equality and Diversity agenda must be a priority. Local population profiles reflect these trends so to make a difference there is a need for local action to complement the national programme to address the health and social inequalities described below.

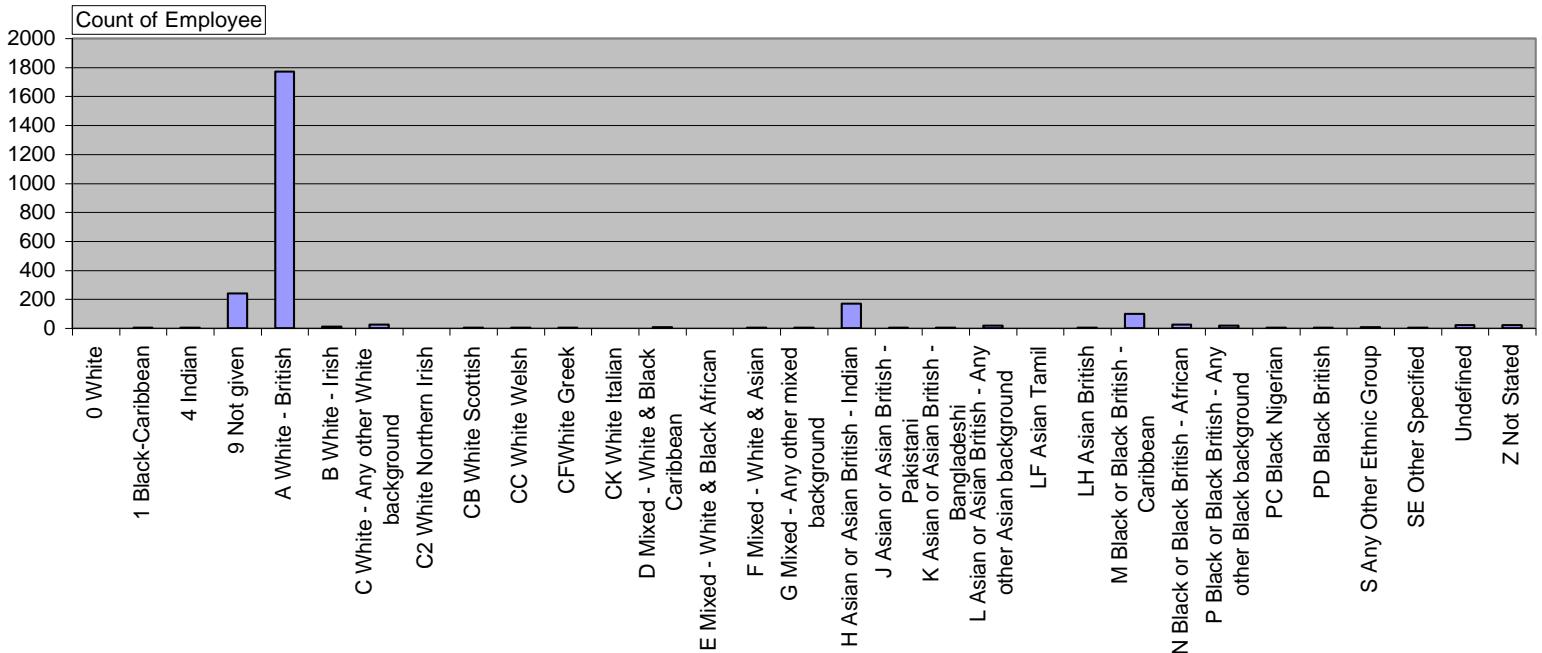
Race and Ethnicity

- There are significant differences between the health of the general population and the health of black and minority ethnic groups (BME).
- People from many BME groups tend to have worse health than the wider population for example:

- Infant mortality is higher for children with mothers born in Pakistan and in the Caribbean.
- Smoking rates are higher among BME men and the prevalence of stroke is much higher among African-Caribbean and South Asian men and Coronary Heart disease is more common among South Asians.
- The incidences of mental illness are higher in some BME communities, e.g., young Asian women are twice as likely to commit suicide as young white women.
- The incidence of diabetes is 5 times higher among South Asians and 3 times higher among those of Caribbean backgrounds than in the general population.

The graph below provides a breakdown of the ethnicity profile of the PCT, we are committed to take positive action in order to better reflect the community we serve not only to increase the Black and Minority Ethnic representation but also to address the areas of where staff are not presentation this much needed information.

Wolverhampton City PCT
Workforce Monitoring
Ethnic Origin
September 2008



Disability

- The prevalence of disability increases rapidly with age; approximately 75 per cent of men and women aged 85 and over have a disability.
- 20 Per cent of those with a disability are under age 45.
- 24 Per cent of deaf or hearing-impaired people miss appointments, and 19 per cent miss more than 5 appointments because of poor methods communicating appointments.
- Disabled people are 4 times less likely than the general population to register with a dentist.
- Offices are inaccessible or inadequate; twice as many find their doctors' surgery inaccessible.
- 40 Per cent of visually impaired people believe that their GPs are not fully aware of their needs, rising to 60 per cent for other surgery staff.
- People with learning disabilities or long-term mental health problems are 58 per cent more likely to die before the age of 50 than non-disabled people.

Gender

- The differences between men and women in health status and use of services are significant. These differences also result from differences in income and social class, age, ethnicity and caring responsibilities for example:
 - Men are 3 times more likely than women to commit suicide.
 - Women are between 2 AND 3 times more likely than men to be affected by depression or anxiety.
 - Death rates for colorectal cancer are 24.7 per 100,000 men compared to 14.7 per 100,000 women.
 - Men have traditionally smoked more cigarettes and consumed more alcohol than women and there are important differences in the numbers of deaths from lung cancer and chronic liver disease between women and men.

Sexual Orientation and Gender Identity

Many lesbian, gay, bisexual and transgender (LGBT) people face discrimination. The experience of homophobia, transphobia and heterosexism can have a serious health impact, especially on young people. Sexual orientation and gender identity undoubtedly contribute to health inequalities and poor experience of health services for example:

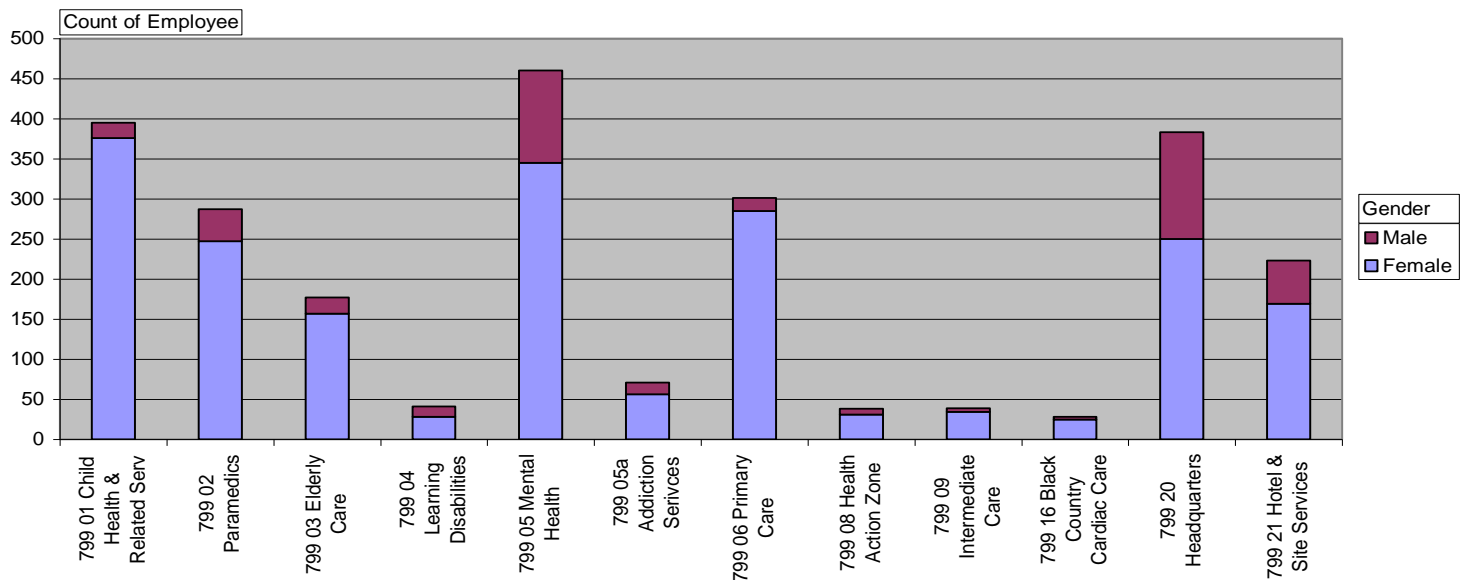
- Access to gender reassignment services is haphazard and care is patchy
- 77 Per cent of LGBT young people experience homophobia in schools
- 66 Per cent of LGBT people have been a victim of homophobia

- 41–44 Per cent of gay men have not disclosed their sexuality to their GP
- LGBT individuals have higher levels of mental ill health than heterosexuals
- Older LGBT people are 5 times less likely to access services for older people than the general older population, because they fear discrimination, homophobia and ignorance

Source: Department of Health Single Equality Scheme. 2007 – 2010

We also recognise that there is limited data being collected on Gender Identity at the point of service delivery and will work closely with our stakeholders to improve the current data set that exist in order to better influence the commissioning process.

Wolverhampton City PCT
Workforce Monitoring
Gender Information by Directorate
September 2008



Wolverhampton City Primary Care Trust

The overall goal of the PCT is:

“Improved health for the people of Wolverhampton and a future where there is less deprivation and disadvantage. Providing good quality services that are equitable, speedy, convenient and treat people with dignity.”

This overall goal is better defined within our Strategic Plan 08/13 from goals 1 to 11 but include:

- Reduction in infant mortality
- Increase access to Mental Health services in Primary Care especially Talking Therapy
- Reduce the impact of diabetes on Cardiovascular mortality
- Reduce mortality from stroke

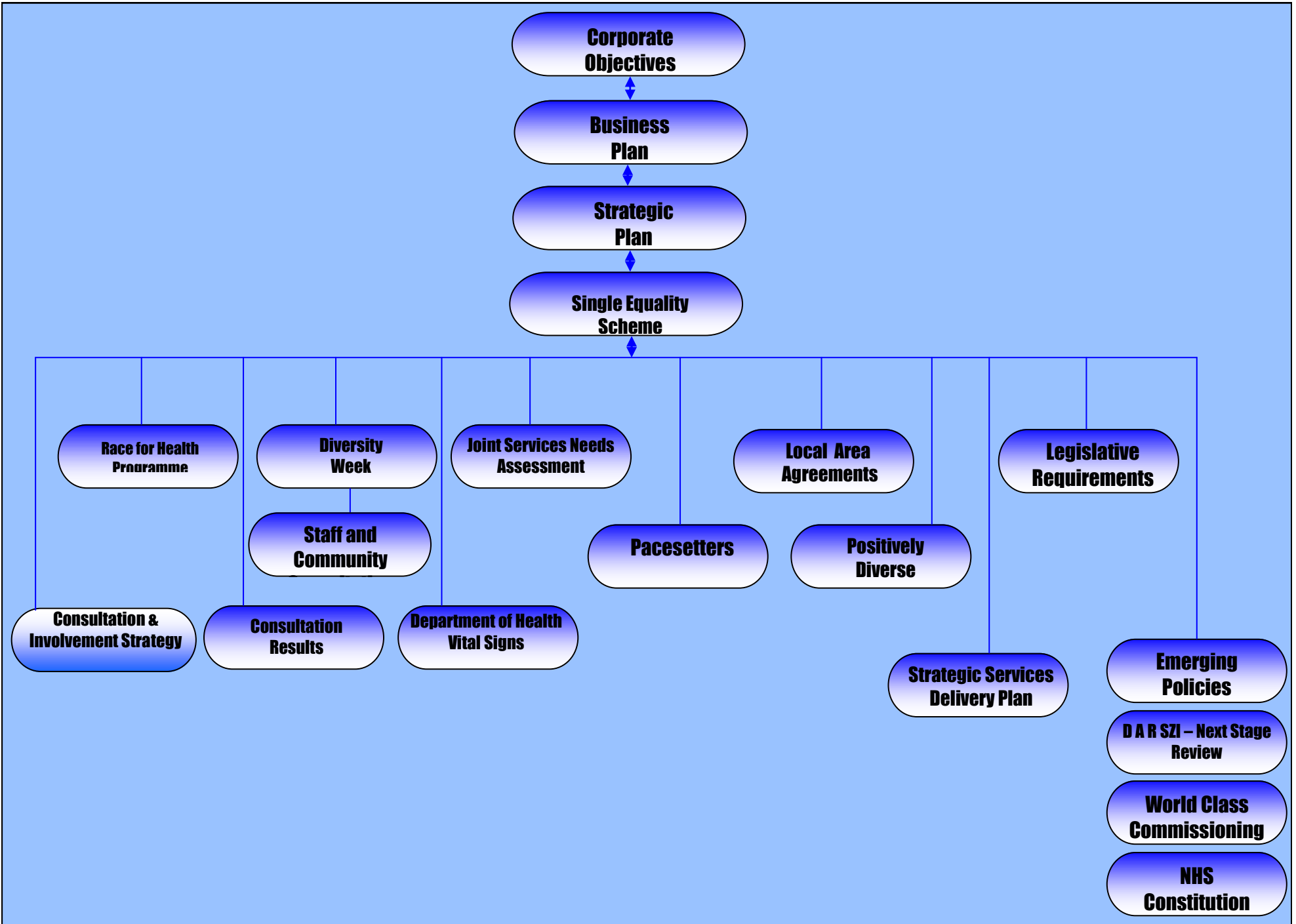
The Vision of the Equality and Diversity Department developed by the Single Equality Scheme Working Group and in consultation with Directorates is to have:

“A City where all sectors of the community get fair and equal access to the most appropriate service to meet their health and well being needs. To become an employer of choice that provides a safe working environment where all staff are supported and developed to meet their full potential”

Context

Equality and Human Rights are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society. More specifically the Human Rights Act (2000) makes it unlawful for public authorities to act in a way that is incompatible with The Convention Rights. Wolverhampton Primary Care Trust as a Public Authority has an obligation to respect the Convention Rights. That means that the PCT and its employees understands those rights and take them into account in their day to day work, when services are being delivered to the public and devising new policies and procedures. (DCA 2006)

However, there are a number of drivers that we must take into consideration in order to take us on this journey. The diagram below identifies a number of legislations, documents, papers and research information that will have an impact on the delivery and successful implementation of our Single Equality Scheme.



Introducing Wolverhampton City PCT Single Equality Scheme

Our Single Equality Scheme sets out how we will meet our obligations under equality legislation and Human Rights over the next 3 years. More importantly, how it will impact on the lives of local people, service users and their carers and our staff. By systematically setting out what we are going to do and monitoring progress through our Equality and Diversity Steering group, we can make a difference.

Our Scheme's development and implementation will be closely aligned to the PCT's business planning process and so ensure that equality and diversity work is fully embedded in all we do.

We have already published detailed Equality Schemes which set out how we will meet our General and Specific duties under:

- The Race Relations Amendment Act 2000, the PCT's first Race Equality Scheme (RES) published in May 2002 and was reviewed and revised in May 2005.
- The Disability Discrimination Act 2005, the PCT's Disability Equality Scheme (DES) was published in December 2006.
- The Gender Equality Act 2006, the PCT's Gender Equality Scheme (GES) was published in May 2007.

The General Duties

In relation to the above legislation we are required to meet the following general duties:

- Eliminate unlawful discrimination.
- Promote equality of opportunity.
- Promote good relations.
- Eliminate bullying and harassment.
- Promote positive attitudes.
- Encourage participation and involvement of marginalised groups.
- Take positive action or make reasonable adjustments.
- Consider equality in policies and functions.

The Specific Duties

In addition to the 'General' Duty, we must also comply with a series of Specific Duties including the preparation and implementation of a Race, Disability and Gender Equality Scheme as minimum requirement. However, to move beyond minimum requirements of compliance and include the additional equality strands we are moving to a Single Equality Scheme to demonstrate good practice and

our commitment to the wider equality agenda. The Specific Duties we are required to comply with are as follows:-

- Develop, implement and monitor a RES, DES and GES
- Provision of equality and diversity training
- Publish the results of equality monitoring
- Carry out Equality Impact Assessments and publish the results
- Publish annual reports on RES, DES and GES
- Monitor and publish data on staff
 - In post
 - Equality data on recruitment, selection and appointments
 - Staff training
 - Staff who may have suffered detriment or benefitted from appraisals

Aim of the Scheme

The aim of the Single Equality Scheme is to positively promote Equality and Diversity and eliminate discrimination by providing an overarching framework which addresses cross cutting themes and so simplify implementation across all Equality strands. The action plans which were published in our schemes listed above will continue to be implemented as previously agreed.

The Single Equality Scheme overall objectives are:

- To work towards sustained improvements in public health and well-being, with specific attention to the needs of disadvantaged and vulnerable people
- To influence the commissioning of services to meet the needs of the diverse community of Wolverhampton
- To deliver an improved patient care experience by providing services that are responsive, fair and equitable and treat people with dignity and respect
- To ensure that PCT premises do not create barriers, physical or social for service users and staff.
- To communicate effectively and ensure that the information we provide is accessible easy to understand, relevant and appropriate.

- To become an employer of choice, taking positive action to ensure our staff profile mirrors the population we serve.

In order to achieve these aims we are setting ourselves the following targets:

- **Year One**

- Consult and agree Action Plans with relevant departments and directorates
- Develop an Action Plan Monitoring Tool
- Develop Diversity Guidance and Self Auditing Tool
- Identify funding for sustainability and implementation of Single Equality Scheme
- Individual departments and directorates to ensure that funding for sustainability is an integral part of their budgeting cycle
- Full Equality Impact Assessment of the following:
 - Commissioning Strategy
 - Workforce Strategy
 - Strategic Services Delivery Plans
 - Corporate Business Plan 2008 – 2013

- **Year Two**

- Deliver Diversity Week
- Support department to progress action plans
- Departments to Demonstrate progress of actions at Diversity Week
- Improving the diversity of the PCT Staff through Positive Action
 - Ethnicity by 2%
 - Disability by 2%

- **Year Three**

- Evaluate impact of Single Equality Scheme
- Review Single Equality Scheme and Action Plans
- Work towards developing an integrated Equality Scheme
- Establish Human Rights Framework as element of the Single Equality Scheme

Our overall Business Plan 2008 - 09 identifies the following actions specific to the Single Equality Scheme, other priorities and actions will be decided based on feedback from the consultation process.

- Use patient experience and feedback to inform commissioning and service development.

- Provide more opportunities for communities to contribute and influence our decision making.
- Improve quality of data to understand Equality and Diversity issues and develop action to address these.
- Support staff in participating in volunteering or community work.
- Provide work experience to young people especially from priority neighbourhoods.
- Recruit staff from local neighbourhoods especially from priority neighbourhoods

In addition feedback from the Single Equality Scheme consultations and Diversity Week suggested that:

- The Single Equality Scheme be aligned with Strategic Objectives and Functions of the PCT
- The Single Equality Scheme is linked to any proposed or new policies
- Identify links to existing policies and strategies
- Identify specific actions necessary from key points and ensure that they give direction to the Single Equality Scheme
- Identify where further engagement/involvement is needed to further support the Single Equality Scheme
- The Single Equality Scheme must be linked previous reports and conferences
- Start now to develop partnerships for next Diversity Week
- Develop a model for delivering meaningful action plans that includes Directors with what a good Equality Impact Assessment looks like

Analysis of the feedback from the consultation and Diversity week also identified a number of “Themes” as areas of concern, these are:

- **Access to services and employment**
- **Attitude of staff**
- **Organisational process**
- **Organisational policies**
- **Allocation of Resource**
- **Individual and collective ownership**
- **Strategic Governance**
- **Internal and External Communication**
- **Education and Training**
- **Community, Consultation, involvement, Social Inclusion and Cohesion**

- **Community Empowerment**

Equality Impact Assessments (EIA)

We have developed and introduced a process to carry out Equality Impact Assessments on all policies, strategies and action plans. We have made the assessment process an integral part of our protocols for developing policies and given a commitment that all policies for ratification at board level will have undergone at least the Screen process. The results of these assessments will be made available to the public and regularly reviewed as required by the specific duties. We will continue to provide EIA training to our staff and community to ensure that all are fully conversant with this requirement and the process is fully embedded as part of our day to day responsibilities.

Delivering the Single Equality Scheme

To ensure the effective delivery of the scheme we will ensure that the following factors are in place:

- The resources are in place to deliver and sustain this agenda.
- There is effective communication both internally and externally to share good practice and lessons learnt and externally with stakeholders and local communities.
- Strong leadership both individual and collective commitment and ownership displayed at every level of the PCT.
- There are robust reporting arrangements with clear lines of responsibility and accountability.
- A recognition that failure to deliver is seen as a legal, professional and corporate risk.
- Thinking differently and being innovative to deliver a service that meet the need of the community and staff in an appropriate and sensible manner.

The implementation of the Single Equality Scheme will be monitored by the Equality and Diversity Steering group which will be chaired by a PCT Non Executive Director and will report directly to the PCT Board.

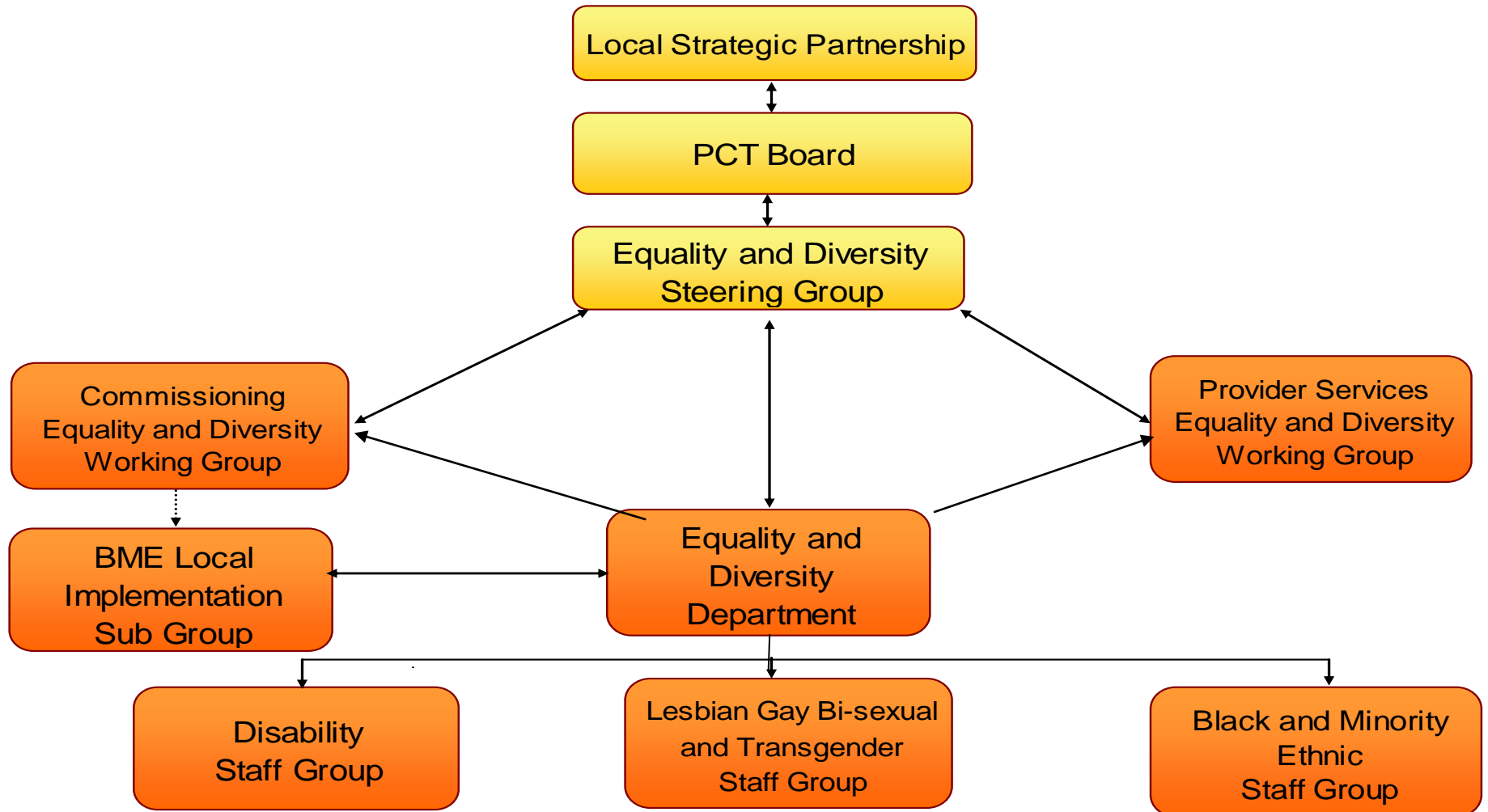
We have recognised the requirement of World Class Commissioning that the Commissioner and the Provider arm of the PCT requires to be individual entities as functions and their needs will differ on the issue of equality and diversity. In order to facilitate this requirement we have separated the two functions so we can better facilitate their needs. The ability to be able to respond to the needs of

both functions have placed equality and diversity firmly in the centre of the structure in order to maintain balance, provide appropriate guidance, support and challenge where necessary.

The diagram below demonstrates a robust structure for the implementation and governance of our Single Equality Scheme.

WOLVERHAMPTON CITY PRIMARY CARE TRUST

Equality and Diversity Implementation Structure



Celebrating Achievements

Our commitment and ambitions to provide a fair and equitable service to our communities and create a safe environment for our staff to work in will be driven by targets and milestones. It is critical that as we progress we acknowledge those achievements, those who have been part of these achievements and celebrate these successes with the community. Wherever possible good practice should be shared and mainstreamed both internally and externally to our partners and stakeholders. We will use these events not only to recognise and accept our differences but also to focus on our commonalities in order to sustain a high sense of morale within the organisation.

Flexibility of the Single Equality Scheme

As an organisation we recognise that the Single Equality Scheme is one of the vehicles that we will use on our journey to equality. This vehicle whilst being robust with tough but achievable targets must be flexible enough to meet the changes that are borne onto us for whatever reason. Therefore, it is important that we get constant feedback on our progress and continue to engage our stakeholders, partners, staff and communities.

Acknowledgements

We would like to take the opportunity to thank everyone who has been involved with the development of our Single Equality Scheme, from completing surveys, giving comments and suggestions. We would also like to thank the members of our working and steering groups, BME Staff Group and partner organisations. We could not have done this without you.

Thank You!

If you require any further information, would like to give any comments or wish to contact us, please contact the Equality and Diversity Office:

Telephone	01902 444014 / 444608
E-mail	equality.diversity@wolvespct.nhs.uk
Fax	01902 444488

Consultation of Wolverhampton City PCT's Single Equality Scheme

No.	GROUP	DATE	TIME	VENUE / ITEM	Confirmed	TAKEN PLACE
1.	Health and Wellbeing Summit	3.04.2008	1800 - 2000	Civic Centre	Yes	Feed on SES and questionnaire
2.	Trust Negotiating Committee	8.04.2008	1230 - 1300	PCT	Yes	Yes
3.	BME Elderly Residents	10.4.2008	1000 – 1300	Moorland Trust	Yes	Feedback on SES and questionnaire
4.	PCT's "Out for Good Group"	14.04.2008	1000 0 1400	Gem Centre	Yes	Yes
5.	PCT Diversity Week	19.5.08 – 23.5.08	All Week	Connaught Hotel	Yes	Yes
6.	Young People	2.6.2008	18.00	Connaught Hotel	Yes	Continuous engagement
7.	Young People	24.6.2008	18.00	Connaught Hotel	Yes	On Going with constant support, engagement and feedback
8.	All PCT Staff	25.6.2008	14.13	Sent via e-mail from Mal	Yes	Yes
9.	General	26.6.2008	10.00 – 16.00	Cultural Competency Conference, Light House, Wolverhampton	Yes	1:1 Completion of SES questionnaires
10.	Stop Press	27.6.2008		Article	Yes	Yes (Repeated)
11.	Intranet / Internet	27.6.2008		Article	Yes	Yes (Reminders)
12.	E&D Newsletter	July 2008		Newsletter	Yes	
13.	Equality Groups (databases)	9.7.2008	Post	Post covering letter and SES	Yes	Yes
14.	Moorland Trust Conference	10.7.2008	10.00 – 15.00	Dunstall Hill Community Centre	Yes	Feedback on SES and questionnaire
15.	City Show	12.7.2008	11.00 – 17.30	West Park	Yes	Yes

		and 13.7.2008				
16.	ADVICE Steering Group	14.7.2008	E-mail	SES via e-mail and discussion at ADVICE meeting 17.7.2008	Yes	Yes
17.	Children and Family Services	26.7.2008	See email dated	Gem Centre,, Wolverhampton	Yes	Feedback from General Manager and teams
18.	Mental Health	31.7.2008	14.00 – 16.00	Elm Room, The Beeches	Yes	See Feedback Comments
19.	Staff - Consultations – Mental Health Directorate	31.7.2008		Penn	Yes	Yes
20.	Staff Consultations HR Team	5.8.2008	HR Team Meeting		Yes	Yes
21.	User Group – Domestic Abuse	14.8.2008	10.00 – 13.00	West Park	Yes	Yes
22.	Guldasta Group	21.8.2008	9.30 – 12.30	40 Bromley Street, Blakenhall,	Yes	Yes – See feedback comments
23.	Guajarati ESOL Students Group	29.8.2008	10.00 – 13.00	Blakenhall Community Centre 73 Dudley Road	Yes	Yes – See feedback comments
24.	Staff Consultations	Ongoing			Yes	Yes
25.	LMC, LOP, LDC, LPC			Covering letter drafted and sent to Gayle for approval on 9.7.2008 22.7.2008 Lynne approved – Delores to send out	Yes	Yes

**SES Consultation 2008
The Process**

1. Scoping and preparation:
 - a. Equality and Diversity Team
 - b. Director of Workforce
 - c. External Consultant

2. Governance and Informing:
 - a. Trust Board
 - b. Directors
 - c. Trust Negotiating Committee
 - d. Staffside
 - e. PCT's Local Consultation Group
 - f. BME Staff Group

3. Internal Ownership and Stakeholders
 - a. Established SES Working Group

4. Sampling and Testing of questionnaire
 - a. LGBT 'Out for Good' group
 - b. BME Community, Whitmore Reans
 - c. Moorland Trust Community Elders
 - d. Blakenhall Community Centre (Youth Group)
 - e. Public Health data analysis
 - f. External Consultant

5. Raising Awareness and Educating
 - a. Internet and Intranet
 - b. External Consultants
 - c. Diversity Week
 - i. Staff
 - ii. Community and Voluntary Sector
 - iii. Stakeholder (Local Authority, Other NHS Organisations)

6. Consultation
 - a. Staff
 - i. All staff email
 - ii. Intranet
 - iii. Diversity Week

- iv. By Departments and
- v. Individual feedback

b. Stakeholders

- i. Internet
- ii. Mail out
- iii. Diversity week

c. Gatekeepers

- i. Diversity Week
- ii. Community and Voluntary organisations feedback
- iii. Focus groups

e. Beyond Gatekeepers

- a. External Consultant
- b. Focus groups
- c. 1:1 Feedback

7. Evaluating:

- a. External Consultants
- b. Public Health Analysts
- c. Equality and Diversity Department

Single Equality Scheme (SES) Action Plans

The actions, as set out in the action plans listed below outline the agreed priorities from the action outstanding from our previous Race, Disability and Gender Equality Schemes action plans. They are also the priorities from our consultations with our staff, stakeholder, partners and communities of interest. Our aim is to make these the core of our day to day activity and ensure that they form part of our business plan.

DRAFT - Single Equality Scheme Action Plan

When **reporting on progress** please **ENSURE** that a **reference number** is used to ensure we are reporting on the correct issue. This **must be made up** by using the **line number** and the **item within the ACTION PLANNED TO REDRESS ISSUE** text.

For example, if you wanted to report on Line no. 1 and the text in a), this would be **reference number 1a** or

Line no. 1 and the text in b), this would be **reference number 1b** or

Line no. 2 and the text in a), this would be **reference number 2a** etc.

Please see key on page 82 for lead initials and abbreviations

DIRECTORATE	Workforce (including Learning and Development, Occupational Health, Centralised Recruitment and Equality and Diversity)		
RESPONSIBLE OFFICER'S NAME	Stephanie Harris – Director of Workforce Julie Darby – Head of HR Julie Orrilard – Head of Training and Development John Brown – Staffside Representative Bruno Daniel – Head of Equality and Diversity	TELEPHONE No.	444202

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
1	Process – Self Assessment and Monitoring	To give all PCT departments and contractors Guidance and the ability to carry out self audit checks on equality and diversity strands	a) To develop a generic Guidance and Self Audit Checklist for Equality.	E&D Team	2	May 2009	
			b) Launch Guidance and Self Audit Toolkit	E&D Team	2	June 2009	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			c) Provide training on how to use and implement toolkit	E&D Team	2	June 2009	
2	Process – Monitor of PCT staff in posts	To provide quarterly reports of the following broken down into equality strands: <ul style="list-style-type: none"> • Members of Staff in post • Number of applicants • Number of applicants shortlisted • Number of appointments 	a) Carry out full data cleanse to update all current information held on existing staff b) Input all return into Electronic Staff Records c)	HR Team	1	Oct 2008	
3	Process – Reporting and Recording arrangement of diversity issues	All diversity issues are promptly and accurately recorded and monitored	a) Develop diversity monitoring form b) Develop and deliver training on reporting proforma c) Promote availability of reporting form d) Monitor usage and issues that are recorded	E + D	1		
4	Policy and Process – Eliminating Harassment	Reduction in internal complaints, grievances, and disciplinary issues across all equality strands	a) Monitor all issues by equality strands to identify trends b) Evaluate current equality and diversity training c) Redesign training as requires	E&D, Training dept and HR	1		

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
5	Policy – There is no individual policies to cover individual equality strands	Individual policies developed to for each of the equality strands	a) Conduct research for individual policies b) Develop and consult on policies c) Raise awareness of policies	E&D Team	2	BRUNO	
6	Process and Policy – Analyse data and statistical information in relation Equality and Diversity	The provision of quarterly reports on the following across equality strands: <ul style="list-style-type: none"> • Job applicants and selection • Those shortlisted and appointed • Breakdown of staff by: <ul style="list-style-type: none"> ○ Banding ○ Department ○ Diversity strand • Those attended training 			1		
7	Training – Deliver training on Equality Impact Assessments of policies and functions	All policies, strategies and organisational plans have undergone and EIA prior to being publishes as required by the policy on policies protocol					
8	Access – Arrangements for public access to information and services	Access to information and information to staff and the public is presented in a format that is easily accessible: <ul style="list-style-type: none"> • Access to training and development 					

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
		<ul style="list-style-type: none"> • Access to recruitment and selection • Access to promotion • Access to appraisals • Access to complaints and grievance procedures 					
9	Monitoring – Arrangements for regular review and progress of action plan	Quarterly reports on progress of action plan is presented to the Equality and Diversity Steering group					

Single Equality Scheme Action Plan

DIRECTORATE	Commissioning and Procurement		
RESPONSIBLE OFFICER'S NAME	Harry Ward – Director of Commissioning	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
10	Process, Monitoring and Policy – Not enough quality equality data information to influence commissioning and reducing inequality in health provision	1. Procurement and contracting arrangements clearly states requirement of Specific Duties to all contractors 2. Robust systems in place to collect equality data at all service delivery points and contractors 3. All staff trained, proficient and confident to gather information 4. Regular reporting and data information is used to influence commissioning					
11	Reporting		a)				
12	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Performance Management		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
13	Monitoring		a)				
14	Reporting		a)				
15	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Clinical Quality and Audit (including Research and Development)		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
16	Monitoring		a)				
17	Reporting		a)				
18	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Access (to services and information)		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
19	Monitoring		a)				
20	Reporting		a)				
21	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Property and Development Services		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
22	Monitoring		a)				
23	Reporting		a)				
24	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Public Health		
RESPONSIBLE OFFICER'S NAME	Dr Adrian Philips – Director of Public Health	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
25	Monitoring		a)				
26	Reporting		a)				
27	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Communications		
RESPONSIBLE OFFICER'S NAME	Cathy Cunningham – Assistant CEO	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
28	Consult with employees and service users		a)				
29	Monitoring		b)				
30	Reporting		a)				
31	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Finance		
RESPONSIBLE OFFICER'S NAME	Neil Nesbitt – Director of Finance	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
32	Monitoring		a)				
33	Reporting		a)				
34	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Information Technology		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
35	Monitoring		a)				
36	Reporting		a)				
37	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Service Planning		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
38	Monitoring		a)				
39	Reporting		a)				
40	Eliminating Harassment		a)				

Single Equality Scheme Action Plan

DIRECTORATE	Service Delivery		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
41	Monitoring		a)				
42	Reporting		a)				
43	Eliminating Harassment		a)				

Please see key on page 57 for lead initials and abbreviations

Race Equality Scheme Action Plan (May 2005 – April 2008)

DIRECTORATE	Workforce		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
44	Prepare RES for 2005 - 2008	RES for 2005-2008 publicised in 2005	a) On-going monitoring.		2	On-going	
45			b) Launch E&D Group to monitor RES together with DES and GES	SH	1		
46	Prepare and Publicise the third RES (2008-2011)		c) RES is merged within Single Equality Scheme (SES)	SH	1	May 2008	

DIRECTORATE	COMMISSIONING DIRECTORATE		
RESPONSIBLE OFFICER'S NAME	Harry Ward – Director of Commissioning	TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
47	Obtain evidence that providers of services have Race Equality schemes in place.		d)			June 2005	
48	Establish baseline pattern of access to services from Black and Minority Ethnic communities.		e)			July 2005	
49	Compare this baseline with Birmingham and Black Country wide data.		f)			August 2005	

50	Identify specific areas for improvement of access.		g)			September 2005	
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DIRECTORATE	INFORMATICS SERVICES		
RESPONSIBLE OFFICER'S NAME	MIKE SWIFT & TEAM	TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2-Med 3=Low	TIME-SCALE	PROGRESS
51	Recruitment & Selection		Central Recruiting will be responsible for recording ethnic data for each post advertised for. Applications received Short-listed Successful candidate			Continuing	
52	Training		Information Services to work with HR Training staff to determine exactly what information is required from the Department and also the timescales involved as part of the implementation of the system across the PCT.			March 2004 & continuing	
53	Cultural Awareness Race Relations Amendment Act (2000)		Attendance on Training course should continue to be recorded in individual's Personnel Folders. 75% of staff will have attended cultural awareness training Office administrator will add courses to current training schedule Attendees are invited to reflect on their course and share observations with colleagues and managers in their 1 to 1's Office administrator will add courses to current training schedule 75% of staff will have attended RRA training			March 2009 & continuing March 2009 & continuing	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
54	KSFs	Use of AfC KSF process - All staff				2005 & continuing	
55	Selection & Recruitment	Service to ensure that all appointment panel members attend race equality training				September 2008 onwards	
56	Service provided to other staff in PCT		This will be promoted through attendance at Cultural Awareness & RR Act Training events.			December 2003 & continuing	
57	Comply with Religion and belief Legislation 2003	With reference to Religion or Belief legislation, which came into force on 2 December 2003, the department needs to comply with the legislation when collecting information regarding patient's religion and language on the main PCT systems. e.g. HMT	This data collection will need to be fully supported by Service Heads and will need to be shared with Information Governance colleagues. Bhajan & the Senior Information Analysts to speak to Service Heads as part of their regular discussions.			March 2004 continuing	

DIRECTORATE	Human Resources		
RESPONSIBLE OFFICER'S NAME	Julie Darby, Head of HR	TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
58	Recruitment and Selection		<ul style="list-style-type: none"> ▪ Update Policy in line with Employment Legislation e.g. Age. ▪ Continue training dates. ▪ In-depth reports via ESR regarding applicants, shortlisting, appointed. ▪ Ability to identify trends/areas of concern and application of policy. 			2007 2007 2007 2007	
59	Ethnic Monitoring		<ul style="list-style-type: none"> ▪ Improvement in knowledge of ethnicity of staff. ▪ 100% of new starters. 			2007 onwards	
60	Disciplinary/ Grievance/ Harassment	All cases are monitored and information analysed to inform policy and decision making	<ul style="list-style-type: none"> ▪ Review Disciplinary Policy. ▪ Continue monitoring. ▪ Management training arranged ▪ Equality Impact Assessment of policies and procedures 			2007 Ongoing 2007	
61	Staff Turnover		<ul style="list-style-type: none"> ▪ Understanding of reasons for leaving. 			2007	

DIRECTORATE	Occupational Therapy – Mental Health		
RESPONSIBLE OFFICER'S NAME	Maggie Reeves	TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
62	Promoting your services to the public		OT leaflets available in different languages			March 08	
63	Selection and recruitment		3 OT Clinical Leads to be trained			Dec 07	
64	Ethnic Monitoring		Continue monitoring on on-going basis. Seek HR advice re increasing applications from Asian staff.			Continue monitoring on an on-going basis	
65	Religion and Belief Regulations 2003		New OT staff to attend training. Training needs ID in PDPs/KSFs.			Mar 08	
66	Facilities available to meet the religious needs of patients.		Clinical Leads to identify quality and service improvements related to service users' religious needs, in patient and community settings and develop action plans to address. This will be performance managed through OT Clinical Leads group.			Oct 07	
67	Racial Harassment Policy		3 Clinical Leads to be trained			Dec 07 Mar 08	

DIRECTORATE	Mental Health		
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
68	Training – Equality, Diversity and Cultural	All Mental Health Staff receive training on equality and diversity at their relevant KSF level.	a)				
69	Monitoring – Robust collecting of equality data	Equality data are used to influence service delivery and commissioning	a)				
70	Selection and recruitment	Better reflection of community within service	Investigate the use and need of Positive Action Where necessary increase involvement in shortlisting			Ongoing	
71							
72							
73							
74							

DIRECTORATE	Physiotherapy / Occupational Therapy		
RESPONSIBLE OFFICER'S NAME	June Caddick	TELEPHONE No.	

No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2-Med 3=Low	TIME-SCALE	PROGRESS
75	Access – Promoting your services to the public	Increased use of the service from diverse community	Review service provision to extend programmes Continue to use translating services when required. Seek funding and advice on best methods of providing information			December 07 Ongoing	
76	Selection and recruitment	Better reflection of community within service	Investigate the use and need of Positive Action Where necessary increase involvement in shortlisting			Ongoing	
77	Ethnic Monitoring	Robust system to monitor use of service and data used to influence service delivery and commissioning	Continue monitoring Quarterly monitoring report			Ongoing Ongoing	
78	Cultural awareness	All Staff have undergone equality, diversity and cultural awareness training	Add section on Afro Caribbean Culture especially in relation to food and diet Review training needs			Dec. 07	

Please see key on page 82 for lead initials and abbreviations

Disability Equality Scheme Action Plan (December 2006)

DIRECTORATE	Headquarters		
RESPONSIBLE OFFICER'S NAME	J Crockett – Chief Executive, Wolverhampton City PCT	TELEPHONE No.	444850

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
79	Leadership and commitment	Overall responsibility at the highest level Organisational support	b) Develop and share good practices and personal stories	All Mgrs	1	Ongoing	
80	Accessible Venues	All meetings and events to be held in accessible venues	a) To review meetings protocol to ensure the needs of disabled people are included e.g., booking rooms with hearing loops	TM	1	Dec 06	
81	Accessible Premises	All premises to be accessible or alternative premises to be available for services and employees	a) Premises that do not meet DDA standards to have management solutions put in place e.g., provide services in accessible locations or re-locate offices or employee	All Directors / Mgrs	1	Ongoing	
82	Blue Badge / Easy Access car parking spaces being used by non-disabled people	Blue Badge / Easy Access spaces to only be used by disabled people with a valid Blue Badge	a) System to be developed to stop non-disabled employees, visitors and service users parking inappropriately in Blue Badge / Easy Access spaces, and link to disciplinary policy where appropriate for PCT employees	BP	1	Oct 07	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			b) Signs to be installed to state that visitors, employees and service users should not use these spaces unless a valid Blue Badge is displayed	BP / SCot	1	Dec 06	
			c) Regular articles to be advertised in various publications	SH (ADVICE)	2	Ongoing	
83	Strategies to reflect PCT's commitment to disability equality	Strategies to reflect the social model of disability, recognising that the medical definition will still apply	a) All strategies to be consistent in their development and reflect the social model, recognising that the medical definition will still apply	All Directors	1	Ongoing	
84	Marketing and Promotion – materials open to the public	Materials open to the public to be available in different formats	a) Managers to ensure all public information to be placed on the Internet	All Mgrs	1	Ongoing	
			b) A Framework Assisting the Production of Information to Patients to be developed, to include the production of appointment letters, discharge letters and that general information needs to be in size 14 font as a standard	PJS	1	June 2007	
			c) Audit of specialised alternative information sources in place and needs assessment for future requirements e.g., information in audio tape, Braille, languages etc. (This needs to be ordered on a regular basis in order to reduce excessive stock piles)	PJS	1	Dec 06	
85	Patient Advice Liaison Service	Monitoring and reporting to ADVICE, of all disability	a) Continued reporting of disability related complaints and access issues	MB	2	Ongoing	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
	(PALS) - Gathering Data	related complaints to identify areas for improvement					
86	Monitoring of the DES	For progress on the DES to be held centrally to provide up-to-date information	a) For progress to be reported to ADVICE on a quarterly basis	All Leads / Mgrs / SH (ADVICE)	1	Dec 06 onwards	
			b) Annual specific targets will be developed and rolled out by ADVICE	SH (ADVICE)	1	Dec 06	
			c) A monitoring plan linked to the annual specific targets will be published, quarterly on the Internet / PCT's Intranet	SH (ADVICE)	2	Dec 06 onwards	

DIRECTORATE		Public Health – Improving Health					
RESPONSIBLE OFFICER'S NAME(S)		Dr A Phillips - Co-ordinating Director for Health Improvement/Director of Public Health H Ward – Director of Commissioning J Wilding - Director of Nursing TBC Current vacancy pending - Head of Performance and Improvement			TELEPHONE No's.		444768 445947 444306 444744
87	Commissioning	Commissioned services and contractors are aware of their responsibilities under the Disability Discrimination Act 2005	a) GP's, Opticians, Dentists and Pharmacists to receive information on the Disability Equality Duty and their responsibilities	SH	1	July 06	2006-7 Letters sent out to all Contractors and event took place 13/12/07

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			b) Clarify if the DDA 2005 is included within GP's, Opticians, Dentists and Pharmacists contracts	LA / GS / TH / MH	1	Dec 06	
			c) Support to be provided for GP's, Pharmacists, Opticians and Dentists where requested	VL / YZ	1	July 06 onwards	
			d) Guidelines to be developed, with practical examples to support GP's (e.g., provide home visits as a reasonable adjustment if appropriate, putting systems in place to allow patients to improve communication e.g., to make appointments more easily such as by e-mail, text messaging etc., for appointments and ordering repeat prescriptions by alternative methods such as e-mail, text messaging, telephone etc., for disabled patients. Consider booking longer appointments, consider seeing disabled patients as a priority for surgery appointments (to alleviate a long waiting times), treating disabled people with dignity and respect, and making appointments at the earliest opportunity for disabled patients. Policy to include information of where different formats e.g., audio tape, Braille, languages etc. can be obtained	VL / YZ / JS / LMC	1	April 07	Guidelines developed and rolled out at official launch 13/12/07

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			e) NEW ACTION:- Clinical Governance to set up a project by setting up a database to input all declaration forms and provide information on an ongoing basis on the status of declaration forms received.				13.12.07 – E&D office set up database with declaration forms being returned to E&D office. Clinical Governance and Bruno to meet and discuss further.
			f) Consider rolling out the policy above to other contractors (Dentists, Pharmacists and Opticians)	GS / TH / MH / YZ / VL	1	July 2007	13/12/07 Official launch on guidance being rolled out to contractors
			g) Monitoring and evidence systems to be put in place for compliance to the DDA 2005 for GP's, Dentists and Pharmacists	LA / GS / TH / MH / VL	2	April 07	
			h) Monitoring and evidence systems for Opticians will be subject to the national contract and the future role of PCT's with Optometrists to be determined	LA	2	Subject to national contract	
			i) Confirmation of current premises standards relating to each contractor group to be reviewed (DDA compliant premises audits, Pharmacists and Dentists)	TH / MH /	1	March 07	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			j) Monitoring of DDA premises compliant audits to be incorporated within routine three yearly GP (General Practitioner) premises visits undertaken with appropriate policy manager	VL	2	Ongoing	
			k) All Service Level Agreements to be reviewed to include the DDA (including care homes etc.)	HW	1	Ongoing	
88	Procurement	For procurement processes to include requirements of the DDA	a) Contracts (including terms and conditions) for other goods, prescribing, works (estates), services and employees and interpreting to include DDA information	DH / GN / SCot / KH	1	Ongoing	
			b) Supplier profile (including terms and conditions) to be reviewed to include DDA information	DH / GN	1	Ongoing	
			c) Evidence systems to be put in place for procurement processes for a) and b) above	DH / GN / KH / SCot	1	July 07	
89	Business Planning Milestones	Business planning to incorporate the Disability Discrimination Act and disability equality	a) Business plan to include Disability Discrimination Act milestones	TBC	2	Next plan and ongoing TBC	
			b) Annual report to include progress on the Disability Equality Scheme (DES)	SH (ADVICE)	2	Nov 07	04/12/07 First annual report on Disability taken to Trust Board for approval to publish

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
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DIRECTORATE		Primary Care – Providing Services					
RESPONSIBLE OFFICER'S NAME(S)		M Espley – co-ordinating Director for Provider Services/Director of Care Services L Allen – Director of Primary Care L Shore – Director of Specialist Services M Gay – Director of Community Services				TELEPHONE No's.	446052 444817 445981 445183
90	Service Provision	To ensure that employees are responsive to the needs of disabled people	a) Employees to be trained in disability equality, to include; etiquette, understanding the duties and why they are necessary, why data collection is important, equipping employees with the necessary skills to implement the duties, reasonable adjustments, making services accessible/providing alternative venues / domiciliary visits, the social model of disability, making longer appointment for effective communication, ensuring service users/patients understand their diagnosis, use plain English, provide quiet / private rooms, telling service users / patients about treatment in clear understandable terms for individual requirements, respect dignity and individual's learning pace, don't make assumptions, mental health awareness. Ensure service providers tailor services to meet individual need e.g., providing interpreters, to meet the needs of people from different communities, different disabilities etc.	SH / JO	2	Ongoing	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			b) Above training available to GP's, Opticians, Pharmacists and Dentists by negotiation	SH / JO	1	Ongoing	
91	Compliments and Complaints – data gathering	Monitoring of all disability related compliments and complaints to identify areas for improvement or share areas of good practice	a) System to be put in place/reviewed to provide ongoing data on disability related compliments and complaints	HF	1	Ongoing	
92	Interpreting	To ensure disabled people can have access to interpreting services	a) British Sign Language, Easy Read and Braille services to be investigated to see if they can be incorporated within the current interpreting / translation contract or a contract with an alternative provider. Services need to be available to HR and centralised recruitment also. Services need to be promoted to all services and contractors	WITS	1	2007/8 for alternative provider contract March 2008 for review of new contract	26/09/07 Initial contract has been received to include BSL, Lipspeakers and Deafblind Interpreting. The rest need to be investigated further. 12.10.07 – T Harvey advises that; note takers and speed text reporters; this isn't in the contract with Communication Plus, such a service would need to be commissioned as and when and Comm Plus may not be able or wish to provide it, so RNID or other might offer this.
93	Monitoring the effectiveness of services	Regularly monitor services to see if they are meeting needs for disabled people	a) To monitor the effectiveness of services to check if interventions work for minority groups as well as they do for other groups	All Service Heads	2	Dec 06 and ongoing	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
94	Transport and transport information for disabled people to be provided	Transport information to be available or transport to be provided which meets the needs of disabled people	a) Transport information to be made available in appropriate format for service users on whether a taxi (including wheelchair taxis) can be provided for disabled people. Information to include bus routes and other relevant methods of transportation information	All Service Heads	2	April 07	
			b) GP's, Dentists, Pharmacists and Opticians to inform service users / patients of the availability of taxis etc. (as above) also to make the information above available in appropriate format	LA	2	April 07	
95	Hearing Services / Audiology – West Park	To provide high quality services to meet the needs of disabled service users	a) System to be reviewed to investigate reducing the waiting time to receive digital hearing aids and for repairing hearing aids				
			b) Speedier system to be implemented – depending on results in above investigation				

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			c) A range of communication methods to be provided to meet the needs of disabled service users e.g., people who have difficulty in using the phone e.g., text messaging, e-mail etc.	PH	1	April 07	<p>25.9.06 – P Holiday advised - Initial letters sent to patients have a statement requesting that a patient contact us for any access requirements. Sept 06 At appointment the most appropriate communication method is established.</p> <p>27.7.07 – P Holiday Report - Minicom's are available at West Park and Gem centres. Hearing Services has generic e-mail addresses for West Park & Gem centre. Currently investigating use of texting land line v mobile telephones.</p>
96	Gem Centre environment	Gem Centre to be comfortable for a range of service users, some areas too hot and uncomfortable Reception area to meet the needs of people with hearing impairments, people with mental health needs or learning disabilities	a) Provide more colours within the building but not infringe visual impairment guidance				

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
		For service users and visitors to find their way around the building with ease Colour scheme to include more colours to engage children Gathering data around access to services	b) Patient Satisfaction Questionnaire to be developed as part of the post LIFT (Local Improvement Finance Trust) project evaluation to gather disability related information around access to the Gem Centre. The Phoenix Centre to also undergo the same process	SJ	1	Dec 06	
97	Mental Health – health inequalities for people with schizophrenia or bipolar disorders	Monitor weight gain as a result of medication for some people with schizophrenia or bipolar disorders (could be a side effect of medication) Support for people with schizophrenia or bipolar disorders who wish to quit smoking	a) Provide dietary information and support for people with schizophrenia or bipolar disorders b) Provide information to service users to meet their individual needs, and link to appropriate services (smoking cessation)	AH AH	1 1	April 07 April 07	
98	Mental Health Services	To provide individuals in mental health crisis with a single point of access for assessment and treatment over the 24 hour period (e.g., in and out of hours)	a) To enhance the current mental health crisis service to provide crisis resolution b) Developing a tailored service user and carer information pack that includes information on access to services	AH / Locality Mgrs AH / Locality Mgrs	1 1	Aug 07 July 07	
99	Survival rates for disabled people with complex and high individual support needs	Improving survival rates of people with complex disabilities and high individual support needs	a) Screening processes to be reviewed, or developed to screen disabled people routinely and or early to highlight possible health risks b) Access to health promotion to be advertised and promoted to all disabled people	MEsp MEsp	1 1	June 07 June 07	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			c) Regular health checks to be provided for disabled people to address inequalities e.g., women with schizophrenia to have regular smear tests	MEsp	1	June 07	
100	Lack of aftercare support after having a stroke e.g. speech and language, physio, Rehab out-patients, Community Team	Improved information around services, aftercare and out-patients	a) To provide comprehensive post stroke information in different formats	LP / SP / WW	1	Dec 06	<p>July 06 - Life after Stroke booklet being developed</p> <p>July 06 - All speech and language in-patients are sent follow up information packs after discharge</p> <p>July 06 – Multi Disciplinary Team and Occupational Therapy deliver a 5 week Stroke Education programme for anyone who has had a stroke</p> <p>8.8.07 – L Povey Report - All Speech and Language Therapy leaflets have been updated.</p> <p>7.9.07 – June Caddick Report - There is a leaflet about all aspects of OT for Strokes which is given out at the Education group.</p>

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
							19.9.07 – A Grieve Report - Information received from the Stroke Association which is available in different languages. If the leaflet is not available in the language required the interpreting service can be contacted. Have not got them available in Braille.
101	Horizon House	Lack of refreshments for service users Speedy appointment system	For water to be provided for service users a) Review appointment system to reduce waiting times	PTM PTM	1 1	Dec 06 Dec 06	
102	Children's Services	For Children's service areas to be as interactive as possible and engage a range of	a) Services to consider issuing badges for children upon entry to a service	CW	2	Jan 07	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
		disabled children	b) Appointment systems to be reviewed to endeavour to decrease the number of times children are taken out of school with plenty of advance notice	CW	1	October 06 onwards	
		<p>Action e) will support recommendation 6.1 of <i>Improving the Life Chances of Disabled People (Final Report)</i>, http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf</p> <p>Action f) will support recommendation 6.2 of <i>Improving the Life Chances of Disabled People (Final Report)</i>, http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf</p>	c) More information for parents of disabled children of what else may be available to them e.g., benefits, support, equipment etc.	CW / PD	2	Dec 06 onwards	
			d) More active signposting to children's information services to parents and young adults for people with learning difficulties e.g., when a young person reaches the age of 18, what services/support options are available?	CW / PD	1	Dec 06 onwards	
			e) A children's expert patients programme to developed and piloted subject to national roll out of funding	CC (EPPM)	3	Subject to national roll out	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
103	Community Equipment Services	<p>The integrated Community Equipment Services to improve services offered and meet the needs of disabled children and adults</p> <p>Action a) will support recommendations 4.4 Supporting Independent Living and 5.6 Equipment, of <i>Improving the Life Chances of Disabled People (Final Report)</i>, http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf</p>	a) Assess whether the Integrated Equipment Services are able to deliver the recommendations on previous column and the National Service Framework recommendation on children's and adults equipment, and, if not, make recommendations for improvement	SG / KC	2	May 2007	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
104	Community Equipment Services	<p>Wheelchair Services to improve services offered and meet the needs of disabled children and adults</p> <p>Action a) will support recommendations 4.4 Supporting Independent Living and 5.6 Equipment, of <i>Improving the Life Chances of Disabled People (Final Report)</i>, http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf</p>	a) Assess whether Wheelchair Services are able to deliver the recommendations on previous column and the National Service Framework recommendation on children's and adults equipment, and, if not, make recommendations for improvement	MHa	2	May 2007	
105	Learning Difficulties / Disabilities – access to services	People with a learning disability to be supported to access mainstream health services					

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS	
DIRECTORATE		Finance – Supporting Services and Resources						
RESPONSIBLE OFFICER'S NAME(S)		N Nisbet – Co-ordinating Director for Organisational Resources/Director of Finance S Harris – Director of Workforce B Perry – Head of Estates S Darkes – Director of IT		TELEPHONE No's.		444848 444202 444339 01922 423425		
106	Financial resources to be made available to comply with DDA requirements	Appropriate finances for disability equality to be set aside Action a) will support recommendation 5.1 of <i>Improving the Life Chances of Disabled People (Final Report)</i> , http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf	a) Directorates/departments to appropriately reflect disability equality within annual budget setting e.g., providing information in different formats (audio tape, large print, Braille), providing sign language interpreter, suitable disability accessible venues, suitable catering (where required e.g., diabetic), taxis (including wheelchair accessible taxis), carers etc., and in principal extended to the families of disabled people and children where possible	NN / All Budget Holders	1	Budget setting April 07 onwards		
107	Human Resources to identify additional information requirement	To be able to identify career progression gaps	a) Develop a system to identify and monitor gaps in career progression of disabled employees	JO	1	June 07 onwards		

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
108	Human Resources – access to Human Resources department for disabled people	To ensure disabled people can have access to Human Resource services	a) Human Resources employees to enquire if any access requirements are needed for personnel wishing to use HR services (e.g., wheelchair access, hearing loop) and provide equipment and/or relocate meetings/interviews/disciplinary panels/job matching panels etc. to meet the needs of any disabled people in attendance	SH	1	Ongoing	
109	Human Resources to identify additional information requirement – Centralised Recruitment	Data to be gathered and reported to ADVICE, to support the identification of gaps within employment for disabled people	a) Develop systems to collate data on disabled employees, from requests for application forms, applicants, shortlisted applicants and successful applicants	SH / MD	2	Dec 06	
110	Human Resources to identify additional information requirement – Harassment and Bullying	Number of harassment and bullying cases to be monitored and reported to ADVICE	a) Harassment data to be collected by workplace advisors on an ongoing basis to analyse and identify trends in relation to numbers of disabled employees being harassed, victimised or bullied	SH	1	Dec 06 and ongoing	
			b) Dealing with Bullying and Harassment Policy to be reviewed to take account of the DDA	SH/ MOD	1	Dec 07	
111	Human Resources – Training and Development	PCT to be trained in disability equality	a) Equality and Diversity training to be reviewed to take into account the DDA 2005 and the social model of disability, recognising that the medical definition will still apply (plus items mentioned in the Primary Care action plan 1b)	SH / JO	1	Dec 06	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			b) Knowledge & Skills Framework to have specific Equality and Diversity training identified and advertised to the PCT in order to meet core dimension 6 (Equality and Diversity)	SH / JO	1	March 07	
			c) Development Review Process (DRP) to take account the needs of disabled employees. Employees must be asked to make any disabilities known to the PCT in order that reasonable adjustments / support can be discussed – data to be gathered to inform gaps	JO	1	March 07	
112	Human Resources – Impact Assessments	Robust and consistent Impact Assessment system and tools	a) Decide how the PCT applies the impact assessment tool across the PCT to review policies, practices, protocols and strategies including prioritising them in order of relevance to disability equality. ADVICE to decide how this is done	SH (ADVICE)	2	Ongoing	
			b) Review the PCT's Protocol for Developing Trust Policies, Standards and Protocols to include the new joint impact assessment tool	SH (ADVICE)	2	Once tool is developed	
			c) IT (Information Technology), Estates and Facilities directorate, procurements/supplies department to undergo full training on the impact assessment tool to understand the adverse effects on disabled people that can occur when ordering inappropriate goods and services	SH / individual depts. listed in previous column	2	Once tool is developed	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			d) Equality impact assessment task group to be set up to review PCT policies, practices, protocols and strategies including prioritising them in order of relevance to disability equality	SH	1	April 07 – Dec 09	
			e) Equality impact assessment process scheduled for completion	SH	1	May 07 – Dec 09	
113	Human Resources – Occupational Health Department	Equipment to be provided in advance to stop health problems arising in the first instance e.g., providing nurses with knee pads or risk assessing employees doing a repetitive task such as; filing clerks getting back pain	a) Review policies / procedures to identify any gaps within the occupational health service that would discriminate against disabled people	SH / GR / KW	1	Dec 06	
			b) Risk assessment tool to be developed or reviewed to highlight these groups and provide support	SH / GR / KW / SS	2	March 07	
			c) Ergonomic assessment to be developed to link with risk assessment above	SH / GR / KW / SS	2	March 07	
			d) Supporting disabled staff pack to be reviewed to take account of this	YZ / SS	2	June 07	
			e) Regular support to be provided for disabled employees by Occupational Health	SH / GR / KW	1	Dec 06	
114	Human Resource Services to be more sensitive to the needs of	Human Resources employees to meet the needs of disabled employees as far as possible rather than disabled employees fitting into	a) Review current policies and procedures to identify any gaps within the HR services that would discriminate against disabled people	SH / JD	1	Dec 06	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
	disabled people	departmental needs	b) Sickness policy and flexible working policy to be reviewed to take account of the needs of disabled people and people with long term sickness. Employees may be off sick for a period of time and may need to reduce hours from full time to part time to accommodate their needs. Employees should not undergo the stress of disciplinary action if they have long term illness or are disabled and are off sick due to their health problems	SH / JD	1	Dec 06	
115	Human Resources – Centralised Recruitment	Employment opportunities and practices to be non-discriminatory to disabled people	a) Proactive advertisement welcoming and supporting disabled applicants	SH / MD	1	Dec 06	Vacancy Bulletin to go to all E & D database organisations

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
116	Mental Health and Employment	Reduce health inequalities by providing improved access to employment and education for people with mental health needs	a) Employment / Education Sub Group in Mental Health to be set up to look at improving opportunities around employment and education for people with mental health needs	MR	2	August 2006 onwards	<p>13.9.07 – H Cater / M Reeves Report - Mental Health and Employment Group established August 2006 with service user representation.</p> <p>Current work:</p> <ul style="list-style-type: none"> - To develop an information leaflet outlining the range of vocational support available. October 2007. - To establish a vocational pathway. October 2007 - To organize a Mental Health and Employment conference, identifying funding to support the event. March 2008. <p>A workshop has opened in the North of the city to meet the needs of both physical/sensory disability and Mental Health. August 2007.</p>
117	Estates and Facilities – Building standards to	Building standards to incorporate disability access and be proactive in its design and planning processes	a) Estate and Facilities to set aside an appropriate amount of funding to meet all legislation requirements e.g., DDA 2005	NN / BP / SCot	1	March/ April 07 – budget setting	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
	meet the needs of disabled people		b) Policy to be developed to address building standards, modernisations, re-decoration, office re-locations. Policy needs to include; decoration for people with a visual impairment, children's waiting areas to be decorated in bright colours but must not infringe visual impairment guidance, when decorating the department needs to work closely with service manager to better meet the needs of its service users when devising a colour scheme. Policy to also include an accommodation form so a range of facilities can be identified from the onset such as a play area etc.	SCot / JW / YZ / SS / KH / VL / SJ	1	June 07	
c) Additional Blue Badge car parking spaces to be provided for employees and service users where the need outweighs the provision			BP / SCot	2	Ongoing		
d) DDA compliant audits to be undertaken on premises and where PCT services are provided. Lifts to be provided whenever possible.			BP / JW	1	Ongoing		
e) Easy Access / wheelchair accessible toilet in West Park Rehab Outpatient clinic to be re-audited as it is not big enough to turn a wheelchair around			BP / SCot	1	April 07		

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			f) Investigation and action to be taken to address the lack of Easy Access/Wheelchair Accessible toilet on wards 1, 2 and 3 at West Park Rehabilitation Hospital for both employees and service users	BP / SCot / AG	1	Jan 07 for Investigation Next financial year for action	
			g) Plans of egress to include audio and visual aids for example flashing fire alarms and Evac chairs	BP	1	March 07	
			h) Installation of above aids where necessary	BP / NN	1	March/ April 07 – budget setting	
			i) Employees to be regularly trained on how to assist disabled people in the event of a fire to incorporate points above (Evac chairs)	BP / SS	1	From installation onwards	
118	Information Technology – gathering data on disabled service users	Monitoring the number of disabled people accessing services to identify gaps in service delivery Action a) will support recommendation 5.11 of <i>Improving the Life Chances of</i>	a) Implementation of National Connecting for Health system to gather data on all disabled service users (children and adults) (to include type of impairment in order to identify barriers to access), where the functionality is available. Data collection must also adhere to Data Protection Act	KR / SCoop	1	2007/08	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
		<i>Disabled People (Final Report)</i> , http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf	b) Monitoring mechanisms to be put in place	KR / SCoop	1	2007/08	
119	Information Technology - GP's and PCT services to be aware of disabled people's needs and be proactive in meeting them	To alert appropriate employees to a service user / patient's disability / impairment on contact with the service, in order try to meet the needs of the patient	a) Connecting for Health System to be utilised. Admin Alerts PCT Systems GP's	KR / SCoop	1	2007/08 2007/08 2009	
			b) Training to be developed and rolled out on the connecting for health system, to make appropriate employees aware on how to ask patient's for information pertaining to their disability for recording onto system. Service user / patient's consent to be gained in the first instance	KR / CT	1	2007/08 onwards	
120	Development of DES 4.12.2009 – 3.12.2012	Proactive involvement of disabled people with the development of this scheme	a) User involvement protocols for commissioning, monitoring and provider services to be developed and take account the needs of disabled people	CC (PPING)	1	2007	
		Action a) will support recommendation 4.2 of <i>Improving the Life Chances of Disabled People (Final Report)</i> , http://www.strategy.gov.uk/downloads/work_areas/disability/disability_report/pdf/disability.pdf	b) ADVICE to start work on the development of the next DES	SH (ADVICE)	3	Oct 2007	
			c) Continue to work with partner organisations and community groups to develop more links	SH (ADVICE)	2	Ongoing	
			d) To review any relevant disability related government documents and reports on an ongoing basis to inform future DES's	SH (ADVICE)	1	Ongoing	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
			e) System to be set up to collect data from services and employees not already contained within the action plan e.g., Occupational Health, SOS, staff groups, IWL, departments/directorates and community network groups	SH (ADVICE)	2	July 07 onwards	
121							

Gender Equality Scheme Action Plan (April 2007 – March 2010)

DIRECTORATE	Workforce – Human Resources		
RESPONSIBLE OFFICER'S NAME	Stephanie Harris - Director of Workforce	TELEPHONE No.	444202

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
122	Pay and Reward Systems	Ensure all new posts are subject to an objective and bias-free job evaluation process	Job Evaluation scheme is in place and will continue to be applied for all new posts and re-grades.	Head of Workforce		Ongoing	Ongoing
123	Recruitment and Selection	Ensure all Recruiting Managers have received recruitment and selection training, encompassing employment law and best practice	Training programme is currently running	Recruitment Manager		Ongoing	Ongoing
124	Equal Opportunities Monitoring	Ensure a robust system of equal opportunities monitoring is applied during recruitment and selection	Implement the ESR Recruitment Package to capture this data	Recruitment Manager		July 2007	To be monitored
125	Childcare Vouchers	Raise awareness of the benefits of this scheme	Continued internal promotion of scheme and benefits to all staff	Childcare Co-ordinator		Ongoing	Ongoing
126	Bullying and Harassment	Ensure equal opportunities information with regards to claims of Bullying and Harassment is monitored	Annual monitoring of information to continue	Head of Workforce		Ongoing	Ongoing

DIRECTORATE	HR – Training and Development		
RESPONSIBLE OFFICER'S NAME	Julie Orrillard	TELEPHONE No.	445382

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
127	Quality of monitoring information on Trust Training and Development database for staff	Improve quality of reporting on gender issues e.g. uptake on courses, non attendees	a) Implement upgrade to database system	JO	1	Sept 2007	
			b) Review appropriate reporting arrangements to Trust committees and board	JO	2	From Sept 2007	
128	Increasing access to and uptake of appropriate training opportunities for staff including on diversity issues	Maintain/improve access to National Vocational Qualifications for staff	a) Research and obtain Train to Gain funding to enable staff such as porters, drivers and domestics to gain support Services NVQ	JO	2	From July 2007	
			b) Market business administration NVQ to independent contractors to improve access to courses	JO	2	July 2007	
			c) Introduce e-learning opportunities to increase knowledge on gender issues	JO	1	June 2007	
129	Improving knowledge and skills of young le in Wolverhampton in order to meet their educational needs	Introduce the Health Tec concept in partnership with education providers	a) Convert the premises already identified at West Park hospital as a learning resource centre	BP	1	Sept 2007	
			b) Work with educational providers to identify curriculum opportunities	JO/EH	1	Aug 2007	
			c) Launch and open the Centre	JO/EH	1	Sept 2007	

DIRECTORATE	Community Services		
RESPONSIBLE OFFICER'S NAME	General Manager Community Services / Locality Support Managers	TELEPHONE No.	444050

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
130	More male and female practitioners delivering interventions	To provide community services patient information about male and female practitioners	a)Develop information leaflet to include an explanation of care by male and female practitioners	General Manager	3	March 2008	
131	Ensure services are appropriate to gender needs	Provide services that meet gender needs.	a) Review service specifications to identify gaps and areas for development to meet gender needs	General manager	2	March 2008	
			b) Develop an action plan to address issues identified				
132	Toilet facilities	Improve provision of toilet facilities to meet the needs of all gender groups within Community Health Centres	a) Review each building regarding the current provision and address as necessary	Locality Support Services Managers	3	March 2009	
133	Baby Feeding facilities	To provide separate baby feeding facilities for all gender groups within Community Health Centres	a) Review current position for separate feeding and changing facilities in each Health Centre and address as necessary	Locality Support Services Managers	3	March 2009	

DIRECTORATE		Public Health					
RESPONSIBLE OFFICER'S NAME		Hillary Williams			TELEPHONE No.	444064	
Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
134	Domestic Violence	Improved support to PCT staff on Domestic Violence	a) Regular review of the implementation and effectiveness of the PCT Domestic Violence policy	Hilary Williams?	1		
			b) Roll out Domestic Violence training for all PCT staff as part of induction programme and mandatory training	Hilary Williams Training dept		Ongoing	
			c) Develop training package for key workers involved with MARAC process			Aug 2007	
135		Increased information available to victims of Domestic Violence	a) Provision of Domestic Violence resource packs in all PCT bases			Sept 2007	
			b) Engage with victims to publicise support available in the city				
136		Establish a multi-agency approach to working with children and young people affected by Domestic Violence through the Domestic Violence Sub group of the Wolverhampton Safeguarding Children Board	a) Support the involvement in the consultation and research into good practice in other areas	Wolverhampton Safeguarding Children Board			
			b) Assist agencies in working together to provide a more seamless response and support service to children and young people affected by domestic violence through processes such as MARAC				

Age Equality Scheme Action Plan

DIRECTORATE	Workforce Directorate		
RESPONSIBLE OFFICER'S NAME	Stephanie Harris – Director of Workforce Julie Darby	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
137	Employment	No discrimination to take place in recruitment and selection process	a) Training to be delivered to all Recruitment managers				
138	Harassment and Bullying	Eliminate bullying and harassment on the account of age	b) Develop Age discrimination policy c) Raise awareness of policy d) Robust monitoring of disciplinary cases				
139							
140							
141							

DIRECTORATE			
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
142							
143							

Religion and Belief Equality Scheme Action Plan

DIRECTORATE			
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
144							
145							

Sexual Orientation Equality Scheme Action Plan

DIRECTORATE			
RESPONSIBLE OFFICER'S NAME		TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
146							
147							

Transgender Equality Scheme Action Plan

DIRECTORATE	Public Health		
RESPONSIBLE OFFICER'S NAME	Adrian Philips – Director of Public Health	TELEPHONE No.	

Line No.	ISSUE	AIM / OUTCOME	ACTION PLANNED TO REDRESS ISSUE	LEAD	Priority 1=High 2=Med 3=Low	TIME-SCALE	PROGRESS
148	ACCESS	Fair access to information and service					
149							

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