

In line with the Equality Act 2010, there is a duty for all public bodies to consider how their activities as employers affect people who share different 'protected characteristics' and publish this data at least annually. The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or belief
- Sex
- Sexual orientation

There is also a responsibility for public bodies to consider how the decisions they make affect people who share different protected characteristics.

This document is Staffordshire Cluster of Primary Care Trusts' (PCTs') response to the legal requirement to publish this data by 31st January 2012, to demonstrate how NHS North Staffordshire, NHS Stoke on Trent and South Staffordshire PCT are:

1. Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it
3. Fostering good relationships between people who share a protected characteristic and people who do not share it.

1.0 Name of organisation:

Staffordshire Cluster of PCTs (NHS North Staffordshire, NHS Stoke on Trent and South Staffordshire PCT)

2.0 Organisation description:

Staffordshire Cluster of Primary Care Trusts (PCTs) is a grouping of the commissioning functions of three PCTs: NHS North Staffordshire, NHS Stoke on Trent and South Staffordshire PCT.

3.0 Current position:

Organisational change

Staffordshire Cluster of PCTs has been created in response to the changing national NHS commissioning arrangements.

PCTs originally had two key roles 1) the commissioning / buying of NHS services and 2) the provision of community based NHS services. The recent restructuring has seen the separation of these two roles from April 2011. The Cluster combines the commissioning roles across the three PCTs and the Staffordshire and Stoke on Trent Partnership NHS Trust combines the provider functions.

Previous work on Equality

Each of the previous PCTs had a number of work programmes from the Single Equality Schemes and the Cluster is ensuring that these are continued into the new commissioning arrangements. In summary these include undertaking workforce analysis, and resultant action planning, embedding Equality Analyses into commissioning decision making, increasing staff awareness of diversity, developing mechanisms to capture patient feedback by 'protected area', review and developing engagement mechanisms, with hard to reach groups in particular.

Single Equality Schemes

[Stoke on Trent](#)

[North Staffordshire](#)

[South Staffordshire](#)

Each of the 3 PCTs were partners in the development of the Joint Strategic Needs Assessments: 2010 – 2015 (JSNA) which were jointly undertaken by Stoke on Trent City Council and Staffordshire County Council.

The JSNAs identified a range of health inequalities across the Staffordshire area and developed a number of actions to address these health inequalities and for consideration to be given to the nine 'protected groups'. These have then been factored into PCT commissioning decisions. These are being taken forward now by Clinical Commissioning Groups (CCGs). For example:

Stoke on Trent JSNA:

Breast feeding: In Stoke on Trent, breast feeding rates are lower than the national rates. Women from ethnic minority groups are more likely to start and continue with breast feeding. To increase rates, the PCT developed schemes such as Mum 2 Mum, 24 hour helpline, Family Nurse Partnership and training within hospital and community midwives and for health visitors.

Sexually Transmitted Infections: 'Nationally there is a strong link between Sexual Transmitted Infections (STIs) and social deprivation, abortions and teenage conceptions. The most affected are women, gay men, teenagers, young adults and African communities. Rates of STIs in Stoke on Trent are higher than the national average and a number of actions are being undertaken:

- Continued modernisation of sexual health services to improve access and uptake, including the provision of an integrated community based specialised sexual health hub.
- Continued provision of sexual health promotion across a wide range of settings and with targeted provision for those in high risk groups.
- Continued increase in uptake of contraception provision by young people within clinic and outreach settings.

- Expansion of the already successful C Card (free condom distribution scheme).
- Achievement of 80% DASH accreditation (Developing Adolescent Sexual Health in General Practice). This ensures general practices are young person friendly and working towards achieving the “You’re Welcome Quality Criteria”.
- Continued involvement of young people in the design and delivery of all sexual health services via creative consultations and the young person sexual health audit team (Shopper4health).’

Staffordshire JSNA:

Immunisation: ‘Immunisation rates are higher than the England average, MMR rates are also higher than the England average but do not reach the 95% optimum protective target. The benefits of immunisation need to be positively promoted by all staff in contact with families. Variation of immunisation rates between general practices needs to be explored and understood with appropriate support to staff to improve rates where required. Outreach may be required for groups such as travelling families who are more difficult to reach via traditional primary care.’

Screening: ‘... uptake of screening programmes varies across Staffordshire. Factors which affect this include deprivation, ethnicity and age. Prevention of ill health across the life course is important to prevent the onset of disease and illness. Communities and families should be encouraged and supported to get more active, stop smoking and maintain a healthy weight.

Women should be encouraged to attend for breast and cervical screening when invited. Bowel screening programmes have commenced and people should be encouraged to participate. Abdominal aortic aneurysm screening for men is being rolled out in a phased process across Staffordshire and has already started in some areas. NHS Health Checks are being rolled out through primary care in a phased manner. This links to various lifestyle improvement services offered across Staffordshire.’

For further details on the JSNA, please refer to:

[Stoke-on-Trent](#)

[Staffordshire](#)

Workforce

The organisational changes referred to above have led to a significant move around of NHS staff between the Cluster of PCTs and the Partnership Trust. The data which is provided below therefore relates only to Cluster staff and is taken as of 30th November.

The Cluster has undertaken the following analysis on our workforce to help consider how our activities as an employer affect people who share different protected characteristics:

- The make-up of overall workforce
- The gender pay gap and pay equality
- Recruitment and retention rates
- Applications for flexible working and their outcomes
- Applications for learning and development opportunities

- Grievances and disciplinary issues for staff
- Dismissal information
- Details and feedback of engagement with staff and trade unions
- Quantative and qualitative research with employees
- Records that due regard is given to the equality duty in decision making
- Details of policies and programmes that have been implemented to address equality concerns raised by staff or trade unions.
- Return to work rates after maternity leave
- Success rates of job applicants

As at 30th November 2011, the Staffordshire Cluster of PCTs employs 586 full time equivalents.¹ The section below provides a summary of conclusions from the above analysis:

NB: the Cluster approach is to give people the opportunity to share information about protected characteristics. It is not compulsory for staff / patients to share this information.

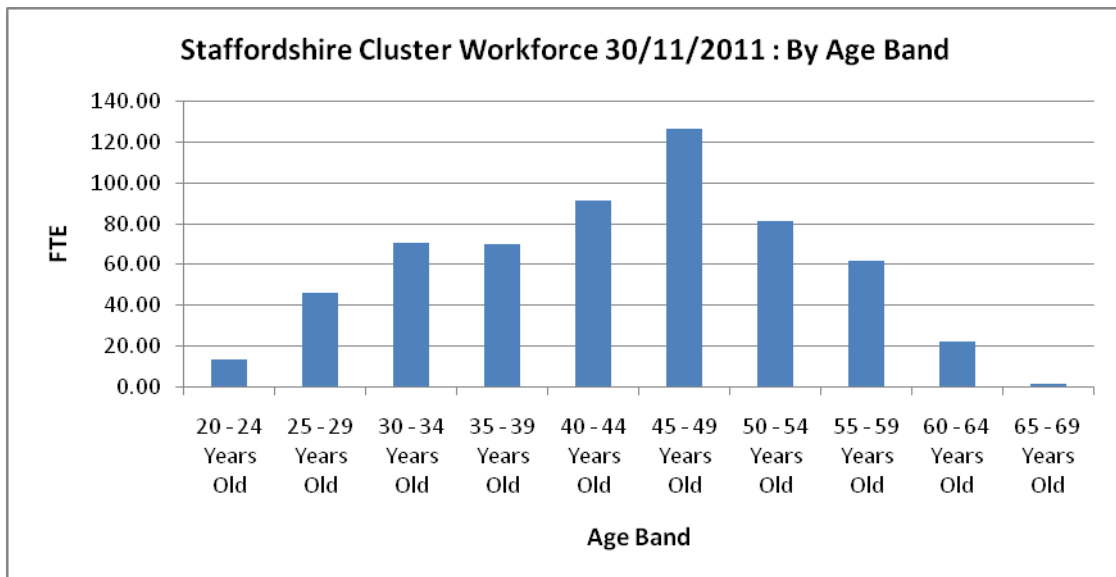
On Electronic staff Records (ESR) data can be captured across all of the 'protected characteristics', with the exception of 'transgender'. Consideration is currently being given across the Staffordshire health economy regarding how this can be addressed.

- The ethnicity of the Cluster workforce is reflective of the local population

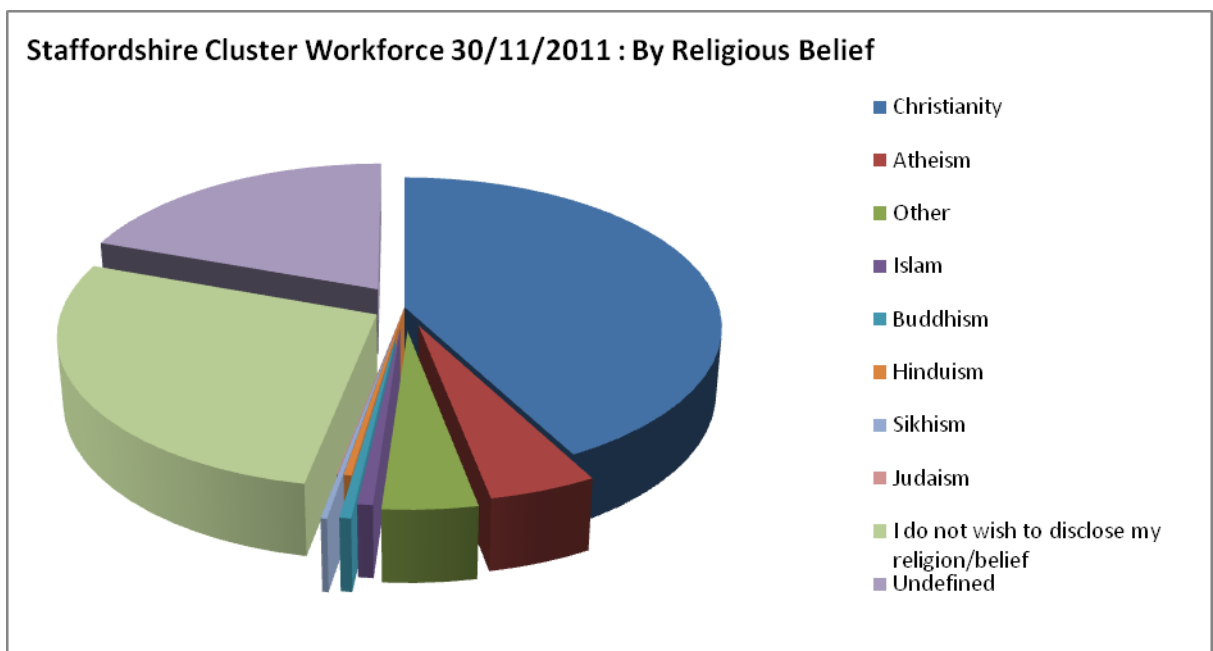
	Staffordshire Population by ethnicity	Staff by ethnicity
White	96.40%	92.57%
Asian	1.90%	2.45%
Black	0.40%	0.99%
Mixed	0.80%	0.73%
Chinese	0.50%	0.17%
Not Stated	0.00%	3.09%

- 81% of staff are full time; 19% part time
- 56% of staff are heterosexual; 0.5% gay; 0.2% lesbian; 0.2% bisexual, 23% not disclosed and 20% undefined
- 77% of workforce is female; 23% male. This is reflective across the NHS.
- Of female staff, 29% are part time; 10% of male staff are part time.
- There is representation of full and part time members of staff across ethnic groups, disability, sexual orientation and sex.
- The following graph demonstrates that the majority of staff are less than 49 years old (71%). However there are staff in post across all age bands up to 65-69 years old.

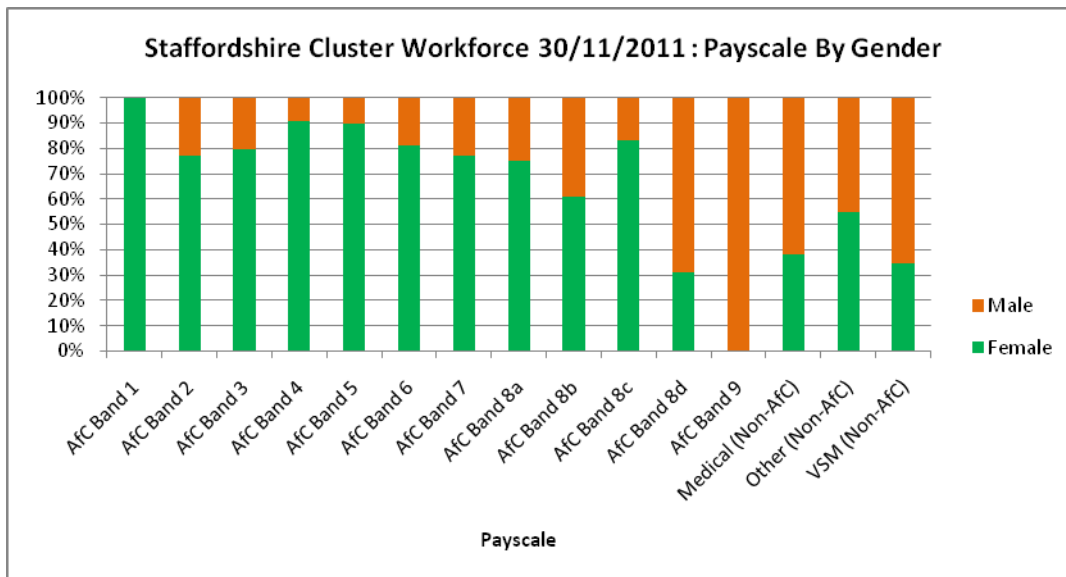
¹ Source: Electronic Staff Record



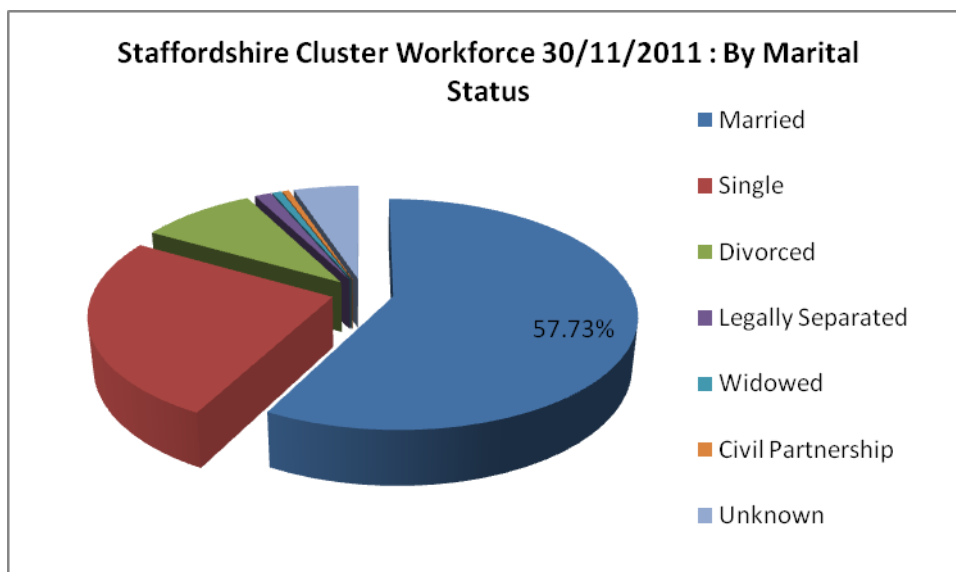
- The following graph demonstrates that there are a wide range of religious beliefs held by Cluster staff.



- The following graph demonstrates that there is representation of male and females across the pay bands, with the exception of band 9 of whom there are only a very small number. As with many NHS organisations, the pay bands 1 – 8c are reflective of the sex of the workforce and for the higher pay bands of 8d and above, these posts are more commonly held by men.



- 2% of workforce has declared that they are disabled.
- Staff with disabilities are reflected across the pay bands 2 – 7 and 8b.
- The pie chart below demonstrates that there is a range of marital status across the Cluster.



Staffordshire Cluster Whole Commissioning Workforce Data
[\[http://www.northstaffordshire.nhs.uk/documents/3809.pdf\]](http://www.northstaffordshire.nhs.uk/documents/3809.pdf)

Analysis for each of the three PCTs, in line with the statutory responsibility:

[South Staffordshire PCT Commissioning Workforce](#)

[North Staffordshire PCT Commissioning Workforce](#)

[Stoke-on-Trent PCT Commissioning Workforce](#)

The Cluster is a recently created organisation and analysis has been undertaken from September 2011 to date of:

- grievances and disciplinary issues
- dismissal information
- return to work rates after maternity leave
- success rates of job applicants

This has demonstrated that the Cluster has the systems to capture and analyse such information, but the numbers are currently so small (i.e. less than 10 in each case, with the exception of recruitment appointments which amounts to 18) that it is difficult to identify whether trends are emerging. This analysis will be undertaken again in 6 months to identify trends.

In terms of details and feedback of engagement with staff and trade unions, the Cluster has recently established its own staff side forum, the first meeting of which was held in January 2012.

The Cluster has recently received the preliminary results of our staff survey. The initial key messages are:

- 64% response rate
- Responders are reflective of our workforce in terms of age, ethnicity, sexual orientation, religion and disability.
- 57% of staff feel that the Trust is committed to help staff find work life balance, 14% felt the Trust is not committed.
- 62% of staff feel that their immediate line manager is supportive of finding a good work life balance. 11% feel that they are not supported
- 53% of staff have been on training courses in the last 12 months, 39% had not.
- 98% of staff have not in the last year experienced discrimination, 1% has experienced discrimination.

All 3 PCTs undertook Equality Impact Assessments on their HR policies. Please follow the web links below to these source documents: These are the policies which support the Cluster.

[NHS Stoke On Trent](#)

[NHS North Staffordshire](#)

[South Staffordshire PCT](#)

Workforce Summary

In summary, the above analysis indicates that workforce is reflective of our population and that there are no significant workforce issues relating to equality which need to be specifically addressed.

However the Cluster will regularly review this data and mandatory Equality and Diversity training will continue to be provided to ensure awareness, which includes recruitment and retention and grievance and disciplinary processes.

Commissioning decisions

The Cluster has undertaken the following analysis to help consider how our activities as a commissioner of services affect people who share different protected characteristics:

- Customer satisfaction levels and informal feedback from service users with different protected characteristics and results of consultations
- Complaints about discrimination and complaints from people with different protected characteristics
- Details and feedback of engagement with service users
- Quantitative and qualitative research with service users e.g. patient surveys
- Records of how due regard has been given to the equality duty in decision making with regard to service provision, including any assessments of impact on equality and any evidence used
- The number of people with different characteristics who access and use / participate in services in different ways
- Service / performance outcomes for people with different protected characteristics e.g. attainment, recovery rates
- Details of policies and programmes that have been implemented to address equality concerns raised by service users.

Consultations and engagement

Over recent years, the respective PCTs have undertaken a number of consultations / engagement events in relation to changes in commissioned services, which affect the nine 'protected characteristics'. These include:

- Tendering for Improving Access to Psychological Therapies in North Staffordshire
- Adult mental health in North and South Staffordshire
- Maternity service review in Stoke on Trent
- Adult mental health day services in South Staffordshire
- Mental health drop in services in South Staffordshire
- Gender reassignment in North Staffordshire
- Tender of audiology services in North Staffordshire
- Continence service redesign in North Staffordshire
- Adult social care services across Stoke on Trent
- Transition between young people and adult hospice provision
- Major trauma service redesign

[Further information on consultation and engagement](#)

Complaints

Analysis of the last 12 months of complaints relating to commissioning across the Cluster identifies that there are a very small number of complaints where the primary concern was related to their 'protected characteristic'. All complaints were investigated and where referred onto the Ombudsman, they did not uphold these. The system for monitoring of complaints will be further embedded in the work which the Cluster is undertaking on embedding the Equality Delivery System in local NHS processes through the CCGs.

Strategy, policy and service development

When developing commissioning strategies, policies and changes in services, as part of the PCTs business processes, consideration is given to the impact on members of the public and Equality Impact Assessments (EIAs) / Equality Analysis (EAs).

There are a number of examples of EISs /EAs having being undertaken and the Cluster is looking to further embed these processes with the emerging Clinical Commissioning Groups as part of EDS and the CCG authorisation process.

Examples include:

South Staffordshire PCT:

- [South Staffordshire Primary Care Trust Guide to Equality Impact Assessment](#)

NHS Stoke on Trent:

- [Lifestyle programme](#)

NHS North Staffordshire:

- Medicines Management (available shortly)
- [Preceptorship policy](#)

Cluster:

- Individual Funding Requests

The Cluster is currently reviewing the Individual Funding Request policies across each of the three PCTs with the aim of having a single policy for Staffordshire. An EA has been undertaken on a draft of this policy. This policy and equality analysis will be made available on the relevant PCT website, once it has been approved.

- West Midlands Trauma Care System

The NHS West Midlands Specialised Commissioning Team has proposed to transform the care people receive when they suffer major trauma by introducing an improved delivery model across the region. 'The plans will establish Trauma Networks across the region which will include designating Major Trauma Centres (MTCs) at a specified number of existing hospitals, where specialist medical teams will provide treatment for major trauma injuries 24 hours a day, seven days a week. MTCs will have all the necessary specialist services on site to provide the best possible treatment to patients; these services will include neurosurgery, heart and chest trauma services and urgent rehabilitation services.'

Procurement

Under previous duties, the PCTs were required to pay due regard to equality in relation to disability, gender and race in all their functions, including in any functions that were carried out by external suppliers, where relevant. Now there is a need to have due regard to the new protected groups as well. This is included in the NHS standard contract and is reflected in most service specifications and contracts with NHS and private providers.

Commissioning summary

Although there is evidence of the PCTs having undertaken EIAs / EAs, with CCGs taking on the responsibility for commissioning, there is a need to further embed EAs into the future commissioning processes. This is being taken forward through the Equality Delivery System, which all 7 Staffordshire Clinical Commissioning Groups have signed up to and which is being embedded into CCG business processes.

Should you require this report in other languages, large print, Braille, audio or translated please contact: Communications and Marketing, Staffordshire Commissioning Support Services, Heron House, 120 Grove Road, Fenton, Stoke-on-Trent, ST4 4LX Tel: 0845 602 6772 Ext. 8245