

**WHIPPS CROSS UNIVERSITY HOSPITAL
NHS TRUST**

GENDER EQUALITY SCHEME 2010-2012

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Foreword by the Chief Executive and Chair

Our purpose at Whipps Cross University Hospital NHS Trust is **"Putting patients first, treating them with dignity and respect, offering safe, skilled, sensitive care, delivered by conscientious, committed staff, in a clean and pleasant environment."**

We recognise that the patients we care for live in one of the most diverse areas of the country, and that to achieve our purpose we must continually demonstrate a commitment to equality of opportunities and human rights in service delivery and employment practices for all.

This is the third Gender Equality Scheme produced by the Trust, and details how we will monitor access, experience and outcomes for both our service users and our professional staff to demonstrate the Trust's continued commitment towards promoting gender equality. This Scheme demonstrates improvements made since the last scheme, and will focus on areas that we need to address to ensure appropriate actions are taken which support us to meet the diverse needs of all service users and staff.

We recognise the need to involve our staff, healthcare partners and representatives of the communities we serve in Waltham Forest, Redbridge and Epping Forest, so that we can respond to their needs effectively and ensure that every person using the Trust's services, or working for the Trust, feels that they are being treated fairly, have access to the services they need, and are able to develop and maximise their opportunities.

The Gender Equality Duty 2006 recommends involvement of male, female, and transgender individuals at every stage of producing and publishing this document, and we have consulted internally and externally with organisations that advocate on their behalf. The Trust's response towards promoting gender equality is informed by the workforce data, and analysis from the Equalities Monitoring Group.

This Scheme is a live document, and we seek and welcome any views from groups and individuals, to support its development and delivery. The Trust has an Equality and Human Rights Committee, and a Gender Equality Action group with representation from all Directorates, to oversee implementation of the Gender Equality Action plan and to report to the Trust Board in support of our role to monitor progress and ensure delivery.

Discussions are underway, by the Equalities and Human Rights Committee for the Trust to move to introduce a Single Equality Scheme, in response to impending Single Equality Bill. This would promote a more united and robust response in the promotion of equality of opportunity and fair access for staff and service users who belong to the various equality groups, especially those with multiple identities.

Lucy Moore

Chief Executive

Stephen Jacobs

Chair

Equality and Human Rights Committee

Membership of Equality and Human Rights Committee

Chairman of the Trust Board (Chair)
Non- Executive Director (Trust Champion)
Chief Executive
Director of Nursing and Quality (Board Executive Lead)
Director of Operations
Director of Human Resources & Organisational Development
Acting Assistant Director (Nursing)
Deputy Director HR
Head of Patient Experience
Project Manager
Assistant Director Press and Communications
Head of ICT
Chaplain
Diversity Manager – Local Authority (LBWF)
Moving and handling Coordinator
Patient Representative

Gender Equality Action Group

HR
Staff side representative
Equality & Diversity Manager
Male, female and transgender staff
Male, female and transgender service users
Community and Gender Group representatives

1. Introduction

The Sex Discrimination Act (SDA) 1975 was amended by The Equality Act of 2006 and requires all public bodies, which include Whipps Cross University Hospital NHS Trust, to review and produce a new Gender Equality Scheme (GES) every three years. An overview of the SDA and other relevant diversity legislation is incorporated at Appendix X

Meeting the General Duty in relation to Trust Functions, Policies and Service Delivery

The Act places a statutory duty on all public authorities when carrying out their functions, to have due regard to the need to:

- Eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975(SDA) and in relation to employment and vocational training (including further and higher education), eliminate discrimination and harassment against transsexual individuals
- Eliminate discrimination that is unlawful under the Equal Pay Act 1970 (EqPA) and
- To promote equality of opportunity between men and women

The purpose of the legislation is to ensure that our service provision and employment practices are fair, equitable and inclusive, i.e. that a person of any gender can access information and services in a way that meets their needs, and that as an employer, The Trust ensures that no-one will be treated less favourably than another due to their gender.

The duties of the Act apply to the Trust's functions, employment practices and service delivery so that gender becomes an integral part of organisational activities.

Implementation of the Trust's Gender Equality Scheme is therefore seen as an organisational responsibility, led by the Chief Executive and Trust Board, with clear accountability linked to performance indicators and identifiable outcomes. Effective implementation should also ensure synergy between service delivery and employment practices.

This Gender Equality Scheme (GES) is mandatory for all public service organisations, but it is also our opportunity to review and undertake real improvements in access to employment and services for men and women.

The Specific Duty requires the:

- Preparation and publishing of a Gender Equality Scheme
- Impact assessment of existing and new functions and policies, for relevance towards promoting race equality.
- Establishment of arrangements for publishing results of gender equality impact assessments
- Consultation with local groups, communities and individuals, for example relevant support and community groups within the areas of Waltham Forest, Redbridge and Epping Forest served by the Trust

Additional Specific Duties include monitoring the:

- Number of male and female employees and their positions within the organisation
- Applications for employment, training and promotion by gender
- Details of Staff receiving training
- Details of Staff who benefited, or not, as a result of Whipps Cross University Hospital Trust's performance assessment procedures
- Details of Staff involved in disciplinary or grievance procedures
- Details of Staff who cease employment with the Trust.

This Gender Equality Scheme shows how the Trust is meeting its legal duties through the provision of appropriate and culturally sensitive services for all service users, and treats its staff with respect and dignity, ensuring equality of opportunities in all its employment practices.

This document reviews the impact of actions taken by the Trust over the last three years to promote gender equality on services provided for service users, and what the Trust intends to do over the next three years through an action plan. An assessment of wider research including the NHS London "Waltham Forest Joint Strategic Needs Assessment" for 2008/9 has supported the identification of particular challenges in relation to healthcare services which impact on gender equality within the Trust.

The Gender Equality Scheme demonstrates the Trust's commitment to ensure that all individuals and groups are treated fairly and sensitively.

This new Gender Equality Scheme is an integral part of Whipps Cross Hospital NHS Trust overall approach to equality and diversity, as it aims to promote equality of opportunities in both service provision and employment practices, for the following groups:

- Black Asian and Minority Ethnic Communities, including gypsies and travellers, refugees and asylum seekers
- Women and Men
- Religious/Faith Groups
- Disabled People
- Older People
- Children and Young People
- The Lesbian, Gay, Bisexual and Transgender Community
- People with Carer Responsibilities

In addition, all people should be able to work and to access services without the fear of being bullied or harassed or suffering discrimination.

Our focus on healthcare requires us to consider other contributory factors which could impact on service provision:

- Poverty
- Mental Health
- Homelessness
- Involvement in the criminal justice system
- Marital status
- Language or social origin

The Scheme applies to all functions within the Trust:

- Service Provision

- Procurement and purchasing of goods and services
- Business Planning
- Patient and Public Involvement
- Education promotion and publicity
- Recruitment and Retention, Training and Staff Development
- All Stakeholders and Partnerships

2. The Gender Equality Scheme

The Whipps Cross University Hospital NHS Trust Gender Equality Scheme (GES) is a document which contains the specific duties required of the organisation under gender equality legislation, developed into a coherent strategy and action plan to meet local needs.

A GES shows how a statutory organisation plans to meet both its general and specific duties. It is a public document and authorities will be answerable to the public for delivering the programme set out in the scheme's action plan.

This Scheme is a statement of intent, by Whipps Cross University Hospital NHS Trust, based on a benchmark of the Trust's current position and the actions taken on its previous Gender Equality Schemes. It is a living document that will develop in the light of the monitoring and evaluation processes. The Scheme focuses on promoting gender equality and is designed to effect change in the environmental, attitudinal and institutional practices that may impede equality of opportunity for men and women. As part of the Trust's Equal Opportunities Policy the Trust's Gender Equality Scheme is designed to ensure the Trust's practices are fair, equitable and inclusive and support the provision of high quality healthcare to the people of Waltham Forest and the surrounding areas that we are here to serve.

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 services; this can take place in the workplace and as a user of the service. Users can experience unfair and unequal treatment.

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 stands at 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.

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. 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.

This Scheme sets out the philosophy and strategy of Whipps Cross University Hospital NHS Trust to ensure that we treat each and every member of our community and staff with dignity and respect, taking due account of both their needs as a Trust and our abilities and skills as an employer. We are in no doubt that this is a challenge, to ensure we meet these obligations day in, day out, irrespective of circumstances or resources.

This means the Whipps Cross University Hospital (WXUH) will have to take action to identify and address attitudinal, institutional and physical barriers that may disadvantage a particular sex in accessing NHS employment and services. The Trust is now required to build on improvements that have been made through the good work that has been achieved by the Carers Forum and Flexible Working arrangements.

This is a positive duty which builds in gender equality at the beginning of the process rather than make adjustments at the end, in other words equality has to be mainstreamed into all policies, procedures and activities at the outset.

The duty covers all functions and activities, including budget setting, commissioning, procurement and regulatory functions and setting the framework within which the organisation will deliver services.

It should be noted that the Gender equality scheme forms part of our wider commitment to address inequalities and will also incorporate aspects of the other strands of equality - addressing inequalities that may exist for men and women of different ages, forms of disability, religion or belief, ethnicity and sexuality.

In the spirit of providing effective, quality, personalised patient care, we are working towards developing a single equality scheme which will integrate our actions and commitment from our Gender, Race and Disability equality schemes with actions agreed to eradicate inequality by virtue of age, sexual orientation, religion or belief and human rights. It is felt in this way we will be able to look at areas of inequality in a holistic way which services to address issues for all their religious beliefs or any other reason.

The GES will allow for the identification of any gaps in gender equality within the Trust, and develop an action plan which identifies how and when these gaps will be closed. This will include

- Monitoring actions for adverse impact on gender equality
- Consulting with relevant local communities, groups and individuals to identify potential or actual disproportional impact of actions on gender equality, including social cohesion
- Publishing results of consultations and feedback from monitoring
- Ensuring that all staff have access to gender equality training
- Dealing with complaints regarding gender equality issues in a fair and transparent manner
- Developing Equality Impact Assessments (EIAs) which consider the impact on gender equality.

The NHS London “Waltham Forest Joint Strategic Needs Assessment” for 2008/9 identifies particular challenges in relation to healthcare services which impact on the Trust, in relation to a range of areas highly relevant to the GES:

- A substantial growth in need for maternity services, for example a five fold increase over the 2002 – 2007 period for the Polish community
- 2008 saw a 14% increase in sexual crime, allied to a higher than average level of violence against the person, which all potentially lead to accident and emergency needs
- The Borough ranks 7th worst of the 33 London boroughs on consumption of ‘five fruit and vegetables’ a day, with only 27% of local adults eating at least this amount. This is balanced with 96% of schools meeting statutory nutritional standards for school lunches, and a behavioural change identified from interaction with parents and carers.
- The average life expectancy of both men and women is below the national average in around two thirds (male) or over a half (female) of wards in Waltham Forest, with the report stating that five Neighbourhood Management Areas “require additional resources to close the gap in health inequalities and improve health outcomes.”
- Infant mortality is decreasing but is within the worst five London boroughs.
- The prevalence of smoking at 30% is higher than the national average

3. About Whipps Cross University Hospital NHS Trust

Whipps Cross University Hospital NHS Trust is a busy hospital providing care to one of the most diverse and ethnically mixed areas of London. The acute trust provides care to the local population of Waltham Forest, parts of Redbridge and Epping Forest. There are 218,341 residents in the borough of Waltham Forest; of which 106,245 are male and 112,096 female.

We are extremely fortunate to have such rich cultural diversity amongst both our community and the staff we employ to meet their healthcare needs, but also recognise the responsibilities and obligations that this brings.

Trust Values and Principles

‘Putting patients first...treating them with dignity and respect...offering safe, skilled, sensitive care....delivered by conscientious staff...in a clean and pleasant environment’.

Trust Mission Statement 2001

Strategic priorities

- Provision of high quality patient care, including the strengthening of the engagement between primary and secondary care clinicians
- Long term sustainability and value for money, with continued improvement delivering at least a breakeven status and aiming for a better financial position
- Leadership and capability, supported through the Clinical and Senior Management Leadership Development Programme
- Partnerships and engagement for improving service quality and supporting local community enhancement
- Achieving Foundation status, supported by further improvements in service performance and governance
- Recruitment and retention of high calibre professional staff, including the generation of local employer of choice status

Partnership working

The Trust is an independent organisation but aims to work in partnership with a range of other bodies, and to recognise the outputs of key groups and publications such as the content of the NHS London “Waltham Forest Joint Strategic Needs Assessment” document.

Working in partnership with other healthcare bodies and relevant non-healthcare groups across our local catchment area including parts of Redbridge and Epping Forest, we aim to make equality and diversity central to our operations, and to support these groups with their knowledge and awareness for mutual benefit.

We will undertake ongoing reviews of the composition of local communities and their needs, and as the population demographics change we will aim to identify and meet the needs of diverse groups.

Background to the Gender Equality Scheme

The GES has several essential elements that need to be included to comply with the regulations, and to make it work. These are:

- **Involvement:** an account of how the local community have been involved in developing the scheme;
- **Mapping:** an account of what arrangements will be put in place for gathering information about our performance on gender equality;
- **Impact Assessment:** an account of arrangements to be put in place to assess the impact of our organisation's policies and procedures on gender equality and how the results will be used for improvement;
- **Assessing existing policies:** an account of how existing policies and procedures will be assessed for any impact on disability equality within the 3 year period of the GES
- **The Action Plan:** a three year plan of how we intend to promote disability equality and mainstream it into all our functions and policies;
- **Monitoring:** an account of how the effectiveness of the action plan will be monitored and reviewed and will inform subsequent schemes;
- **Engagement:** an account of how the Trust intends to involve and work with internal and external partners to assist in making improvements;
- **Publication:** an account of how and where the results of impact assessment and monitoring reports will be published.

Promotion of the Scheme

The Trust will review the scheme annually and publish results of its monitoring, findings and actions taken to address any details of activities taken to provide equality in service provision and address any inequitable employment practices.

The schemes action plan is an evolving document that will be updated to reflect the views that were expressed through internal and external consultation.

This is a consultation document for consultation with staff and community groups with an interest in gender. The Trust would like to hear from any organisations or individuals who are engaged in any activity that can support the Trust to deliver gender equality for its patients, staff and the local community. Staff will be advised about the Scheme via the Trust's E-mail and through the Trust's magazine. The Scheme will also be available on the Trust's website. Advice of the Scheme's publication will be issued in the local press.

This is the Trust's first Gender Equality Scheme. Its aim is to embed the principles of equal opportunities contained in the Trust's Equal Opportunities Policy for Staff and Patients, and is based on the belief that:

- All people are unique in their individuality but are of equal worth
- All people should be able to access information, services and treatment in a way that meets their individual needs

- All people should be afforded equality of opportunity to maximise their contribution and develop their potential

The Trust will work to:

- Recognise the needs of men and women and respond to these needs
- Assess its performance and audit its activities
- Consult with staff, patients, carers and relatives to identify issues that need to be addressed
- Effect change through education and empowerment

Building on activities already undertaken to promote equality of opportunity, the Trust's Gender Equality Scheme identifies further actions the Trust will take over the next three years to meet the general and specific duties of the Sex Discrimination Act 1975.

4. Service Users

Population

Whipps Cross University Hospital NHS Trust is based at the Whipps Cross University Hospital in Leytonstone. In addition, there are two medical centres; the Forest Medical Centre in Loughton, and the Silverthorn Medical Centre (previously the Chingford Hospital). The Trust also operates two PCT owned centres; the Langthorne Medical Centre in Redbridge, and Wanstead Hospital.

We primarily serve Waltham Forest's 227,000 population but also provide services to some of the population living in Redbridge and Epping Forest.

Our purpose is "Putting patients first, treating them with dignity and respect, offering safe, skilled, sensitive care, delivered by conscientious, committed staff, in a clean and pleasant environment."

We have a statutory duty to collect demographic information about the population that we serve. The Office for National Statistics (ONS) issues sets of experimental population estimates with many variables, two of which are Primary Care Organisation (PCO) – Waltham Forest PCO and Strategic Health Authority (SHA) – London SHA.

These statistics show that as at June 2006 the London SHA had a population of 7,512,400, of which 50.5% was Male and 49.5% Female.

Waltham Forest Borough had a population of 218,341 in 2001, based on the Office for National Statistics, of which 48.7% was Male and 51.3% Female.

5. Equality in Employment

The Trust seeks to ensure equality of access to its services. It also promotes the diversity of its workforce as core strength and as something to celebrate.

Many successful organisations attract and recruit staff from their local area, and generate a range of benefits from this approach.

Research has long shown that good health is linked to access to opportunities and services, economic prosperity and the sense of well-being it brings.

Tackling unequal access to jobs and healthcare are, therefore, part of the same equation.

Workforce data by Gender (October – December 2008)

Staff and Services

As part of its commitment to Equality and Diversity, and to meet statutory requirements, the Trust will publish a workforce (Equalities) report on the Trust's internet site and will include data on the following categories:

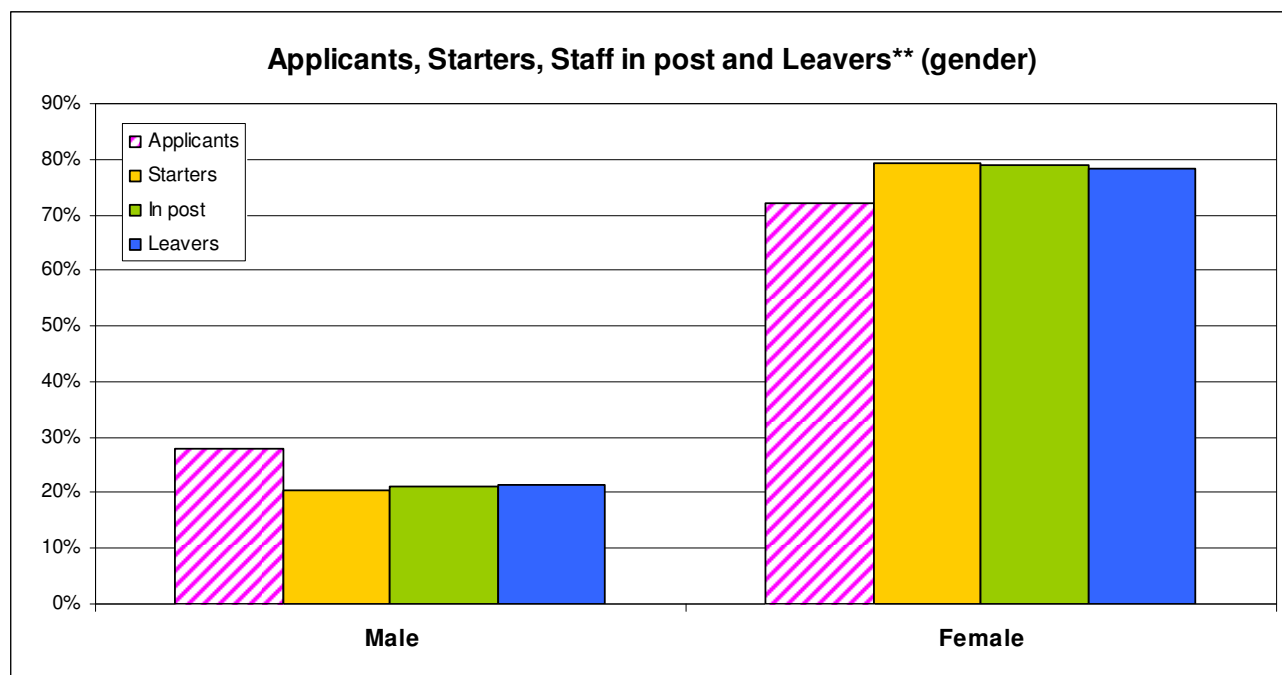
- Staff in Post
- Applicants for Employment
- Starters
- Leavers
- Training and Development

The Trust seeks to ensure equality of access to its services. It also promotes the diversity of its workforce as strength and something to celebrate. Research has long shown that good health is linked to access to opportunities and services, economic prosperity and the sense of well-being it brings. Tackling unequal access to jobs and healthcare are, therefore part of the same equation.

With the recent national pay reform undertaken in the NHS and the introduction of a new pay system (Agenda for Change) within NHS Trusts and other NHS employers, the risk of pay inequalities has been greatly reduced. With the introduction of a universal, systematic job evaluation process, work of equal value receives equal pay

Staff in post, applicants, starters and leavers

The following graph shows proportions by gender amongst applicants, starters, staff in post and leavers:



*excluding training grade doctors

The proportion of male starters is below the proportion of male applications. The proportion of male staff is expected to fall if current patterns of starters and leavers continue.

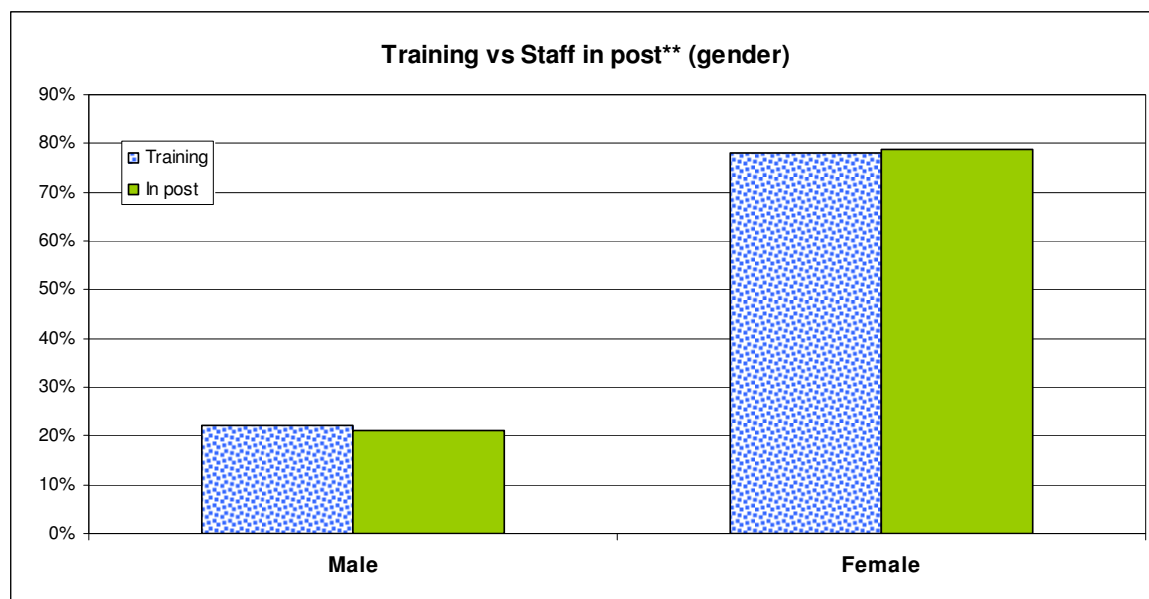
Staff in post (excl Training Doctors)	Mar-08	Jun-08	Sep-08	Dec-08	Inc	% inc	% of total
Male	560	581	570	604	44	7.9%	32.1%
Female	2162	2174	2191	2255	93	4.3%	67.9%
Total	2722	2755	2761	2859	137	5.0%	

Starters	Mar-08	Jun-08	Sep-08	Dec-08	Total	% starters
Male	13	32	33	33	111	21.6%
Female	65	87	123	127	402	78.4%
Total	78	119	156	160	513	

Leavers	Mar-08	Jun-08	Sep-08	Dec-08	Total	% all in post	% type in post
Male	27	24	124	44	219	7.7%	36.3%
Female	78	86	169	160	493	17.2%	21.9%
Total	105	110	293	204	712	24.9%	24.9%

Training

The graphs below show that mandatory training is well distributed amongst Trust staff. Data is in Appendix 5. There appear to be no issues relating to this area.



Promotions, benefits, detriment, disciplinaries and grievances

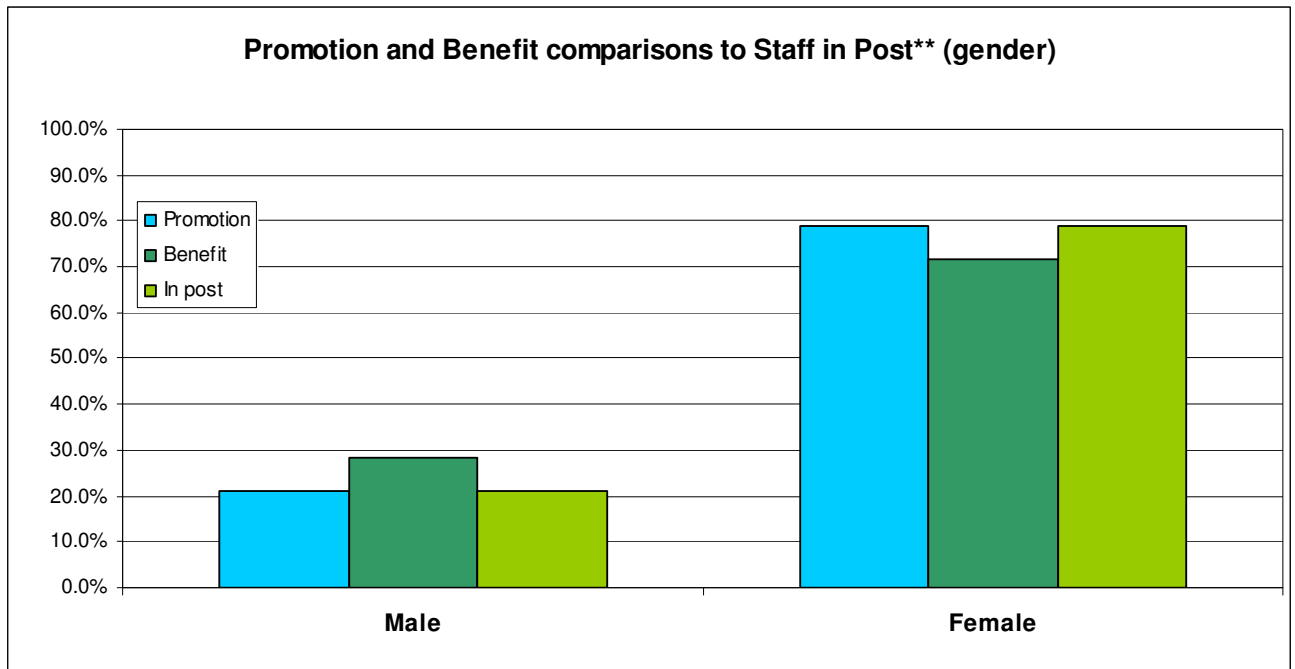
Numbers and proportions of all promotions, benefits, detriments, disciplinaries and grievances are shown in the next set of graphs and are broken down by gender. The graphs show the proportions of these figures compared to staff in post.

Promotions and Staff receiving Benefit as a result of Performance Appraisals

Advancement within the Trust proceeds through staff applying for other positions in which vacancies occur. In the section that follows promotion has been defined as staff who have moved to a post with a higher band within the period (excluding acting-up post). Data is in Appendix 6.

Staff receiving benefit is defined as staff members passing through agenda for change gateways and consultants receiving excellence awards. Data is in Appendix 7.

The graphs below show comparisons of the proportions of promotion and benefit by group compared to staff in post proportions.



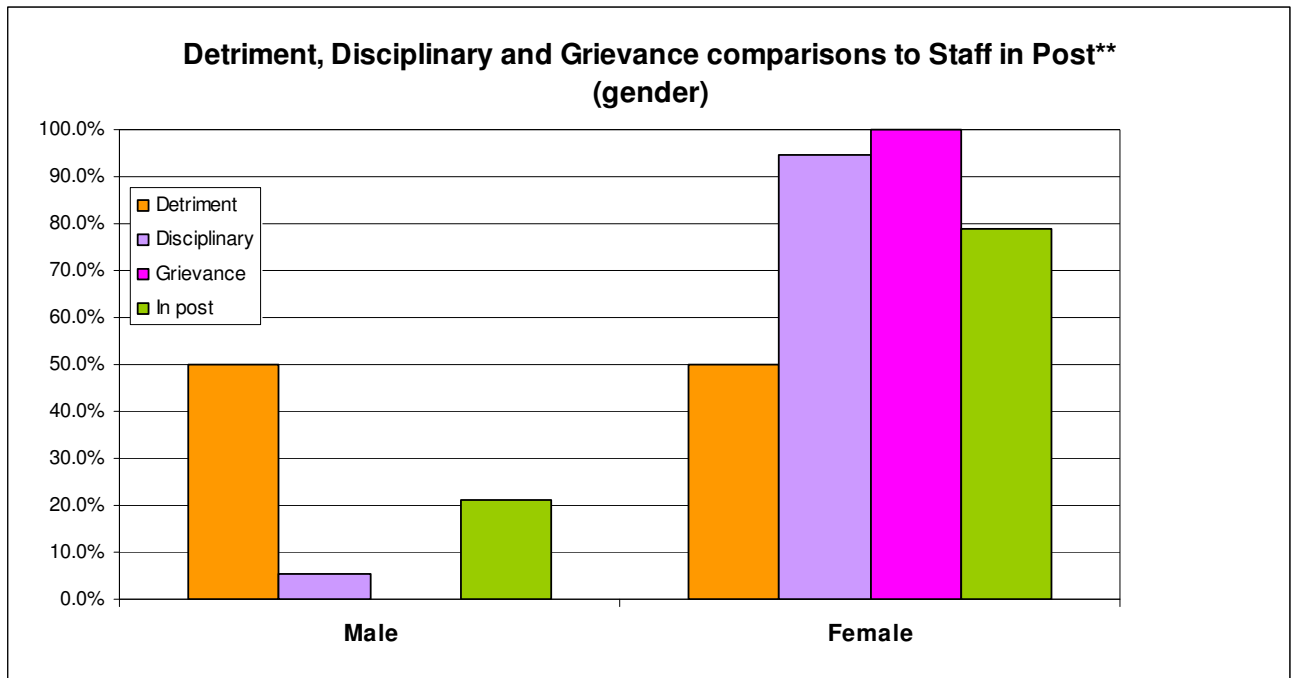
These proportions vary each quarter and no trend is apparent.

Promotions	Mar-08	Jun-08	Sep-08	Dec-08	Total	% type in post
Male	7	8	10	21	46	7.6%
Female	39	28	43	79	189	8.4%
Total	46	36	53	100	235	8.2%

Benefit	Mar-08	Jun-08	Sep-08	Dec-08	Total	% type in post
Male	48	48	44	62	202	33.4%
Female	235	132	153	156	676	30.0%
Total	283	180	197	218	878	30.7%

Staff suffering Detriment as a result of Performance Appraisal

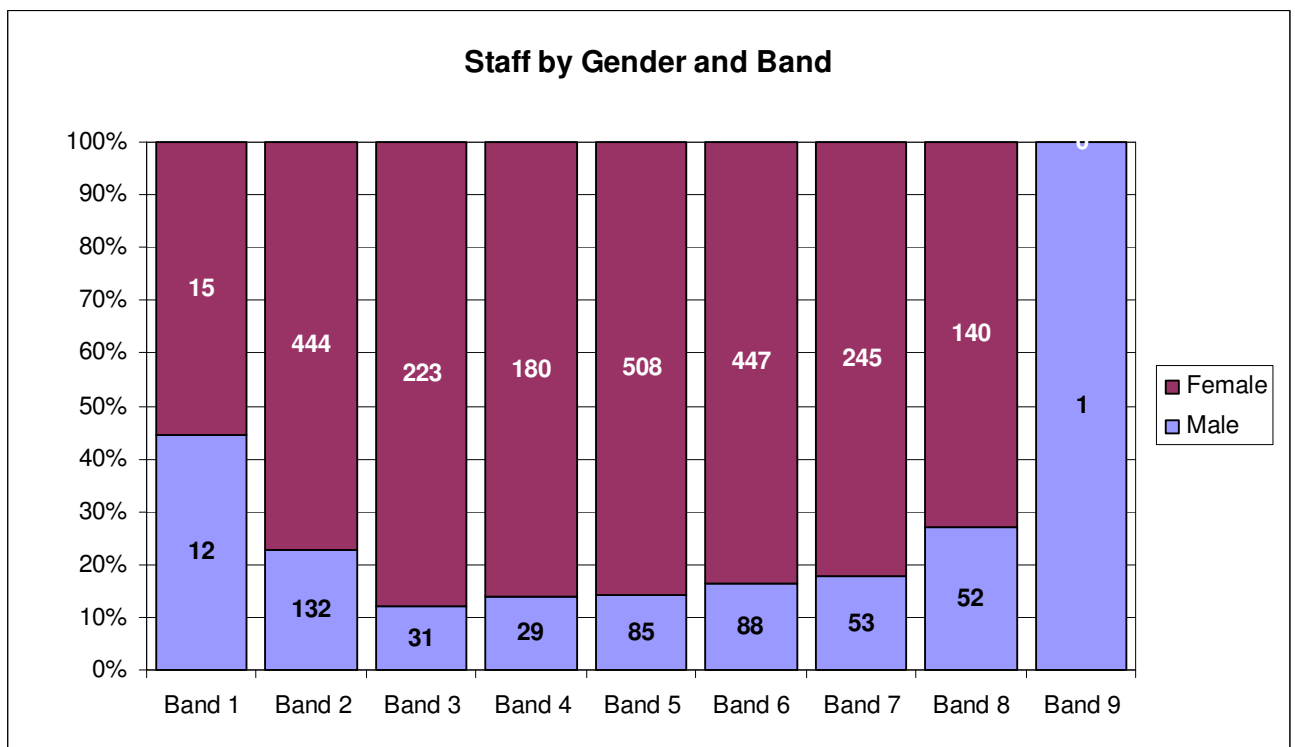
Staff who either fail to pass through and Agenda for Change gateway, consultants on the new contract who have incremental progression withheld, and staff who are downgraded or dismissed due to capability are included within this category. Data on disciplinarys and grievance is given in Appendix 8. Two staff members were deemed to have suffered detriment from performance appraisal during this period, having been dismissed on grounds of capability. Both were white, one male and both were over 55. The graphs below show comparisons of the proportions of detriment, disciplinary and grievance by group compared to staff in post proportions.



Numbers of disciplinaries and grievances were low and remain volatile.

Staff in post by band

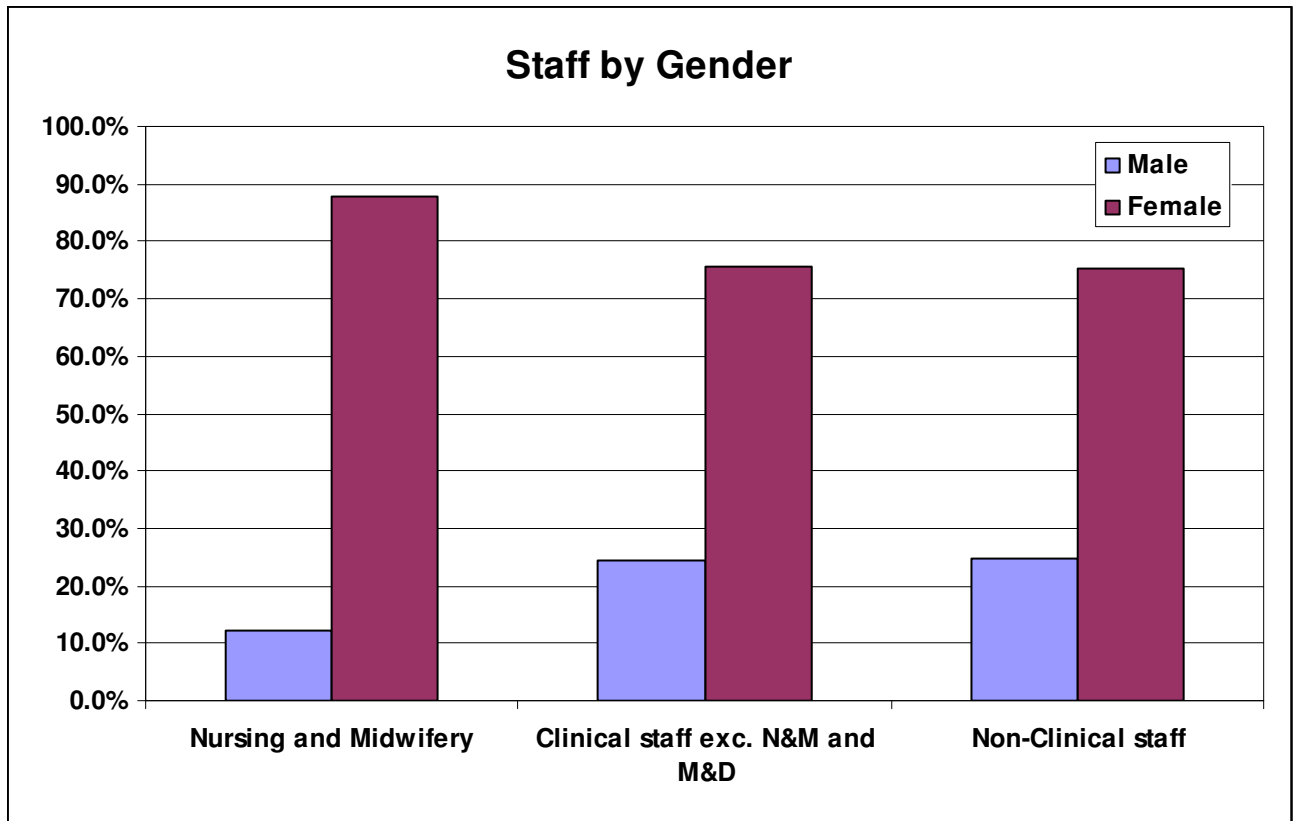
The following graphs show staff numbers by band. Data is in Appendix 9.



Proportions of male staff are highest in the lowest and highest bands, in band 9 there is only one member of staff.

Nursing Staff, Other Clinical Staff and Non-Clinical Staff

Data for these groups is provided in Appendix 10.

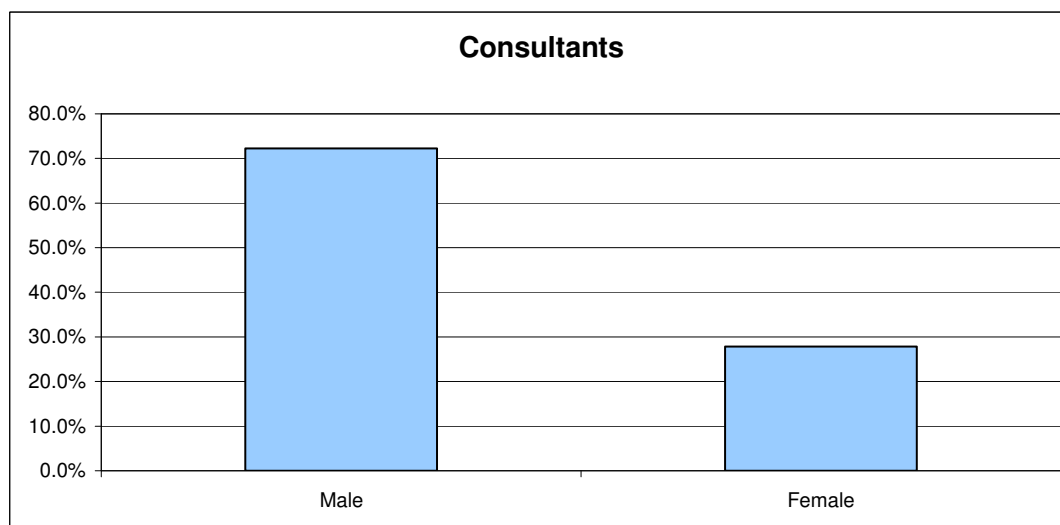


Female staff make up 87.7% of Nursing and Midwifery staff. By comparison other staff groups are around 75% female.

Consultants

The figures and graphs below show staff in post numbers for Consultants.

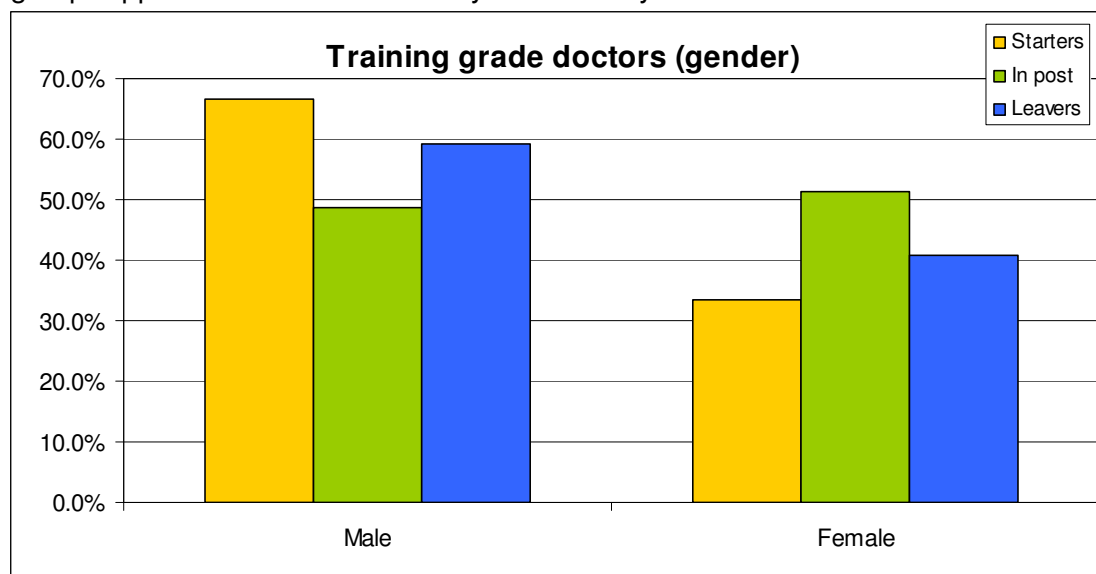
Consultants		
Gender	number	%
Male	96	72.2%
Female	37	27.8%
	133	



There are more male consultants than female ones, but the proportion of male consultants is dropping by around 1% per year.

Training grade doctors

Figures for training grade doctors are included in the relevant categories in appendices 1-4. The graphs below show the proportions of starters, staff in post and leavers amongst this group of staff. The Trust does not control staff numbers in this group. Applications are controlled by the Deanery.



There are no significant trends for gender.

Data - Staff in post

Training grade doctors and staff excluding these doctors are shown in separate columns.

Staff in post at 31 December

Staff in Post	All staff		Doctors in Training Grades		All others	
	Number	%	number	%	number	%
Male	734	23.5%	130	48.7%	604	21.1%
Female	2392	76.5%	137	51.3%	2255	78.9%
	3126		267		2859	

“Doctors in training grades” include only those on training grade pay scales or roles.

Data – Applicants for Employment

All people applying for jobs through the NHS Jobs website. All non-medical and non training-grade vacancies are now advertised and applications logged through NHS jobs.

Applicants	All staff	
Gender	Number	%
Male	789	27.9%
Female	2040	72.1%
	2829	

Data – Training and development

Numbers of staff who have been in receipt of mandatory training are shown in the next set of tables and are broken down into racial group, gender, age group and disability. The graphs show the proportions of these figures compared to staff in post. Figures for discretionary training are not available.

Training	All staff	
Gender	Number	%

Male	439	22.1%
Female	1549	77.9%
	1988	

Data – Disciplinarys and Grievances

Staff members subject to disciplinarys or bringing grievances at any time during 2008 are included within this category.

Disciplinarys	Mar-08	Jun-08	Sep-08	Dec-08	Total	% type in post
Male	3	2	3	1	9	1.5%
Female	6	6	9	17	38	1.7%
Total	9	8	12	18	47	1.6%

Grievances	Mar-08	Jun-08	Sep-08	Dec-08	Total	% type in post
Male	1	0	1	0	2	0.3%
Female	5	9	9	7	30	1.3%
Total	6	9	10	7	32	1.1%

Data – All staff in post by band

The following tables show data relating to staff in post by band and equalities. They are followed by a set of graphs showing numbers in a graphical format. Medical staff do not come under agenda for change bandings and are included in the section following.

Gender	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9
Male	12	132	31	29	85	88	53	52	1
Female	15	444	223	180	508	447	245	140	0
	27	576	254	209	593	535	298	192	1

Data – Staff in post for Nursing, other clinical and non-clinical staff

Staff in Post	Nursing and Midwifery staff		Clinical staff exc. M&D and N&M staff		Non-Clinical Staff	
	Number	%	number	%	number	%
Male	182	12.3%	118	24.3%	180	24.6%
Female	1292	87.7%	367	75.7%	552	75.4%
	1474		485		732	

6. Involvement and Consultation Supporting Scheme Development

The process has been extensive involving groups listed in Appendix 4 as well as staff side and organisational involvement.

The schemes were sent out with feedback forms requesting opinions and views both qualitative & quantitative. Elements included whether the Action Plans in the Schemes went far enough, addressed the key areas in depth as well as the benefits to the organisation.

7. Equality Impact Assessments

An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing the effects that a function, policy or practice (current or new) could have on a groups of individuals in respect to specific equality categories, that is, race, disability, gender, religion or belief, sexuality and gender identity and age.

For The Trust, the main purpose of conducting an EIA is to pre-empt the possibility that any of our functions, policies or practices could affect some groups unfavourably and to consider alternative ways of achieving the same results that either cause none or less adverse impacts. It is also a key mechanism by which we can ensure that we meet our priority objective of moving from agenda setting for equality and diversity to focusing on results and outcomes. An EIA also seeks to identify impacts in terms of promoting good community relations, for example, impacts that affect relations between groups and those that may affect relations between the Trust and different community groups.

The Trust has established a process whereby all clinical and non clinical policies for approval need to be submitted with a fully completed Equality Impact Assessment. However, the Trust acknowledges that improvements can be made with the current system and the process is currently under review (See Action Plan).

Consultation as part of impact assessments

Consultation is an increasingly integral part of our policy development in key areas, and we are committed to publishing the results of assessments, consultations and monitoring as this will increase transparency, allow us to demonstrate our commitment and enable stakeholders to monitor our performance.

We will ensure that this information will be made available in a range of accessible formats on request. The extent of our consultation and involvement will be matched to the degree of impact and level of proposed policy changes and the range of groups that may be affected.

Our process of consultation will be characterised by flexibility and responsiveness within a broad process of communication and building relations with the public and affected groups. In this we will ensure that we engage with a range of different groups within communities in order to avoid consulting solely with community leaders

8. Arrangements for ensuring public access to information and services

We are aware that members of the public may experience barriers to accessing information and services, and currently have arrangements in place to enable us to identify the information needs, service needs and service experiences.

These include but are not limited to:

- Face to face, telephone, correspondence and Internet contact
- Complaints monitoring
- Outreach work with community groups
- Community engagement, consultation and research with public, voluntary and community organisations and forums to identify service experience/satisfaction

Where barriers in accessing information and services are identified, we will take necessary action to review and remove these which will include reviewing the mechanisms by which we provide information/services and where appropriate providing new/different means of information service provision. In doing this we will consult with communities to identify their particular needs for accessing information and services and tailor our information and services taking account of identified needs.

This and other documents are made available on request in large print, Braille, audio tape and other formats, including translation into core community languages. Those available include

- Albanian
- Bengali
- British Sign Language
- Czech
- Farsi
- French
- Gujarati
- Hindi
- Polish
- Punjabi
- Somali
- Tamil
- Turkish
- Urdu
- Vietnamese
- Yoruba

9. Procurement

The procurement function has been assessed as relevant to the public duties to promote equality. The aim is to ensure that from the initial planning stage issues relating to how the goods, works or services to be procured should be related to the Race Relations (Amendment) Act 2000 (RRAA) and Disability Discrimination Act (DDA) and the Gender Equality Duty provisions are considered.

The Trust draws up a tender list each year which is regularly reviewed and updated. This list helps procurement staff identify where equality issues (race, disability, ethnicity, gender, age, religion or belief, sexuality) may need to be integrated into the process. Equality and Diversity considerations would carry a high rating in the evaluation of any tender, given the importance of equality and diversity to the Trust.

A five-point summary of the main steps the Trust takes is set out below:

- Promotion of consistency in the approach to equality at each stage of the procurement process, including contract monitoring
- Considering all potential equality elements of a contract
- Consulting users on their requirements for particular services
- Ensuring that there is a level playing field for all potential contractors regardless of size, ethnicity, disability or gender of ownership
- Factoring equality into all service reviews and option analysis

10. Progress against the 2007-2010 Gender Equality Scheme

Although the Trust had made some progress in ensuring services are accessible and acceptable for the needs of its staff and service users, it acknowledges that there is need for further improvement to meet the growing and diverse needs. The General and Specific duties remain pertinent to the Trust's GES 2007-2010.

Appendix 1 following highlights the progress made against the 2007-2010 Gender Equality Scheme. A stringent audit process means that where there are shortfalls in meeting targets, these are reflected in Appendix 2 where named post holders are required to ensure compliance by due dates.

There are many pockets of good practice in service delivery and employment but gathering this data is difficult. There needs to be more governance imposed within this scheme to result in a more accurate table of achievements as well as providing audit.

Appendix 1

Review of the Gender Equality Scheme 2007-2010 Action Plan

Key Result Areas (Objectives)	Actions	Lead Person	By When	Progress made / Comments
Publish the Trust's Gender Equality Scheme	On internet and Cross net	GC	Sept 2009	To be published after ratification by Equalities and Human Rights Committee.
Establish a Gender Equality Steering Group	Group in place and meeting bi-monthly	GC	Nov/Dec 2008	On going
Gender Equality Scheme circulated to staff for consultation	Via payroll and Notice boards, Trust Magazine	GC	31 Oct 09	
Gender Equality considerations to be included in all Trust activities	Will be addressed during appraisals, KSF and performance reviews	Managers	On going	On going
Gender Service Provision Actions				
Impact assess all policies and activities for gender implications, including Respect, Privacy and Dignity policy.	All managers developing policies now do this as standard practice as evidenced during audits.	Managers	Ongoing	Ongoing
Collate, publish and analyse data on profile of Trust's service users by gender, with a view to identify any gaps, issues and actions.	Equalities monitoring group meets bi-monthly to analyse information provided by various Trust departments	Equalities Monitoring Group	On going	The Equalities monitoring group oversees this

Gender Employment Actions				
Include gender Equality considerations on the Trust's mandatory training and refresher courses	This now happens with respect to all staff on band 4 and below and non-clinical staff.	GC/HR	On going	Monthly sessions are held for new beginners
Review and analyse workforce data by gender to identify gaps	HR department regularly provides information to the Bi-monthly Equalities monitoring group meeting.	HR	Ongoing	Achieved
EIA all HR policies for gender implications.	All managers developing HR policies now do this as standard practice.	GC/ HR	Ongoing	Achieved
Conduct equal pay audit to ensure that there is no pay inequities between men and women doing similar work or work of equal value.	This needs to be done	SA JS		

Appendix 2

Gender Equality Scheme Action Plan 2010-2012

Priorities

- Conduct Equal Pay Audit identify gaps
- Develop Single Equality Scheme
- Complete Equality Impact Assessments on all existing and new policies, procedures and processes
- Review status of Management of single sex wards
- Review support provision for Transgender service users and staff
- Increase numbers of men accessing healthcare
- Analysis of 'return to work' staff statistics post maternity leave
- Address gender equality in senior grades
- Review exit and turnover data to identify 'hotspots' and assess any gender or other equality impacts to support remedial action
- Assess any chaperone requirements and gender balance of nursing staff to support same sex care demands where service user has cultural or other requirements
- The provision of general health checks, e.g. attendance for ante-natal classes

Key objective	Action to be taken	Expected Outcome	Lead	Timescales	Comments
Leadership and Management					
Awareness and Behaviour The Board collectively & individually, challenges gender discrimination when identified as well as promoting equality as part of the main business of the	Raising awareness through equality training for all staff, including managers. Inappropriate behaviour and attitudes amongst/between patients, and/or amongst staff/between staff to be	Zero tolerance for unlawful gender discrimination against patients or staff	EHRC Directors HR	March 2010 and ongoing	The Trust has a statutory duty as stipulated in the Sex Discrimination Act 1975

organisation.	<p>challenged</p> <p>Top down commitment for gender equality initiatives.</p> <p>The Trust incorporates Diversity into the corporate planning process.</p> <p>Board members to become equality champions on gender as well as other key strands of diversity</p>	<p>Commitment and support for gender equality initiatives at all levels</p> <p>Link Director appraisals to Trust diversity objectives</p>			
Conduct equal pay audit	Need to ensure that there is no pay inequities between men and women doing similar work or work of equal value		HR		Media and financial risk if not undertaken or gaps outstanding
Incident Management	All gender related incidents to be investigated and appropriate action taken against perpetrators, and support offered to victims	Clear channels of reported as well as feedback to all involved			
Equality Impact Assessments	Control and review equality impact assessments of existing and proposed policies, procedures and processes to ensure that they do not have an adverse impact on any group Agree all directorate EIA structures supported by training and up skilling for key managers	Increase in numbers of policies, strategies & services impact assessed in every directorate.	Directors		Several Trusts nationwide have been challenged by various parties including the Press. Needs to be addressed as a matter of urgency.
Single Equality Scheme	Develop SES with data from all current schemes and incorporate all diversity strands				

Actions referred to in this plan should be monitored by the Trust's Gender Action Group/ EHRC quarterly and reported in the Trust's Annual Report	Actions referred to in this plan should be monitored by the Trust's Gender Action Group/ EHRC quarterly and reported in the Trust's Annual Report				
Service Users					
Community consultation and participation	Consulting regularly with male, female and wherever possible transgender inpatients and Advocacy organisations, such as The Beaumont Society, and other local support groups and individual stakeholders across all operating areas PPI is linked to organisational diversity strategies and specific to gender equality	Positive feedback from service users	GC Gender Equality Action group Public consultation and consideration of public/ patient forum	March 2010 and ongoing	This should be part of the day-to day work in each Directorate and across the Trust
Removing barriers to understanding and awareness	Use of interpreting and translating services for patients for whom English is a barrier, or are not able to read information in English, e.g. increasing number of maternity service users Increase participation of men in service usage	Staff will be able to communicate efficiently and sensitively with service users			
Access and participation in service provision	Review systems that support services giving assurance to stakeholders about the gender specific need for confidentiality & respect. Develop outreach services to support the needs of women from groups where culture dictates				

	subservience to males				
Single sex wards	Review current provision and develop process to ensure availability of single sex wards				
Local ownership	Nursing & Midwifery managers to create ward/ service action plans				
Chaperone needs	Develop process to allow service users same sex chaperones where appropriate. Actively seek to recruit to balance the gender ration amongst nursing staff				
Fair and equitable employment					
Achieving our duties as a fair employer for all people	Ensuring that the management treat all staff fairly. Establish a single system Trust wide for reporting and collecting data broken down into recruitment, training.	Staff who feel valued and motivated	EHRC Human Resources Directors	Evaluate in the next six months	Exit interviews should take place on all staff leaving the Trust
	Recruitment drives should target under-represented groups	Representation of male, female and transgender staff at all levels in the organisations, in particular at senior management level			
	Raise awareness of career opportunities in partnership with appropriate groups including schools and colleges, and support for recruitment initiatives by local community groups				
Female / Male staff in senior positions	Set targets for under-represented				

	groups to attend senior management courses so they can get the necessary knowledge and skills to apply and benefit from career progression and eventually be appointed into senior management positions.				
	Enhanced mentoring programme to support staff from under-represented groups with career aspirations				
Return to work following maternity leave	Analyse return to work data and develop processes to overcome any issues identified				
Sharing "positive" gender equality promotion practices amongst and between staff across the Trust	Regular updates on success stories on gender equality initiatives at team meetings and in the Trust's magazine Distribution of case study material to relevant community media to raise awareness of Trust commitment to gender equality	Positive feedback from service users	GC Gender Equality Action group	Monthly Bi-monthly Quarterly Ongoing	This should be standard practice which highlights the race equality agenda
The Trust promotes and highlights the gender equality agenda through specially targeted projects and initiatives	Gender Awareness Events. Develop policy for support mechanisms for transgender staff and service users	Support for such activities from management	GC Gender Equality Action group	Annually	Such events would demonstrate commitment to the gender equality agenda
Implement a Gender Support Group	An article in the Trust magazine promoting the forming of this support group, which would be similar to one for disabled staff, Lesbian Gay Bisexual and Transsexual/ Transgender staff	Staff belonging to equality groups would be much happier because they have a space to share experiences and	EHRC Human Resources GC	March 2010	The Trust has a legal obligation to promote such support groups.

	Management should endorse such groups and raise awareness amongst staff, ensuring those interested are not victimised	give each other support			
Procurement					
Equitable procurement of goods and services, to include female service providers in the community	Ensure female service providers are made aware of the Trusts procurement processes and procedures.	Achieving a non discriminatory procurement process.	GC Gender Equality Action group	March 2010	The Trust should consult with groups on their needs in accessing all the services that are provided.

Appendix 3

Gender Equality Duty 2006

Flexible working for carers - the law explained (12th June 2009)

- * A total of around 2.65 million carers are entitled to request flexible working.
- * The Work and Families Act 2006 gave carers the right to request flexible working and the act came into force in April 2007. The law provides employees with the right to request a flexible working pattern if they:
 - * care, or expect to be caring, for an adult who is a spouse, partner, civil partner or relative; or who although not related to them, lives at the same address

The right to request flexible working was introduced in 2003 for parents of children aged six and under, and parents of disabled children aged up to 18. The right to request flexible working was extended to parents of children aged 16 and under in April 2009.

- * Under the law employers must seriously consider all applications made, and only reject it if there is a good business reasons for doing so.
- * This does not give employees the right to work flexibly - just the right to ask.
- * Flexible working is any working pattern that is adapted for the benefit of the individual and that also suits their employer. Examples include: part-time, flexi-time, compressed hours, staggered hours, job sharing, and working from home.

A step by step guide on how to request flexible working:

- * Write a letter or fill in an application form. Your employer may provide you with one or you can get one from <http://www.direct.gov.uk>
- * Your employer should arrange a meeting with you within 28 days to discuss your application
- * Within 14 days you should receive your employer's decision in writing
- * If your request is accepted you will need to meet with your employer to agree your new working pattern
- * If your request is rejected you may appeal in writing



Appendix 4

Waltham Forest, Redbridge and Epping Forest Community Groups (as at 06.01.10)

Age Concern Waltham Forest
ALERT
Arthritis Care Woodford Branch
Bengali International
Cancer You Are Not Alone (CYANA)
Cann Hall Area Residents Association (CHARA).
Cardiac Support Group, WXUHT (affiliated to the BHF)
Church of St.Peter-in-the-Forest
Community Development
Diabetes UK (Waltham Forest Branch)
Equalities National Council
Faith Communities Forum
Gurdwara Sikh Sangat London East
Hamara Family Project
Integrated Asian Women & Youth Group Waltham Forest
E11 Bid Company
Methodist Church
Muslim Women's Welfare Association
NASS (National Ankylosing Spondylitis Society) Wanstead Branch and
ARMA (Arthritis and Musculoskeletal Alliance) WF Branch
Psychiatric System Survivors Together
Refugee Advice Centre
Redbridge Carers Support Service
Sikh Community Care Project
The African & Afro Caribbean Support
Network (AACSN)
The Lung Club (TLC)
The Qalb Centre
Voluntary Action Waltham Forest
Waltham Forest Blind Association
Waltham Forest Carers Association
Waltham Forest Hebrew Congregation
Waltham Forest Islamic Association
Waltham Forest UI Islam Trust
Waltham Forest Race Equality Council
Waltham Forest Sickle Cell Action and Support Group
Waltham Forest Somali Welfare & Cultural Association

