

**Gender Equality Scheme (GES)**

**Gender Equality Duty (GED)**

**2007 - 2010**

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## **FOREWORD**

### **EQUALITY & DIVERSITY STRATEGY CHAIRMAN**

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The Royal Brompton and Harefield NHS Trust is committed to delivering an equality of opportunity for all staff and service users. The Gender Equality Duty (GED) is a significant addition to the already published Race Equality Scheme (RES) and Disability Equality Scheme (DES). In order to achieve a maximum outcome from all of our diversity and equality strategies the three equality duties should form part of our proposed Single Equality Scheme due to be published early next year.

The Trust is proud to have been selected to participate in the Department of Health's Single Equalities Scheme Learning Site Project, in partnership with Papworth Hospital and Liverpool Women's Trust and other health care providers nationally. In looking ahead towards further legislative changes on religion and belief, sexual orientation and continuing work on race, disability and now gender, the Trust is currently developing a Single Equality Scheme (SES). When developing and implementing the race and disability equality schemes the Trust has learned and built in a knowledge base to carry out equality impact assessments. It has also made the necessary organisational and structural arrangements and cultural shift in integrating equality and diversity in its every day practice.

The focus in the Gender Equality Scheme is to promote and achieve an equality of opportunity for men and women by systematically identifying and eliminating sex discrimination, better understanding of the health needs of both men and women, and improve on gender specific health and workforce information. The publication of this and the previous equality schemes marks the beginning of the process of embedding all aspects of equality legislations into the strategic priorities of the Trust in its transition to foundation status. Equality and diversity is central to its planning and decision making process of service delivery, employment and workforce development.

In the field of heart and lung health care, we are all too aware of the health inequalities that exist amongst different ethnic minorities, people with disabilities and other vulnerable members of our communities. Far too often, people from these communities with heart and lung diseases appear late at the specialist services like ours. The Trust on its own can not achieve much in tackling the health inequalities but we can work with our Primary Care Trust and NHS Trust partners. This scheme and other equality schemes will give us the opportunity to build a strong working relationship based on the common theme of tackling health inequalities and promote an equality of opportunity.

Promoting and achieving equality and equity of care is not just a legal requirement it is also an important aspect of delivering a good quality of care to our patients. We cannot claim to provide a quality service unless it is an equal service.

Based on this core principle The Trust will continue the direction of travel towards valuing diversity and achieving equality. There is still much to be done to ensure that the Trust:

- Continues to meet everybody's health needs
- Provide men, women and transgender people equal access to services, jobs, training opportunities and career progression
- Commissions and delivers in partnership with statutory and voluntary organisations including gender and transgender groups

This GES is an important element of our commitment to deliver diversity in specialist care. It is a living document and, as such, the views of interested groups and individuals will influence its development over time. Please send your views and comments to:

Patrick Mitchell  
Chairman, Equality and Diversity Strategy Board  
Executive Director of Operations  
Royal Brompton and Harefield NHS Trust  
Sydney Street  
London SW3 6NP

## 1. Introduction

The Trust has decided to take the overall equality scheme approach to produce one set of planning documentation (Single Equality Scheme and action plan) which covers the three duties. It will, however, ensure that it clearly meets the requirements of the gender equality duty by publishing this Gender Equality Scheme and Action Plan 2007 – 2010.

The Trust is committed to implementing the Gender Equality Scheme as set out in the Action Plan, prioritising the work required by the gender equality duty to comply with the Equality Act 2006 and promote an equality of opportunity for men and women across the Trust.

## 2. Background – the legal context

The Sex Discrimination Act (SDA) 1975 has been amended by The Equality Act of 2006, and was extended to cover all public functions. This Act places a statutory duty on the Trust when carrying its functions, to have due regard for the need to:

- *Eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975(SDA) and discrimination that is unlawful under the Equal Pay Act 1970 (EqPA) and*
- *To promote an equality of opportunity between men and women.*

The Gender Equality Duty (GED) has been introduced by the Government in recognition of the fact that women and men have different *needs* in relation to many public service areas, and that in both the workplace and as service users they can experience unfair and unequal outcomes.<sup>1</sup>

This “general duty” came into effect on 6<sup>th</sup> April 2007.

## 3. About the Trust

Royal Brompton and Harefield NHS Hospital Trust is the largest specialist heart and lung centre in the UK and among the largest in Europe. We work from two sites, with around 250 beds at Royal Brompton Hospital in Chelsea West London and 150 beds at Harefield Hospital near Uxbridge.

Over 18,000 patients are treated each year. Just over 2,500 people work at the Trust, with 1650 based at Royal Brompton and 850 at Harefield.

Our aim is to be a leading international and national centre for treating heart and lung disease, developing services through research and clinical practice to improve the health of people across the world.

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<sup>1</sup> DH Guideline on Gender Equality Scheme

To achieve this aim, the Trust will:

- Provide specialist and sub-specialist expertise and clinical care for our patients
- Undertake pioneering and world-class research into heart and lung disease in order to develop new forms of treatment which can be applied across the NHS and beyond
- Recruit, train and develop tomorrow's international clinical leaders and experts
- Develop and continuously improve responsive service models in partnership with our patients, carers, partner organisations and the public
- Generate surpluses to invest in new technologies and services

#### **4. Gender Equality Scheme (GES)**

The gender equality duty is *similar* to the existing duties on race and disability equalities and all three have the same spirit and intention behind them, requiring public authorities to take action to tackle discrimination, to prevent harassment, and to ensure that their work promotes an equality of opportunity in its policy, service provisions and employment.

The general duty applies to all functions of the Trust, as service providers, policy makers and employers, and to any services and functions which are contracted out. The general duty will also apply to charities, voluntary and private sector organisations which are carrying out public functions on behalf of the Trust.

The Trust is also subject to specific duties. The specific duties set out a framework to assist the Trust in planning, delivering and evaluating its activities to meet the general duty and to report on those activities.

#### **The three key components require the Trust to:**

- Draw up and publish a scheme identifying specific gender equality goals and showing how it will implement them;
- Develop and publish an equal pay policy statement; and
- Conduct gender impact assessments to provide an understanding of the impact that new policies and services may have on women and men and allow any negative effects to be mitigated as required by the GED.

#### **In preparing the scheme the Trust:**

- Consulted employees, service users and other stakeholders (including trade unions, Equality and Diversity Staff Forums, community forums )

- Assessed the impact of its policies and practices on gender equality in the workplace and in the delivery of its services
- Is gathering information on how our policies and functions affect women and men
- Will identify priorities and set gender equality objectives
- Plans and takes action to achieve those objectives
- Publish a gender equality scheme within the SES and review it's progress on an ongoing basis but more formally every three years
- Report on progress to the Trust Board annually as part of the Single Equality Scheme

## **5. Gathering and using information on the gender profile of staff and service users**

The Trust will not be able to assess where it stands on gender equality unless it sets up a system to produce robust data on the gender profile of service users and employees.

Through this scheme it will also need to demonstrate that it uses this information to promote gender equality in its workforce planning and development.

It is also vitally important that the Trust considers the different needs of women and men when developing policies and delivering services to the public. Gender is a major factor in healthcare because of the many differences in susceptibility to different conditions between men and women, and because of the different ways in which men and women access health services.

The analysis of available data is necessary to discover who is using the service, and the levels of satisfaction of different services by men and women. Information may also highlight the fact that, for instance, disabled women, or men from a particular ethnic group, are dissatisfied with a particular aspect of a service, or do not use it. In this case, the Trust would need to analyse the reasons for this, and take steps to remedy the situation.

### **5.1 Staff gender profile**

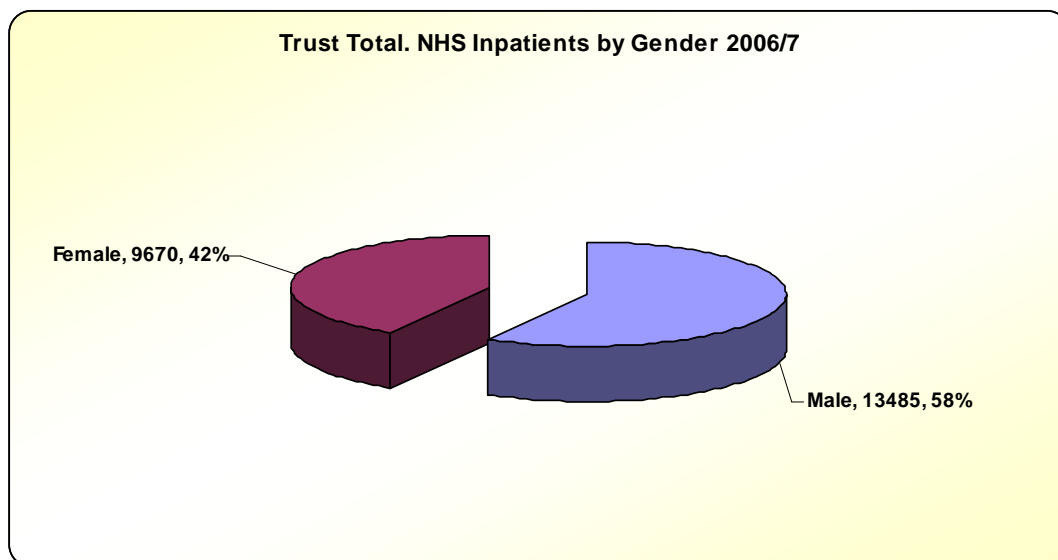
Through the Electronic Staff Record system the Trust will have to produce gendered analysis of work force information and improving data collection in this area are essential for making sure the gender equality duty fulfils its potential.

An analysis based on our current staff profile shows that:

- Women comprise 73% of Harefield and 68% of Brompton employees and are well represented at all levels throughout the Trust. (in England and Wales 79% of the total health and social care workers are women) <sup>2</sup>
- 77% of the Senior Medical Grades are male. Over 80% of employees at Bands 4-6 are females.(63% of Medical Practitioners in England &Wales are men)
- More women (82% of total attendance) attended training courses over the last three quarters (April 2006 - January 2007).
- Over 80% of all job vacancies between April 2006 and January 2007 were filled by female applicants.
- 88% of all part-time staff are women.(78% of all part-time workers in Britain are women)
- 59% of staff who resigned and left their posts last year were women
- In the March 2006 - February 2007 reporting period 55% of the total bullying and harassment, disciplinary, capability and employment tribunal cases reported have involved women.

## 5.2 Service users' gender profile

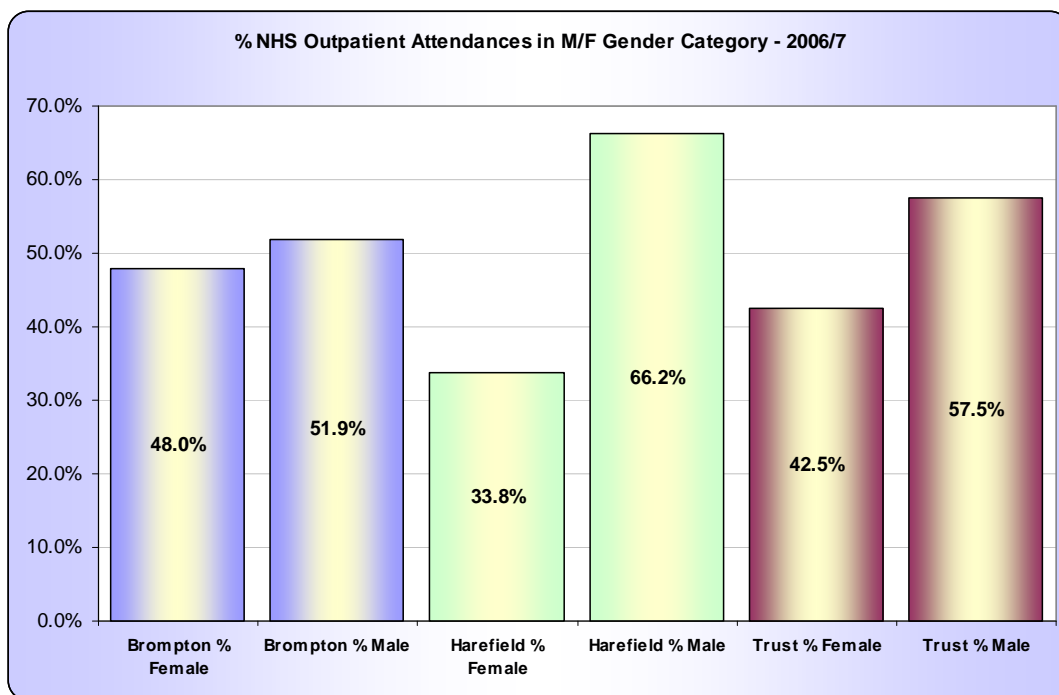
In 2006/07 a total of 23,155 in patients were treated at both sites, out of which 9,670 (42%) were women and 13,155 (58 %) were men. Over 87,000 outpatient attendance with exactly same proportion of men (58%) and women (42%).



<sup>2</sup> [Source: ONS \(2005\) Labour Force Survey Spring 2005 Dataset](#)



As shown in the chart below there are more men (62%) out patient attendances in Harefield than in Brompton (52%).



## 6. Gender Equality Objectives

The purpose of the Gender Equality Scheme is to ensure that:

- The Trust complies with the gender equality duty to eliminate unlawful discrimination, harassment and bullying on gender or transgender grounds in employment practices and service delivery.
- The Trust carries out full impact assessments of policies and procedures with high impact on gender equality and to address all service issues identified through this process.
- Both women and men access high quality service, and where appropriate develop gender sensitive preventive and curative treatment at the earliest point possible.
- Tackling gender inequality is part of the overall strategy to promote an equality of opportunity in employment, improve service delivery and health outcomes
- All staff are aware of the gender equality duty and how it affects their work through mandatory equality and diversity training and specific awareness raising workshops.

- Trade unions, staff forums and patient groups are involved in decisions and policy making on issues affecting staff and patients.
- Equality of outcomes for both women and men are achieved
- The Trust offers patient choice for single sex services and facilities and gender matching where appropriate.
- Gender equality is built into the core business and service improvement plan of the Trust.
- Key employment issues should also be considered when deciding priority actions in workforce development and learning and development plans. These issues are recruitment & retention, concentration of women and men into particular areas of work (occupational segregation), part-time work, agency staff, managing pregnancy and return from maternity leave, transsexual staff, equal pay, and work-based training opportunity.
- The Trust's pay and reward systems, policies and practices are demonstrably equal and fair.
- The Trust to update its policies to ensure that transgender and transsexual people are not discriminated or harassed on the grounds of gender reassignment in employment and vocational training
- The Trust gathers information on transgender and transsexual people in job applications and vocational training.

## **7. The Gender Equality Scheme Action Plan**

The action plan will address the above key employment and service delivery objectives and pro-actively promote gender equality, rather than be reactive to individual situations. The focus is on **outcomes** rather than just processes, and objectives towards gender equality should result in real changes to the life experiences of women and men working in the Trust and users of its services.

The Trust will take the actions set out in Appendix 1 during the three year life time of the Scheme.

## **8. Consulting on the scheme**

### **External consultation**

We recognise that effective consultation should be an actively ongoing process, we will continue to involve the public and community engagement forums and networks as part

of our single equality scheme consultation process.

In April, May and June 2007, we held a number of external discussion groups to gather comments from patients, and community groups on our scheme's action plan. As part of the Single Equality Pilot Sites Network we will attend consultation meetings with transgender organisations. The discussion groups will include male, female and transgender people.

Feedback from these groups will be fed into our monitoring process.

Internally we have engaged with the Equality and Diversity Staff Forum and Steering Group. The discussion group raised some gender related issues such as bullying and harassment, fair promotion and recruitment process and work based training opportunities.

Three members of the Steering Group and two members of the Equality and Diversity Forum Members agreed to become involved in the development of the scheme. They have been asked to work with the relevant areas to contribute to a working group for the scheme that will identify priority actions for the organisation.

*Appendix 4* gives a list of individuals and organisations involved in the consultation process, as well as the summary of their feedback and comments.

A draft of the GES was available in the Trusts website for comments for 10 weeks.

## **9. Gender equality impact assessments**

The Trust is developing a comprehensive and proactive implementation of the equality impact assessment process that will be integral to decision-making and planning changes.

The Trust has taken immediate action to develop and implement a single process for equality impact assessments. This will identify areas for potential multiple discrimination and enable the Trust to move further towards the single equality scheme which promotes inclusion for all groups.

The existing mandatory two-stage process of equality impact assessments has been developed to ensure that all new and proposed policies and projects have taken gender, race and disability into consideration before final approval.

Stage one is to assess relevance of Trust's main functions against the six equality groups.

The Trust's main functions and departments involved in the assessment for relevance include:

- Clinical services provision
- Education and training
- Non-clinical support services
- Research and development
- Employment

- Patients and public involvement

Stage two is to prioritise and carry out full impact assessment of policies assessed which have a high impact on gender equality (see Appendix 2 for the list of policies and outcomes of the assessment for relevance).

## **10. Monitoring the outcome to inform future actions**

As part of the Trust's Single Equality Scheme approach to integrate promoting diversity across the Trust, all schemes and associated action plans were developed with the involvement of senior leaders across the organisation. This approach was taken to achieve ownership of the actions, which will assist in facilitating the implementation and monitoring the progress of the action plans.

- The Equality and Diversity Strategy Board has overall responsibility for the successful implementation of all equality schemes.
- A six monthly progress report will be presented to the Trust Board as part of the Single Equality Scheme reporting system.
- The outcome of the equality schemes will be published in the Trust's Annual Report.
- Review the GES formally every three years in order to set new goals. This aids assessment of progress and helps the Trust to consider whether the desired gender equality outcomes are being achieved, and where efforts should now be concentrated.
- As with setting up the initial GES, staff and service users should be involved in the reporting and monitoring process and evidence should be gathered on forthcoming and existing gender issues within the Trust.

## **11. Enforcement of the duty**

- Until October 2007, the Equal Opportunities Commission will be responsible for enforcing the Gender Equality Duty. Breaches of the general duty will be subject to judicial review. For breaches of the specific duties, the EOC will have the power to issue compliance notices.
- From October 2007, the new Commission for Equality and Human Rights (CEHR) established by the Equality Act 2006 will take over enforcement and have responsibility for all six strands of discrimination law, namely: race, age, gender, disability, religion and belief and sexual orientation.
- The power to issue compliance notices in respect of the specific duties will remain with the CEHR. However, in respect of breaches of the general duty, the CEHR will not only be able to use the judicial review procedure, but will also be able to issue compliance notices which will be enforceable in the courts, but only after an assessment of the public

authority's compliance has been made. The CEHR will also have an additional power to assess public authorities in their compliance of all public sector duties.

## Appendix 1 Action Plan

### Employment duty

**Name of Directorate:** Human Resource  
**Accountable Director:** Tony Vickers  
**Directorate Lead on Equality and Diversity:** Grace Twumasi

Objective	Steps to achieve	Outcomes required	Time-scales	Resources required	Responsible Team/Person
Arrange gender equality awareness training for staff including doctors and consultants as part of main E&D Training programme	Training Sessions; Guidance on intranet; e-learning on diversity and equality. Evaluation of effectiveness of training. Staff involved in recruitment process should be trained in interviewing skills and equal and diversity policies/legislations	That all staff will be aware of equality issues and will consider these in their dealings with colleagues and customers	From April 2007 on going thereafter	E&D training is part of the overall learning and development training budget	Learning & Development Managers
Improve quality and use of data about staff to promote gender equality	Conduct analysis of grievances and complaints data.  Gather information on gender identity of job applications and vocational training.	Good quality data to enable managers monitor progress on gender equality	October 2007	No additional resources needed	HR - workforce planning
Review all employment policies for impact on gender equality	Use equality impact assessment screening tool/framework	All employment policies are equality proofed and outcome published in the trust website	April 2008	Resource to be identified	HR Policy Development
Set gender equality targets (according to proportions of men/women in senior positions)	Develop positive action development schemes; Review of recruitment/promotion policies; career succession planning and mentoring	An equal balance of men/women in senior positions matched with equal pay through out the Trust	March 2008  From April 2007	To be included in the work already commissioned out to review workforce issues	HR -Workforce Planning

<b>Objective</b>	<b>Steps to achieve</b>	<b>Outcomes required</b>	<b>Time-scales</b>	<b>Resources required</b>	<b>Responsible Team/Person</b>
Create a working environment where bullying, harassment and discrimination on gender or other grounds is not tolerated	Raise awareness through the existing bullying and harassment training	Report on the issues and outcomes of bullying and harassment events	Sept. 2007	HR Business Partners	H&B Advisory Service
	Train staff on handling & identifying gender related bullying and harassment complaints	Number of trained staff and cases handled or identified before they become a case	March 2008		Learning and Development
	Train harassment advisors	Number of trained advisors	March 2008		
	Adopt complaints and investigations procedures for dealing formally and informally with incidents of sexual harassment and bullying	Report on cases of harassment to the Equality Strategy Board and Trust Board	April 2008		HR and Operations
Involving staff in developing, implementing and monitoring of GES	Set up a gender equality working group	Report on the outcome of staff involvement	April 2008		Staff Forum
	Engage staff in the Equal Pay review.	Better staff satisfaction level,	April 2008		
	The E&D Forum to raise awareness on transgender and transsexual equality legislations and diversity issues	Informed workforce on transsexual and transgender people's health care needs	April 2008		
		Better involvement of transgender people in E&D Forum activities and consultation processes			

## Service provision

**Executive Director for Operations : Patrick Mitchell**

**Executive Director of Governance and Nursing: Caroline Shuldham**

**Director of Communications: Jo Thomas**

<b>Objective</b>	<b>Steps to achieve</b>	<b>Outcomes Required</b>	<b>Timescales</b>	<b>Resources Required</b>	<b>Responsible Team/Person</b>
Review policies for impact on gender equality	Use of existing mandatory two-stage process of equality impact assessments developed to ensure that all new and proposed policies and projects have taken gender into consideration before final approval.	Gaps in services identified and addressed  Outcome published in the Trust website	April 2008	No additional resources required	All departments supported by E& D Team?
Provide Gender specific information on heart and lung health and services	Carry out information needs analysis to provide gender specific information targeted at improving understanding and knowledge of health service	Improved access to gender specific information	April 2008	Yes there is resource implication	Operations & communication
Improve access to crèche facilities at both sites' out patient departments	Map out current crèche facilities Identify gaps in the provision of the service	Better access to crèche facilities in appropriate departments	April 2008	There may be resource implications	Estates and facilities
Involving men and women in decision making and planning changes	Assess patient related policies and functions on relevance to gender equality duty Establish links with groups interested in gender equality and identity	Effective gender sensitive engagement	April 2008	No additional resources required	User and community involvement



## APPENDIX 2 – Gender Equality Impact Assessment

The Trust has developed a tool to undertake Equality Impact Assessment, covering all equalities and human rights dimensions such as race, ethnicity, age, gender sexual orientation etc. The schedule below is a summary of some of the assessments of policies and functions, showing how these are related to the General Duties of the amendments to the Sex Discrimination Act (SDA) 1975.

Functions and Policies of the Trust		Key questions to ask in assessing functions / policies / for their relevance to general duty			
		Is it relevant to the General Duties :  To eliminate discrimination and harassment that is unlawful under the SDA 1975 and discrimination that is unlawful under the Equal Pay Act 1970 (EqPA) To promote equality of opportunity between men and women	Does the function / policy / proposal need to be reviewed?		
Functions, policies or proposed policies.	Name of a Lead Directorate or person	Is there any evidence that women and men have different needs, experience, concerns or priorities relating to the issues addressed by the policy?  If the policy have a specific outcome, is there evidence that the outcome will be different for men/women?	If yes, is there any supporting evidence e.g.: Consultation events, PALS information, Staff surveys, Research.	If yes to either previous questions, what are the adjustments / changes that need to be made in order to meet the General Duties	Where there is a difference in impact on women/men or transgender people, how serious is the disadvantage likely to be?  High? Low? Need more information?
Maternity and Parental Leave Policy	HR	Yes, the current policy need to be reviewed to ensure that new legislations on gender and transgender equality is taken into consideration	Analysis of the current policy, staff survey,	To carry our a full equality impact assessment when the policy is due for a review	High priority

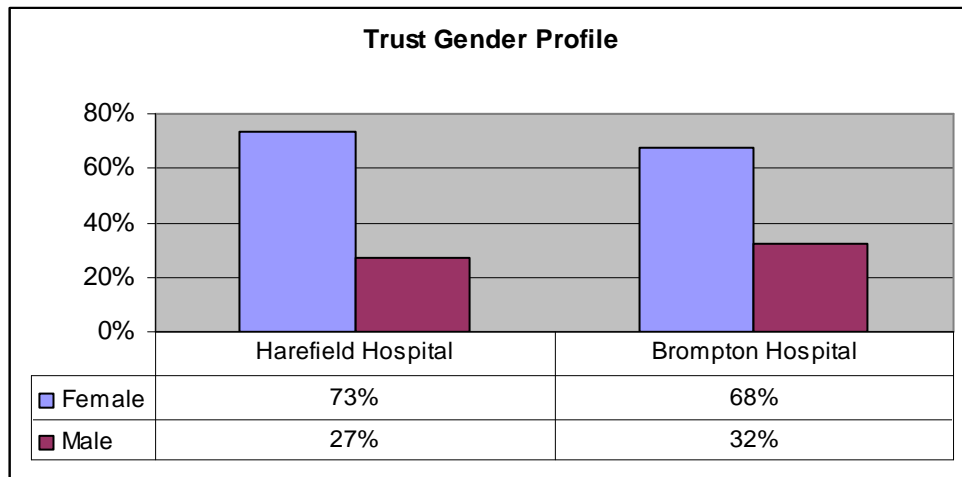
Harassment & Bullying policy	HR	Yes, men and women are affected differently in the policy	Staff survey	To carry out full impact assessment during the review	High priority
Work-Life Balance	HR	Yes, there is difference in the needs of men and women work life balance the proposed policy need to consider	Staff views	To carry out EqIA to ensure that changes in equality legislations are fully covered in the proposed policy	High priority
Recruitment and selection	HR	Yes, there is big difference between men and women in the selection process	88% of all job applications are filled by women	To carry out EqIA as part of the review	High priority
Access to website based information	Communication	Yes, there is difference in web-based information needs of men and women both in terms of content and quality of information and design/image	Assessment of web manager and E&D team	Undertake EqIA as part of the website development	Information and web structure should be overwhelmingly gender neutral but promote gender equality issues and through our E&D portal raise the awareness of gender equality
Managing Patients Complaints	Governance & Quality	Yes, gender specific complaints e.g. sexual harassment cases need to be addressed sensitively and when appropriate to ensure gender match in handling the complaint.	E&D advisors	Provide information on gender specific issues, train complaint officers on gender equality	Low
PPI Strategy	Governance & Quality	Yes. Women who have childcare commitment may find it harder to use involvement opportunities.	PPI feedback	ensure crèche facilities are available to encourage women with child care responsibilities	Low

Admission policy including booked admissions, patient transfers, staff roles, HDU admissions & discharges	All departments	Yes, the policy and process supports admission to single sex bay's and notice given when mixed HDU/ITU care is required		Gender and other equality needs will be met by the revised policy	Low – revise policy
Access to Imaging services	Imaging	Yes , gender and transgender needs should be met	E&D advice	The service will ensure gender matching when requested	Low – the policy includes a statement to ensure gender and culture needs will be met
Organisational Change Policy (Including Procedures for Assimilation and Redeployment to New Posts)	HR	Not aware of any gender specific concerns or issues raised during consultation	The policy has been assessed by all consultative groups as fair and they have not expressed any concerns	no	no action required
Access to surgery	Surgery	No, there is no potential or evidence that the policy will lead to discrimination based on gender	Service Managers Assessment	Gender specific information available and gender matching offered when requested	Low – no further action
Flexible working policy	HR	Yes, the policy is sensitive to gender issues particularly for mothers with children under 6 and those who have children with disability	Consultation with JCC, Trade Union reps, staff via intranet,	All gender issues were taken into account and the policy is now widely circulate to raise awareness	Low – no further action required
Health & Safety Policy	Governance & Quality (Risk Management)	Yes, there are gender specific issues the policy needs to address to ensure health and safety regulations	No specific information available	Raise awareness on H&S issues among women from ethnic minorities	Low - the policy will be reviewed to include the need to provide information health and safety targeted at women from BME groups

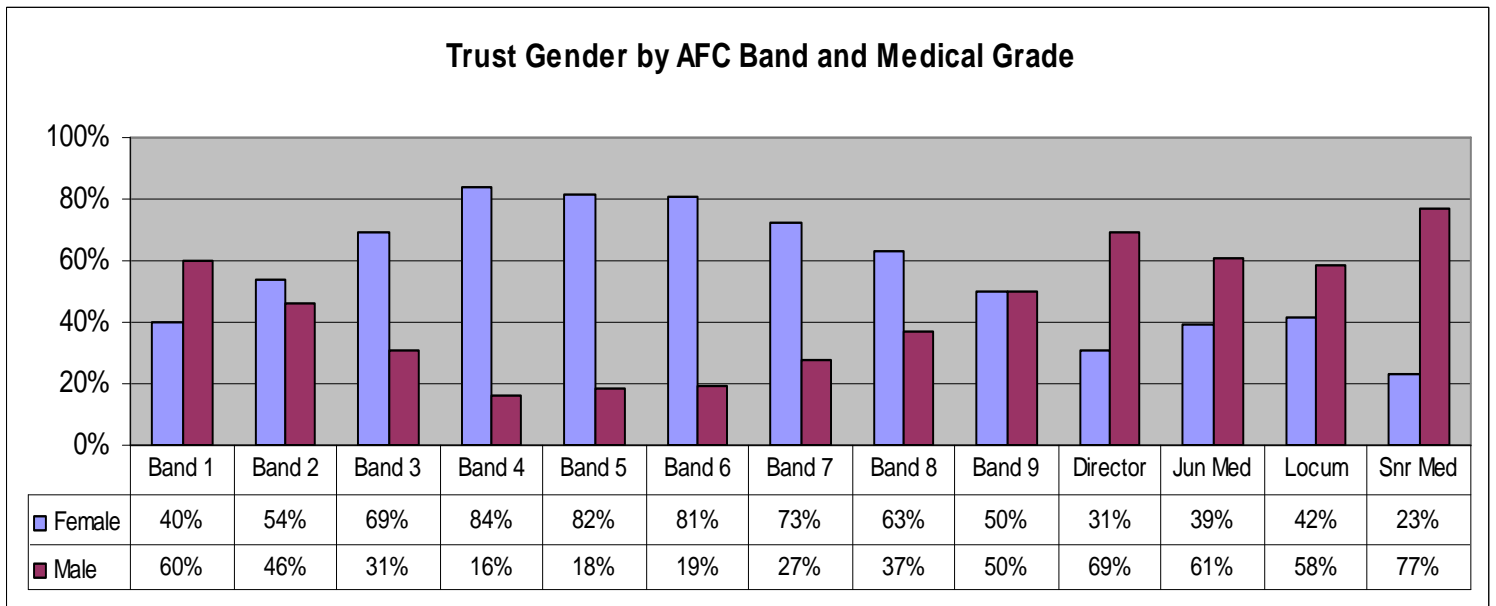
## Appendix 3

### Staff and Service Users Profile

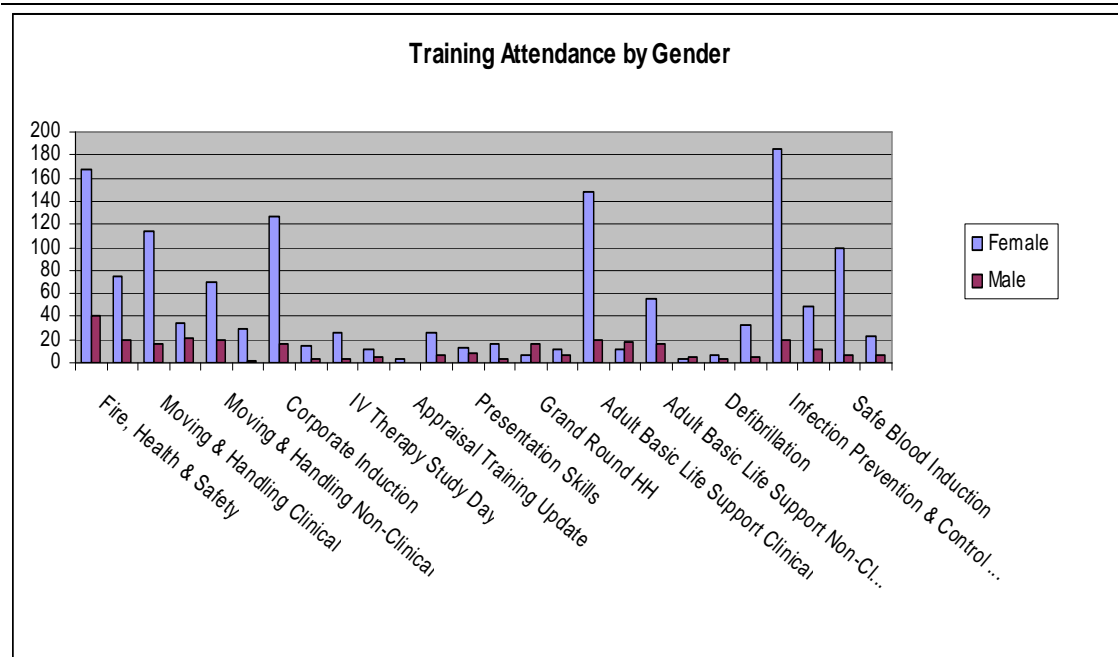
**Chart 1: Trust Gender Profile**



**Chart 2 – Gender by AFC Band and Medical Grade**



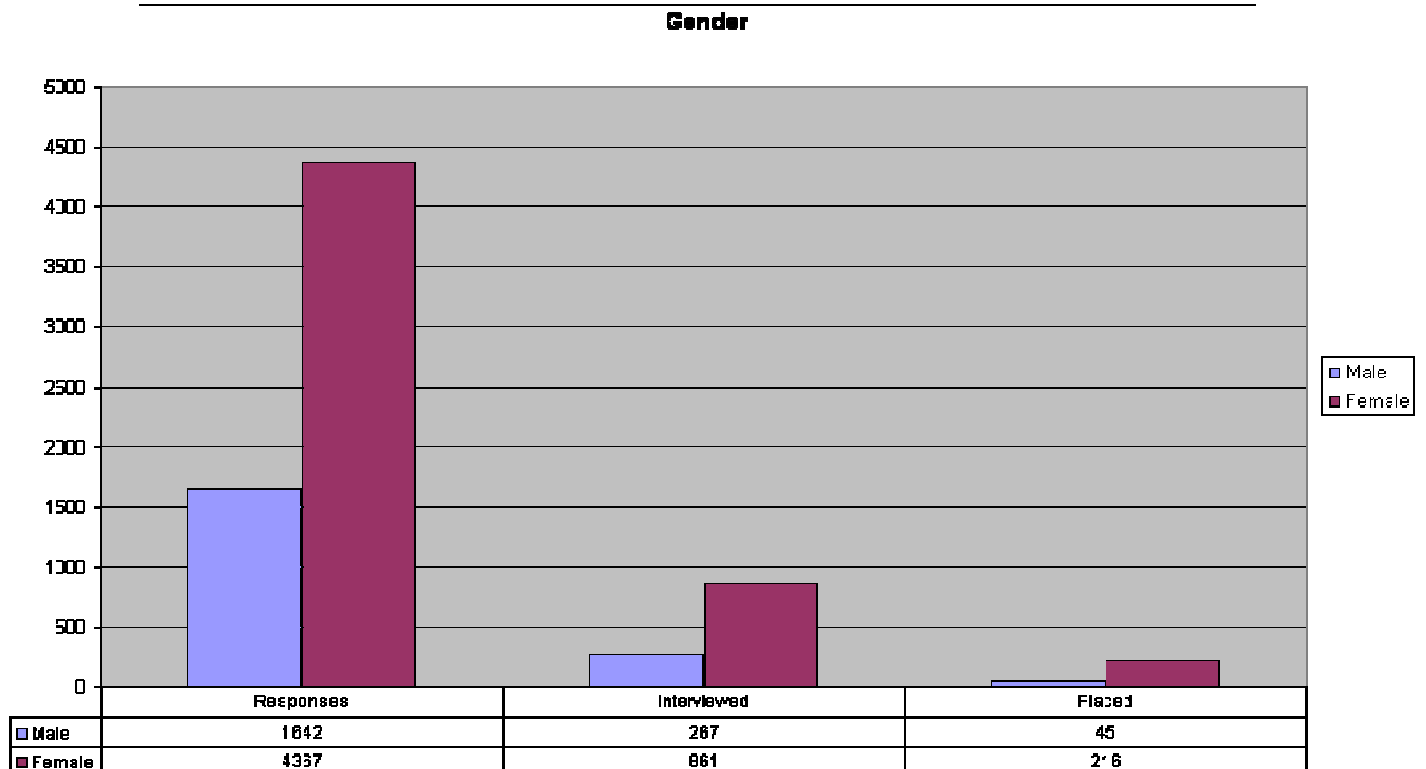
**Chart 3 Training attendance by Gender**



**All training courses attended in 2006**

	Female	Male
Number of staff attended all courses	1360	295
% attendances	82%	18%

**Chart 4 Job Applications by Gender April 2006 – January 2007**



## **Appendix 4**

### **List of Individuals and organisations consulted**

BME Health Forum members (over 50 organisations and individuals in Kensington and Chelsea – list available on request)

Chelsea and Westminster Hospital – Patient Forum

RBHT Patient Forum

Kensington and Chelsea PCT

Westminster PCT

Central London Youth Development

London Naz Project

RBHT Staff Equality and Diversity Forum

RBHT Staff side

Hirran Women Action Aid

Association of Muslims with Disability

An-Nisa Society

Arab Association in Brent

Brent t-Pct

Lebanese Welfare Community

Al-Khoei foundation

BAKI Organisation

Islamic Human Rights Commission

Muhammed Butt - Brent Labour Cllr I.C.C Wembley

## **Summary of comments and feedback from staff, trade unions and community groups**

- *How will gender equality targets for senior positions work? Is the Trust advocating positive action? What is the definition of “senior”?*
- *Where we have put gender we need to replace with gender identity as not everyone identifies as male/female.*
- *We need to be aware that transgender legislation only covers “Trans people” who have or who are going through transition.*
- *It would be helpful to have the stats in the scheme in some sort of national context e.g. the workforce profile and banding*
- *Similarly with patients, is there a national profile that more men than women suffer from cardiothoracic problems?*
- *The multi-faith room need to provide a section for women*
- *Community and faith groups would like to be involved in the monitoring of the GES and equality impact assessment of outpatients departments, cancer and children services*
- *The Trust should work with PCT and community groups to raise awareness of men’s health in general and on heart and lung diseases and prevention in particular*