

**Cambridge University Hospitals NHS  
Foundation Trust**

**Gender Equality Scheme**

**April 2007 – April 2010**

## Contents

### Section

- 1. Purpose**
- 2. Introduction -Statement of Commitment**
- 3. The Gender equality duty**
  - The general duty
  - The specific duties
- 4. National and local drivers for gender equality**
- 5. Gathering and using information**
  - Monitoring the gender of employees and service users
  - Effect of policies and processes
  - Methods of gathering information
  - Using information
- 6. Equality impact assessment**
- 7. Involving people in the drafting of the scheme**
  - Service user and public consultation
  - Employee consultation
  - Local organisations
- 8. The gender equality duty and equal pay**
- 9. The gender equality duty and gender reassignment**
- 10. Delivering and reviewing the gender equality scheme**
- 11. Training staff on the duties**
- 12. Publishing the scheme**
- 13. Acknowledgements**
- 14. Action plan**

## **1. Purpose**

The purpose of this document is to outline the Trust's priorities for action, work planned for the next three years and work already carried out to promote gender equality.

The scheme incorporates our role as a provider of health care services to patients and our role as a major employer within Cambridge.

If any assistance is needed to help understanding this scheme or it is required in a different format or language, please contact Monica Jacot, HR Project Manager. Telephone: 01223 842161  
Email: [monica.jacot@addenbrookes.nhs.uk](mailto:monica.jacot@addenbrookes.nhs.uk)

## **2. Introduction – statement of commitment**

The Equality Act 2006 amends the Sex Discrimination Act by introducing a Gender Equality Duty. This places an obligation on all public bodies to promote gender equality and eliminate discrimination and harassment. As a major employer and health service provider, the Cambridge University Hospitals NHS Foundation Trust is committed to meeting its obligations under this new duty and will explore the impact of our services and employment practices on men, women and transsexuals.

Gender equality relies on ensuring that we are able to offer equal opportunities for both men and women who come into contact with the Trust as a patient, relative or employee.

Patients must be treated with dignity and respect and have equal access to services taking into account the health inequalities that are evidenced in national research and at local level.

We recognise that promoting equality and eliminating discrimination and harassment is more than just meeting our statutory obligations. The Gender Equality Scheme (GES) outlines what we intend to do to improve fair and equal access to services and employment. This includes a continuous process of improvement and not a one-off initiative. The focus in the scheme's action plan, section 13 is on outcomes rather than just process.

Gender equality cannot be achieved alone. It is dependent on the success of the other strands of equality: age, disability, ethnicity/race, Religion/beliefs and sexual orientation. If we look at equality as something that cuts across all of these areas we can start to make real progress in supporting employees, patients and carers as well as striving to become an example of excellence for promoting equality and diversity in Cambridge.

The Trust has made progress towards improvements for patients and employees on gender equality. To develop the first stage of the scheme we have undertaken a range of initiatives and audits involving over 800 patients through the Essence of Care audits and 53 members of the public responded to the Trust's online Gender equality questionnaire in March 2007 to develop the first stage of the scheme. Our next stage will involve wider consultation with external stakeholders, Foundation Trust members, community organisations and other relevant agencies. We are keen to engage in dialogue and further feedback on all equality and diversity issues and therefore further consultation events will take place during 2007. The outcome of this further consultation will help shape the Trust's equality and diversity strategy incorporating a comprehensive action plan to address equality issues.

The Trust may develop a Single Equality Scheme for the Trust subject to Department of Health guidelines on this issue.

## **3 The Gender Equality Duty**

### **3.1 The General Duty**

It is our duty as a Trust, as a public authority, to proactively work towards gender equality and include an action plan of how it hopes to achieve this over the next three years.

The Gender Equality Duty comes into force in April 2007. It is the biggest change to sex discrimination legislation since the introduction of the Sex Discrimination Act 1975. All public authorities must demonstrate that they are working toward eliminating gender discrimination and harassment.

The three main components of the duty are to:

- Eliminate unlawful discrimination
- Eliminate harassment
- Promote equality of opportunity between men and women

### **3.2 The Specific Duties**

The specific requirements of the gender equality duty are:

- Prepare and publish a Gender Equality Scheme (GES) including an action plan, showing how the Trust intends to fulfil the duties over the next three years
- In preparing the scheme the Trust must:
  1. Consult with employees, service users and others (including trade unions)
  2. Take into account information gathered about how policy and practice affects gender equality
  3. Consider the need to have objectives to address the cause of any gender pay gap
- Ensure a three year action plan is produced that outlines how the Trust will work toward achieving gender equality over the next three years.
- Implement the scheme and actions over the next three years.
- Report on progress annually.

### 3.3 Rationale behind the Act

The Gender Equality Duty has been introduced by the government in recognition of the fact that women and men have different needs in relation to many public areas and that in both the workplace, and as service users, they can experience unfair and unequal outcomes.

It is well known that women experience considerable disadvantage in the workplace. Across the economy as a whole, the pay gap between men and women is 18.3% for full time workers and 43.2% for part time workers. Only 11% of women work as senior managers or officials compared with 18% of men *Source- Annual Survey of Hours and Earnings 2004 (ONS)*. The average life expectancy at birth of females born in 2004 in the UK was 81.07 years, compared with 76.82 years for males. *Source- Health Statistics Quarterly – Winter 2006 (ONS)* However whilst women can expect to live longer than men they are also more likely to spend more years in poor health or with a disability.

Although legal rights to sex equality have existed for 30 years, discrimination and gender equality are still widespread. Women are frequently put at a disadvantage by policies that are not family friendly, whilst men can also be disadvantaged when family friendly policies are aimed at just women and assume that men have no parenting or caring responsibilities. The new legislation is intended to improve this situation for both women and men by ensuring that gender equality and is built into the organisation's core business processes.

A project on gender equality which has been carried out by the Men's Health Forum, at the request of the Department of Health, has highlighted several facts regarding under-use of NHS services by men and poorer health outcomes for men. For example:

- Although more men are overweight than women they make up only 25% of patients in primary care weight loss programmes
- The pilot programme for National Bowel Cancer Screening achieved a much lower take-up among men. (The death rate for colorectal cancer is 24.7 per 100,000 in men compared with 14.7 per 100,000 in women)
- Men are twice as likely as women to both develop, and die from, the ten most common cancers affecting both sexes
- Incidence and mortality for heart disease are much higher in men
- 60% of sudden infant deaths occur in boys
- Men are 3 times as likely to take their own lives
- 78% of drug related deaths occur in men.

An Equal Opportunities Commission case study published in *The EOC Code of Practice November 2006* on coronary heart disease, reveals that although most women believe that breast cancer is women's most

pressing health worry, heart disease is a greater risk, causing some 20,000 deaths in the UK every year. Tests for coronary heart disease (CHD) are designed to be performed on men – yet the symptoms in men and women are different. This means that female symptoms are less well understood and less well identified. There is also evidence that women with chest pain are less often referred for full evaluation and diagnostic procedures.

## **4. National and Local drivers for gender equality**

### **4.1 The Trust works within current equality and diversity legislation. For equality and diversity this includes:**

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Disability Discrimination (amended) Act 2005
- Human Rights Act 1998
- Sex Discrimination (Gender Reassignment) Regulations 1999
- Employment equality (Religion or belief) Regulations 2003
- Employment equality (Sexual orientation) Regulations 2003
- Gender Recognition Act 2004
- Civil Partnership Act 2004
- Employment Equality (Age) Regulations 2006
- The Equality Act 2006

Other drivers include:

- National Service Frameworks
- Health Care Commission: Standards for Better Health
- Trust Equality and Diversity Equal Opportunities Policy
- Equality and Diversity scheme (includes race equality)
- Disability Equality scheme
- Department of Health Equalities Framework: Priorities for action
- Trust Equality Impact Assessment procedure

### **4.2 Action already taken for supporting employees**

The Trust has a range of work life balance policies and benefits. All policies and benefits are designed to offer equal processes for both men and women

- Adoption leave policy
- Special time out scheme

- Special leave policy covering Carers leave for Childcare and eldercare/relative support/Emergency/ Compassionate leave and parental leave
- Flexible working Policy
- Job share policy
- Maternity leave policy
- Paternity leave policy
- Special leave for IVF treatment
- Career break scheme
- Three Day nurseries
- Easter and Summer Holiday Playschemes
- Virtual childcare vouchers
- Tax efficient child care scheme

## 5. Gathering and using information

The Gender Equality Duty requires the Trust to have robust processes for gathering information in relation to gender. This section sets out the responsibilities of the Trust in relation to information gathering.

### 5.1 Gender profile for the Trust

Currently the Trust employs 6542 staff members, 1,972 of which are part time.

74% of the workforce are female

26% of the workforce are male

62% of females are full time and 38% part time

90% of males are full time and 9.5% are part time

Nationally there is very little difference in the gender split in the population.

### 5.2 Patient profile

The patient episodes within the Trust in 2006 by gender are as follows:

**Inpatients:** 72,726 male and 76,279 female

**Outpatients:** 160,684 male and 199,717 female

### 5.3 Monitoring the gender of employees and service users

For the Trust to be able to monitor the effectiveness of its processes, it is important that the Trust is aware of who is using services and who the Trust employs. The Trust regularly collects, on an annual basis, equal opportunities monitoring data and will continue to collect, analyse and report on the following data by gender:

#### Employee data

- Recruitment data , the numbers applying for posts, numbers shortlisted and those appointed
- Numbers promoted
- Numbers receiving corporate training and development

- Numbers of employees leaving the Trust
  - Numbers of staff by band/grade by gender
  - Numbers of part timers
  - Numbers going on special leave by special leave category
  - numbers of disciplinary/grievance/capability hearings /harassment/bullying at work cases
- and needs to start collecting:
- number going on maternity leave and pay band/grade on return
  - Numbers taking special leave by gender by leave category

**Patient data:**

Improve analysis of information on service users.

#### **5.4 Effect of policies and processes**

The Equality Impact Assessment (EIA) process monitors all Trust policies that are approved before they can be ratified by the Trust's Corporate and Clinical Governance Committee. This process is outlined in section 6.

#### **5.5 Methods for gathering information**

The Trust has collected and will continue to collect quantitative and qualitative gender data in the following ways to inform the Gender Equality Scheme, to identify gaps, determine actions and monitor its progress on gender equality:

- **Employee Data**  
Equal opportunities monitoring form and staff appointment forms and other data input into Electronic Staff Record (ESR the payroll and personnel database)
- **Employee and Patient surveys**  
The Trust carries out annual staff and patient surveys. Data from the previous annual staff surveys has been used to inform the scheme's action plan and will continue to be used to identify any gaps and help monitor progress.
- **Essence of Care Audit work.**  
Information from the Trust's Essence of Care Audits have been used to identify areas where the dignity and care of patients can be improved and has been used to inform the Trust's Gender Equality Scheme action plan.
- **Information re complaints/incidents**  
Complaints and incidents are monitored by PALS to ensure a process free from discrimination. The gender of those reporting complaints or involved in incidents needs to be recorded alongside other demographical data e.g. disability, race and religion and age.

- **Ongoing research/practice development work**  
It is important that the Trust uses all resources available to ensure equality in policy and service provision. It is necessary for the Trust to be aware of any local or national research that can help improve service provision, reduce health inequalities (see previous section 3.3 citing examples of health inequalities statistics from national research findings) and provide an improved environment for employees and patients. The Trust will explore opportunities for joint working with local stakeholders: Cambridgeshire PCT, Cambridge City Council, Cambridgeshire County Council to address gender equality gaps in service provision and employment.
- **Service user and employee groups**  
These networks will be encouraged to take part in consultations with regard to gender equality. A first step has been to issue an online gender equality questionnaire for the public to respond to on the Trust's public website and a staff online gender equality survey on the Intranet.

Staff groups such as the equality and diversity staff group and service user groups and members forums will be involved in the Equality Impact Assessment (EIA) process, service redesign and when developing education and training programmes.

## 5.6 Using this information

This information will be analysed and used to inform improvements in policies and processes as well as becoming a meaningful part of future consultation. Employee data will continue to be published annually along with disability and ethnicity data, to demonstrate the Trust's commitment to equalities and diversity.

Anonymised patient data will be used when planning new policies and services. The service provided should reflect the needs of the service user population. The Trust will explore various means of encouraging feedback from service users capturing this and taking action.

## 6 Equality Impact Assessment

As part of the GES, the Trust is required to 'impact assess' its services, policies and functions in relation to gender.

The purpose of the equality impact assessment in relation to gender is to both ensure that Trust policies, functions and services do not disadvantage an individual because of their gender, and also identify where they might better promote equality of opportunity.

If this process identifies an adverse impact, the Trust will pay due regard to the need to modify the service or policy.

The Trust has an Equality Impact Assessment (EIA) procedure. When new policies are drafted or current policies are being reviewed an Equality Impact Assessment procedure must be followed. The Trust EIA covers:

- Age
- Disability
- Gender
- Race
- Religion and beliefs
- Sexual orientation

The EIA has three stages, a template for each one has been provided. The three stages are:

1. Initial assessment
2. 2nd stage impact assessment
3. Full impact assessment involving consultation with users

If an adverse impact is detected in Stage 1 initial assessment, Stages 2 and 3 must be completed.

The Trust publishes the results of its EIAs on its public website on a regular basis after the Clinical Corporate Governance Committee's quarterly meeting to ratify Trust policies and procedures.

## **7. Involving people in the production of the scheme**

### **7.1 Service user and public consultation**

In March 2007 an online gender equality questionnaire for the public to respond to was placed on the Trust's public website and 53 members of the public responded.

The objectives in the action plan have been developed from:

- the responses to the above questionnaire
- opinions expressed in patient surveys
- the 2006 Essence of Care audit where patient and carer focus groups were questioned
- taking into account national research statistics regarding health inequalities.

### **7.2 Employee consultation**

In March, 2007 members of staff were invited to complete an anonymised online questionnaire accessible on the Intranet asking a number of questions to elicit whether they felt they were any gender issues in various aspects of employment at the Trust, in terms of

recruitment, training and development, promotional opportunities and flexible working.

The response will form part of the objectives for gender equality in employment processes and benefits. The results of the 2006 staff survey drilled down by gender were also used to inform the GES action plan.

### **7.3 Local organisations**

Local organisations contacted with a questionnaire included the Gender Trust and Cambridge Women's Resource centre, Cambridge Black Women's group, Cambs PCT.

## **8. Gender Equality Duty and equal pay**

The Trust is required through the Gender Equality Duty to comply with the Equal Pay Act 1975 and subsequent amendments. The requirement of the gender equality duty is to carry out a pay review. The Trust has carried out a major job evaluation and pay review of all staff as part of the NHS Agenda for Change terms and conditions and the majority of employees have been assimilated on to the new Agenda for Change pay bandings (excluding doctors who have their own pay review body). The Trust will regularly monitor the number of staff by gender and by pay band to ensure equity.

The Trust has in place policies that support staff in giving them more flexible options for work and a number of benefits. The Trust will monitor take up and awareness of benefits such as access to flexible working, Carer's Leave, Easter and Summer Holiday Playschemes, and childcare vouchers by gender.

## **9. The Gender Equality Duty and Gender reassignment**

Discrimination on the grounds of gender includes discrimination on the grounds of gender reassignment in employment and training. All Trust policies and procedures must adequately cover transsexual employees, especially those policies dealing with recruitment, confidentiality, harassment and access to training.

The Trust must be able to demonstrate that it works to prevent discrimination, not only against transsexual people who have undergone gender reassignment in the past but all those who intend to undergo gender reassignment and those undergoing it.

## 10. Delivering and reviewing the Gender Equality Scheme

### 10.1 The organisational arrangements and responsibilities: Board responsibilities

The Department of Health *Guidance for NHS Boards on Equality and Human Rights in the NHS* states "Board members are directly accountable for all actions and omissions in relation to equality and human rights legislation and this accountability cannot be delegated".

There is a Trust Executive Board director, the Director of Organisational Development who has equality and diversity as part of her portfolio. There is also a Non-executive Director with a special interest in equality and diversity.

#### Senior Clinicians and service managers

All service managers have a responsibility to ensure the requirements of the GES are implemented within their service areas. In particular this will include responsibility to:

- Eliminate unlawful discrimination
- Eliminate harassment
- Promote equality of opportunity between men and women

#### Staff

Under the new Knowledge and Skills framework, all employees are now required to be competent in equality and diversity issues as a core skill. This is arranged over 4 levels the first being a basic grounding in equality and diversity. The Trust is reviewing its corporate equality and diversity training to ensure employees are competent in this core skill dimension (see also section 11).

The GES is a tool that will assist all employees in achieving an equitable environment for male and female employees and patients. For the GES to be successful it will require the commitment of employees at all levels to participate in the delivery of the action plan.

### 10.2 Structure of Delivery

The structure for the delivery of equality and diversity and the GES is dealt with under the following groups:

- Equality and Diversity Staff group
- Equality and Diversity Management Group

- Patient and Carer Group
- A representative from the Equality and Diversity management group sits on the Patient and Carer group and the Equality and Diversity Staff group.
- The Equality and Diversity Management Group reports to the Clinical and Corporate Governance Committee (CCGC). The CCGC reports to the Trust Board.

The Equality and Diversity Management Group will report to the Board and Clinical and Corporate Governance Committee on progress on equality and diversity and annually on the GES action plan.

### **10.3 Review of the scheme**

The GES is a three year programme of work. It contains an action plan that will be reviewed annually and updated as necessary as it is an evolving plan. To ensure that the action plan is fed into other Trust review processes, annual results from the action plan will be fed into the equality and diversity balanced scorecard. Any actions arising from this will be fed into the overall equality and diversity agenda.

## **11. Training staff in connection with the duties**

The Trust is committed to ensuring that staff not only have a good basic knowledge of their duties under the Gender Equality Duty, but also have the skills necessary to meet them. We are reviewing the Trust's Equality and Diversity training. The Trust will strive to ensure that all managers and staff are aware of their responsibilities with regard to gender equality and all other equality strands.

We will continue to review current training programmes to ensure that gender equality is mainstreamed into courses as appropriate.

## **12. Acknowledgements**

Cambridge University Hospitals NHS Foundation Trust would like to thank the following for their input in the development of the scheme:

- Foundation Trust members
- Local community
- Equality and Diversity staff group
- Employees who responded to 2006 staff survey and online gender equality questionnaire
- Equality and Diversity Patient and Carer Group
- Cambridgeshire PCT

### **13. Publishing the scheme**

The Gender Equality scheme will be published on the Trust's Internet and intranet alongside our other equality schemes at [www.addenbrookes.nhs.uk](http://www.addenbrookes.nhs.uk). It is available in a range of formats upon request by contacting Monica Jacot, HR Project Manager.  
Telephone: 01223 842161 Email [monica.jacot@addenbrookes.nhs.uk](mailto:monica.jacot@addenbrookes.nhs.uk)

**14. Gender Equality Scheme Action Plan 2007-2010**

The following action plan has been prepared to ensure the Trust meets its legislative obligation. Each objective contributes to achieving the general duty aims for gender equality:

- Eliminate unlawful discrimination
- Eliminate harassment
- Promote equality of opportunity between men and women

The Trust is also committed to a scheme that goes beyond the minimum standards, it will therefore research good practice to further develop our work.

| <b>A. Assessing Policies functions and practices and proposed policies</b>   |   |   |   |
|--|---|---|---|
| <b>Objective : Implement a Trust wide Equalities Impact assessment</b>   |   |   |   |
| <b>Action</b>  | <b>Outcome required</b>   | <b>Responsibility/Lead</b>                    | <b>Target date</b>                      |
| Continue to implement the Trust's Equality Impact assessment framework.  | All existing service functions and policies and practices reviewed through the equalities impact assessment framework for initial impact assessment | <b>All Heads of Service</b>                   | <b>Ongoing</b>                          |
| All Heads of service to ensure initial equality impact assessment of services and policies for relevance to gender equality (using DH Health inequality statistics for information) to ensure there are no adverse effects because of gender |   |   | <b>From April 2008 and then Ongoing</b> |
| Continue to ensure impact assessment reports are accessible to staff and the general public through publication on the internet/intranet   | Full impact assessment to be conducted on any policy and service that has an adverse impact on gender equality                                      | <b>All Heads of Service</b>                   | <b>June 2008</b>                        |
| To report on review of compliance findings and advise of implications to Executive directors meeting   | Trust Executive Directors briefed on compliance findings  | <b>Director of Organisational Development</b> | <b>March 2008</b>                       |
| <b>Objective: Address health inequalities of the local population</b>  |   |   |   |
| Through the Commissioning process the Trust will follow Department of Health requirements and consider if further action is required in relation to gender issues (as well as race and disability).  | Evidence of health inequalities issues being considered as part of the commissioning  | <b>Director of Commissioning</b>              | <b>July 2008</b>                        |

| Action   | Outcome required  | Responsibility/lead   | Target date  |
|--|---|---|--|
| <b>B Access to service and environment</b><br><b>Objective: Improvement of the patient experience-Treatment of service users with dignity and respect</b>  |   |   |  |
| <p>To ensure the Essence of Care recommendations with a gender equality dimension are actioned.</p> <p>PALS to highlight concerns that are raised under the complaints process and patient surveys on gender equality issues and action plans are prepared to address these.</p>   | <p>Address a number of recommendations (examples include: single sex washing facilities, single sex wards and patient chaperoning policy)</p> <p>Learning points from patient complaints received by PALS are acted on.</p> | <p><b>Assistant Chief Nurse</b></p> <p><b>Director of Patient Experience and Public Engagement</b></p>  | <p><b>Dec 2007 and ongoing</b></p> <p><b>Dec 2007 and ongoing</b></p>                |
| <b>Objective: Review access to facilities</b>  |   |   |  |
| <p>To consider and advise on gender issues in terms of accessibility of services ( for example to review whether the opening hours and appointment times and access to our services are restricted for any gender).</p> <p>To continue to have a mechanism for feedback from patients visitors and staff to advise of improvements that are needed to accessing services, facilities and to the environment.</p> <p>To continue using various audit tools and "mystery shopper" feed-back to inform actions.</p> | <p>Facilities are equally accessible for all genders.</p> <p>Feedback mechanism in place.</p> <p>Feedback available to the Trust is acted upon.</p>   | <p><b>Service Equality Lead</b></p> <p><b>Director of Patient Experience and Public Engagement</b></p> <p><b>Director of Patient Experience and Public Engagement</b></p> | <p><b>June 2008</b></p> <p><b>October 2007 and ongoing</b></p> <p><b>Ongoing</b></p> |

| Action   | Outcome required   | Responsibility/lead  | Target date                                       |
|--|--|--|---|
| <b>C. Community engagement</b><br><b>Objective: Obtain the views of service users on Trust services</b>  |  |  |   |
| <p>Introduce new methods for information sharing with key stakeholders and opportunities for joint working.</p> <p>Review membership of Foundation Trust and see whether any positive action is needed to ensure appropriate gender representation of men and women.</p> | <p>Forum established with PCT to inform GES action plan (and other equality issues)</p> <p>Elements of the Gender Equality Scheme action plan priorities are informed by the members.</p> <p>The proportion of men and women members reflects the population the Trust serves.</p> | <p><b>Service Equality Lead</b></p> <p><b>Foundation Trust Manager</b></p> | <p><b>March 2008</b></p> <p><b>March 2008</b></p> |
| <b>D. Accessible communication</b><br><b>Objective: Ensure that communications with service users and the public are accessible to them</b>  |  |  |   |
| <p>Trust documents, leaflets for service users should ensure promotion of equality and diversity and must not be discriminatory</p>  | <p>Trust documents comply with service equality statement.</p>   | <p><b>Communications originators/authors of documents</b></p>              | <p><b>Ongoing</b></p>                             |



| Action  | Outcome required   | Responsibility/Lead  | Target Date   |
|---|--|--|---|
| <b>Objective: To have workforce that reflects the makeup of the local community</b>   |  |  |   |
| To regularly review recruitment information and numbers of promotions as above. After analysing the workforce profile above, where statistics show that there appears to be under representation in the staff profile of group/band (eg female consultants and scientists) explore the reasons for this and develop action plans to address under representation. | Report prepared on areas where there is under representation with recommendations for action   | <b>HR Project Manager &amp; Head of Medical Staffing</b>                             | <b>March 2008 and ongoing</b>                                 |
| <b>Objective: To gain understanding of the experiences and concerns of male/female and transsexual staff</b>  |  |  |   |
| To consider any gender issues raised from staff survey and take action on the issues.<br><br>To review how the Trust continues to seek representation from its workforce on gender equality.  | Progress is made through planned Staff Survey Staff Forums.<br><br>Processes in place for staff feedback   | <b>Employee Development Manager</b><br><br><b>HR Project Manager</b>                 | <b>March 2008</b><br><br><b>March 2008 and ongoing</b>        |
| <b>Objective: Increase knowledge of the legal provisions in relation to the Gender Equality Duty</b>  |  |  |   |
| Trust Board presentation to the Board to provide an update on all its schemes (gender, race and disability) and the Trust's future strategy on equality and diversity issues.<br><br>To review the Trust's Equality and Diversity training to ensure managers, clinicians and staff have an understanding of the Trust's and their responsibility for equality.   | The Board is fully aware of their responsibilities under the Gender equality duty (and other equality schemes).<br><br>Managers, senior clinicians and staff fully aware of equality and diversity responsibilities. | <b>Director of Organisational Development</b><br><br><b>Assistant Director of HR</b> | <b>September 2007</b><br><br><b>December 2007 and ongoing</b> |

| Action  | Outcome required  | Responsibility/Lead                           | Target date           |
|---|---|---|-----------------------|
| To review the recruitment and selection policy and training (with particular reference to the importance of objectivity and the negative impact of stereotyping).   | R&S Policy reviewed   | <b>Recruitment Manager/HR Project Manager</b> | <b>September 2007</b> |
|   | R&S Training reviewed   | <b>Assistant Director of HR</b>               | <b>September 2007</b> |
| <b>Objective: Assess employment policies and practices to ensure they do not discriminate against transsexuals</b>  |   |   |                       |
| Consult with the Gender Trust and Press for Change for guidance on how to avoid discrimination of transsexuals in our recruitment and employment practices.   | The Trust is aware of best practice and takes action on this.   | <b>HR Project Manager</b>                     | <b>September 2007</b> |
| <b>Objective: To review formal procedures for dealing with harassment of service users and staff</b>  |   |   |                       |
| To review the <i>Dignity at Work Policy</i> and the Trust's <i>Dealing with individuals who are violent or abusive to staff policy and procedure</i> to ensure gender issues are covered in the policies. | Effective procedures in place to protect staff from harassment. | <b>HR Project Manager</b>                     | <b>Sept 2007</b>      |
|   |   |   |                       |

| Action  | Outcome required                    | Responsibility/Lead                              | Target date                |
|---|-------------------------------------|--|----------------------------|
| <b>Governance- Planning and performance</b><br><b>Objective: Produce a GES for the period 2010-13</b> |                                     |  |                            |
| Review progress and performance of the current GES.   | Annual reporting to review progress | CCGC<br>Equality and Diversity groups Staff side | <b>May 2008 and yearly</b> |
| Consult with staff and service users and the public for the priorities for the GES for 2010-13.       | Develop consultation                | Service Equality Lead                            | <b>Dec 2009</b>            |
| Review all the information collected by the Trust and how it will be used                             | Revised 3 year draft GES            | Service Equality Lead                            | <b>Dec 2009</b>            |
|   | New GES in Place                    | Service Equality Lead                            | <b>May 2010</b>            |