

Full equalities impact assessment

Directorate: Standards & Engagement

Service: Professional Standards Team

Piece of work being assessed: Dignity & respect for people using Sheffield PCT services policy

Name of lead person: Tracy Johnson

Other partners/stakeholders involved:

Date of assessment: 2nd April 2008

Single Equality Scheme strand	Baseline data and research – What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender	The PCT serves the needs of men, women and transgendered people	
Race	2001 Census indicates Sheffield has a BME population of 9%, the majority are Pakistani. Recent data indicates population has risen to 14% Complaints are collected and collated on a quarterly basis. Issues re dignity & respect collected under 'attitude'. Jul-sep 07= 8 informal complaints, oct- dec 07= 3 formal complaints. Complainants are offered opportunity to give details of their ethnic origin but details not collected re other equality strands- no themes currently arising in relation to race or wider equality issues Staff survey indicates BME staff have not experienced any bullying or harassment from colleagues. This may indicate that staff treat BME service users with dignity & respect	Potential indirect discrimination across other strands as data not sought on age, disability, sexual orientation or religion
Disability	2001 Census indicates 21% of population have a 'long standing illness' DRC report 2007- Independent living & the Commission for Equality & Human Rights highlights how health staff may have paternalist approach to disabled people which can lead to poor practice Consultation with the Community Health Advisory Group(CHAG)- indicated that family carers can at times feel uninvolved in discussions and health care arrangements	Potential indirect discrimination due to staff taking a paternalistic approach. Equality & diversity training currently delivered may help to minimise this.
Sexual orientation	Not collected in census but can assume 5% of population are gay/bisexual Recent equality audit indicates PCT and contracted services do not generally	Potential indirect discrimination as a % of PCT staff may hold

	<p>collect data on sexual orientation. 'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates LGBT people more likely to be victims of violence & verbal abuse, up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need for training across NHS staff</p>	<p>negative views or have a lack of awareness and understanding of LGBT people. Equality & diversity training currently delivered may help to minimise this.</p>
Age	<p>Services available to whole age range. 'A new ambition for older age – Next steps for implementing the National Service Framework for Older People' (April 2006) states many older people still experience lack of respect and dignity. The prevalence of longstanding illness or disability is 72% for those aged 75+ (Equality & human rights in NHS, DoH 2007)</p>	<p>Potential indirect discrimination against older people due to negative/paternalistic attitudes. Equality & diversity & safeguarding adults training currently delivered may help to minimise this.</p>
Religion/belief	<p>2001 census indicates a wide range of faiths in Sheffield, 68% Christian, 18% none.</p>	<p>Potential indirect discrimination due to wide range religions and staff unaware of related needs</p>

Conclusion

While there is little local data to indicate people using Sheffield PCT services experience a lack of dignity and respect wider evidence suggests that older, LGBT, and disabled people (or a combination of all of these) are more likely to experience attitudes from NHS staff which do not promote a persons self respect.

Local anecdotal information supports that people can experience behaviour from NHS staff which impacts on their dignity e.g. CHAG members shared examples of this occurring, often in an indirect and unintentional way.

Equality and diversity, and safeguarding training are part of corporate & essential training, equality & diversity for managers is currently underway, a range of safeguarding adults training is available, and a range of service level training related to dignity & respect is undertaken. Corporate understanding of the content & outcomes of this training could be improved.

Feedback from people using services is not systematically and routinely collected across all service areas.

Corporate and service level information is currently under review, this provides an opportunity to explore how best to publicise the PCT's commitment to equality, dignity & respect

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Disability/age	<p>Potential paternalistic approach leading to poor practice</p> <ul style="list-style-type: none"> Corporate & essential equality and diversity training & equality training for managers is already in place and is due for review this year A range of service level training takes place however recording of what training, numbers attending and outcomes needs improving 	<ul style="list-style-type: none"> Dignity & respect steering group, ETDT & equality lead to analyse dignity & respect training needs Gain robust information on the range of training which supports dignity & respect which is currently available/undertaken at service level Review corporate & essential equality training 	<p>Training strategy for dignity & respect in place</p> <p>Data base of training undertaken</p>		<p>RW/AH</p> <p>LW/RW</p> <p>HB</p>
Sexual orientation	Potential negative/homophobic attitudes among staff	As above			
All	Communicate to public and service users the PCT's commitment to equality, dignity & respect	<ul style="list-style-type: none"> Equality lead, dignity & respect lead, & communications lead to develop this 			
All	Feedback from patients on their experience of using services including how their dignity was promoted is not consistently collected or monitored across all services	<ul style="list-style-type: none"> Identify & share existing good practice Action plan to develop feedback mechanisms in those service area where it is not routinely collected Include equality data 	A report from each service area to demonstrate how/what feedback, both positive and negative, has been gained in relation to dignity & respect		SF/PB (Dignity & respect steering group)

		<p>collection in D&R feedback</p> <ul style="list-style-type: none"> • Develop dignity & respect core questions to be included in patient feedback mechanisms • Explore extending range of equality data obtained through complaints, compliments and PALS 	<p>Primary Care Trust</p> <p>Data included in 1/4 reports</p>		DH/JM