



Gender equality scheme and action plan

April 2007

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Contents

| | |
|---|----|
| Foreword | 2 |
| About the Healthcare Commission | 4 |
| About the Gender Equality Duty | 5 |
| Our gender equality scheme | 6 |
| • Gender equality in the wider context of diversity | 8 |
| • Consulting on our scheme | 10 |
| Our action plan | 15 |

Foreword

The Gender Equality Duty is a significant development in embracing diversity. In order to best achieve maximum positive outcomes, our gender equality scheme should not be treated in isolation and will work in tandem with our existing commitments to promote race and disability equality in healthcare.

We recognise that, as a regulator, we play a role in promoting good practice among healthcare providers in England. We also recognise that the furtherance of gender equality is essential to fair and equal experiences between genders and within genders.

The Healthcare Commission is pleased to publish the first version of its gender equality scheme and is committed to ensuring that we make promoting gender equality an integral part of our organisation.

The vision of the executive team and commissioners for promoting gender equality in the Healthcare Commission is to:

- challenge and eliminate gender-based discrimination
- promote improvement in equality of access to healthcare services
- develop a workplace that ensures both genders are reflected appropriately in the workforce and are equally valued
- identify and eliminate barriers caused by gender to enable full participation in Healthcare Commission activities
- ensure that all our work on standards in both the NHS and independent sector take account of promoting gender equality



The process of developing the gender equality scheme so far has been a positive experience for all those concerned and has already led to increased confidence and knowledge. It will ensure that we embed our commitment to gender equality not only in the Healthcare Commission but in all our work.

A handwritten signature in black ink that reads "Ian Kennedy". The signature is written in a cursive, slightly slanted style.

Professor Sir Ian Kennedy
Chair

A handwritten signature in black ink that reads "Anna Walker". The signature is written in a cursive, slightly slanted style.

Anna Walker CB
Chief Executive

About the Healthcare Commission

The Healthcare Commission exists to promote improvements in the quality of healthcare and public health in England. We are committed to making a real difference to the delivery of healthcare and to promoting continuous improvement for the benefit of patients and the public. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Health and Standards) Act 2003. The organisation has a range of new functions and took over some responsibilities from other Commissions. It:

- replaces the Commission for Health Improvement (CHI), which ceased to exist on March 31st 2004
- takes over responsibility for the independent healthcare functions previously carried out by the National Care Standards Commission, which also ceased to exist on March 31st 2004
- carries out the elements of the Audit Commission's work relating to the efficiency, effectiveness and economy of healthcare

We have a statutory duty to assess the performance of healthcare organisations in the NHS and award annual ratings of performance, to coordinate inspections and reviews of healthcare organisations carried out by others, and to register organisations providing healthcare in the independent sector on an annual basis.

We have created an entirely new approach to assessing and reporting on the performance of healthcare organisations. Our annual health check will examine a much broader range of factors enabling us to focus on what really matters to patients and the public.

About the Gender Equality Duty

The Gender Equality Duty (the Duty) came into force on April 6th 2007 and as a public authority, the Healthcare Commission is required to have due regard to the need to:

- eliminate unlawful discrimination
- eliminate harassment
- promote equality of opportunity in all our functions

The Duty is made up of two elements: the 'general' duty and the 'specific' duties. The general duty is the overall duty requiring the Healthcare Commission to eliminate discrimination and harassment and to promote equality.

The specific duties are different for England, Scotland and Wales and are not an objective in themselves, but a means of meeting the general duty. In meeting our specific duties and therefore, the general duty, the Healthcare Commission must:

- gather information on how our work affects women and men
- consult employees, people who use our services, trade unions and other stakeholders
- assess the different impact of policies and practices on both sexes
- identify priorities and set gender equality objectives
- plan and take action to achieve those objectives
- publish a gender equality scheme and review its progress every three years

Our gender equality scheme

Our gender equality scheme (the scheme) is a means of meeting the three elements of the general duty, not an end in itself.

The general duty requires us to focus on those issues within our remit which have the greatest impact on gender equality and then commit to a set of priority objectives. These are selected based on the principles of proportionality and relevance.

Our scheme is based on the Healthcare Commission's operating plan 2006/2007, and demonstrates how we will integrate promoting gender equality in meeting our key deliverables as outlined below.

Gathering and using information

The Healthcare Commission has a strategic goal to provide authoritative, independent, relevant and accessible information.

Collecting information is a central part of our function to inspect, inform and improve the quality of healthcare services. We collect information about the NHS to:

- rate the performance of NHS organisations as part of our annual health check
- carry out surveys of NHS staff and patients
- investigate concerns about the provision or quality of services

We will use this information in a manner that informs our commitment to promoting gender equality.

Assessment of core standards

For our annual health check, we will be assessing the compliance of each NHS trust with the Duty. When trusts are assessed on whether the Duty has been met, the existence of a gender equality scheme in itself will not be enough. They must demonstrate what action has been taken and the outcomes achieved.

Surveys

The information gathered from the surveys of NHS staff and patients will be analysed to identify trends in gender equality. It will be used to integrate gender equality throughout the NHS as a service provider and as the largest employer in the UK.

Promoting gender equality in healthcare

As a result of concerns raised from investigations carried out by the Healthcare Commission about the quality of maternity services, we announced a major review of maternity services.

The programme will include a survey of every woman who gave birth during February 2007. The survey will ask up to 50,000 women about their experiences of maternity care in the NHS. The findings will enable trusts to target improvements locally and we will continue to work with the NHS at all levels to drive improvement and promote gender equality.

Promoting gender equality in access to and provision of healthcare services, will, over time, show a reduction in differences such as these:

- women's life expectancy remains longer than men's

- men have higher death rates from suicide, lung cancer and heart disease
- women are more likely than men to be diagnosed with mental health problems

We can contribute to this by producing accessible information to enable men and women to make informed choices about their healthcare.

Gender equality in the wider context of diversity

Men and women have different experiences according to age, disability, ethnicity, religion or belief, or sexual orientation. It is important to recognise the need to promote gender equality within, as well as between, genders. In doing so we must consider the following issues:

Accessibility of cancer screening services for disabled women – the formal health investigation carried out by the Disability Rights Commission found many variations in access to and quality of care provided for women with learning disabilities and with mental health problems, compared to those without.

Availability of sexual health services for lesbian, gay, bisexual and transgender communities in rural areas – on March 7th 2007, the Government published the Sexual Orientation Regulations. The Regulations outlaw discrimination in the provision of goods and services to the lesbian, gay, bisexual and transgender community, including the provision of healthcare services.

Provision of culturally sensitive services for older patients from black and ethnic (BME) groups – in February 2006, the Kings Fund launched a study to bring together the nature and extent of any

difficulties in access to care of BME groups. To achieve meaningful progressive change towards promoting gender equality in healthcare, consideration should be given to the wider context of diversity.

Prioritising and setting gender equality objectives – we consider that all of our internal and external functions must focus on promoting gender equality. In prioritising and setting our gender equality objectives, we primarily focused on the business areas where we could make the biggest impact for people who use healthcare services and our staff. These areas include:

- complaints – our process for handling complaints includes systems for gender monitoring and reporting on gender, and will include complaints regarding the provision of prison healthcare services
- engagement – engagement activities will be appropriately targeted to include male, female and transgender groups
- assessments and inspections – our processes of assessments and inspections will include systems for collecting and analysing information on gender

Consulting on our scheme

External consultation – we recognise that effective consultation should be an actively ongoing process.

During spring 2007, we will hold five external discussion groups to gather comments from patients and the public on our scheme's action plan. The discussion groups will include male, female and transgender patients and members of the public. Feedback from these groups will be fed into our monitoring process.

The first discussion group has already taken place and comprised 25 members of the public who attend user groups such as MIND, Outcome, Cancer Black Care, Polari, London Friend and MacMillan. The discussion group was made up of 15 men, nine women and one transgender person. Fourteen people who participated in the discussion group had mental health problems and two declared a physical disability. Their ages ranged from mid twenties to mid sixties.

Quotes from some of the participants:

“When my male partner went to hospital he was treated quickly by nice friendly staff, this contrasted sharply with my treatment when I was treated in the same hospital, the staff were unfriendly and abrasive.”

Female participant

“The long term medication I was given makes me put on a lot of weight. Through the outreach team I was given an exercise prescription. I was unable to attend one session as I was unwell but I was taken off the prescription completely. I asked to be given the exercise prescription again but there is only provision to do this once.”

Male participant

"I went to GP with post-natal depression but what I said was ignored. I was not listened to and was given medication without being told what the side effects were. The medication was given to me to get me out of there quickly."

Female participant

"GP and hospital staff say they are pushed, but they could do with training to understand people's individual needs."

Male participant

"At my doctor's surgery the care I get is very good, but my previous doctor, which I transferred from, was wanting to review my medication and I thought he was wanting to wean me off the medication which would have killed me."

Transgender participant

"I have been self-medicating for seven years now; they were not interested in helping me."

Male participant

Internal consultation – we are consulting with our recognised trade unions about all aspects of our scheme, with a particular focus on gender issues in employment.

Seven employees responded to a consultation invitation advertised on our intranet to become involved in the development of our scheme. They have been asked to contribute to a working group for the scheme that will identify priority actions for the organisation.

An additional 35 employees were randomly selected to complete a short questionnaire on gender equality. At the time of publishing the results were not available, but feedback will be used in our ongoing monitoring process.

Closing the gender pay gap – the Healthcare Commission was formed in April 2004 and inherited staff from three different

organisations each with a different pay and benefit structure. We acknowledge the importance of aligning the pay and benefits of all employees to redress imbalance.

The current pay band structure comprises five levels, with pay band one the lowest and pay band five the highest.

Women comprise over 50% of Healthcare Commission employees and are well-represented at all levels throughout the organisation.

Men are currently under-represented in the Healthcare Commission overall. However, 60% of the male employees are in pay bands three and four. The lowest percentage of male employees, 2.6%, are in pay band one.

Equal pay audit – our scheme’s action plan includes an action to conduct a full equal pay audit by March 2008.

In the interim period, we will be reviewing our current job evaluation process to ensure that it is implemented fairly. We will also take action to implement a new comprehensive job evaluation process.

The immediate and short-term actions will put the necessary measures in place for the equal pay audit to be undertaken by March 2008.

Impact assessments – the Healthcare Commission will proactively implement an equality impact assessment process that will be integral to our decision-making.

Our existing mandatory two-stage process of equality impact assessments will be developed to ensure that all new and proposed policies and projects have taken gender into consideration before final approval.

We have an immediate action to develop and implement a single process for equality impact assessments. This will identify areas for potential multiple discrimination and enable us as an organisation to further move towards promoting inclusion for all groups.

An immediate action is to prioritise and impact assess all of our HR policies and processes to ensure that we demonstrate that we are a good practice employer.

Implementing, reviewing and revising the scheme – our executive team has overall accountability for the successful implementation of our scheme. However, as part of our approach to integrating promoting diversity across our organisation, senior leaders across the organisation were involved in the development of our scheme and associated action plan. We took this approach to achieve ownership of the actions, which will assist in facilitating implementation.

The Healthcare Commission has mechanisms in place to regularly review and monitor progress against the action plans set out in our race and disability equality schemes. From April 2007, progress against our gender equality action plan will be aligned with this process, which includes:

- a diversity champion from the executive team
- a diversity implementation group that will primarily focus on delivery of the actions relating to our external-facing areas of work
- an action-on-diversity group that will focus on employment matters
- the committee on equality and human rights: a group comprising commissioners, executive team members and senior managers, which monitors overall progress on implementation of the action plans from the race, disability and gender equality schemes

Annual reports – we will conduct an annual review of implementation of our scheme in 2008 and use the information to further inform and review our objectives.

Enforcement – the Equal Opportunities Commission and subsequently, the Commission for Equality and Human Rights, will enforce compliance with the Gender Equality Duty.

Action plan – our scheme’s action plan is based on the components and activities outlined in the Healthcare Commission 2006-2007 operating plan.

The gender equality scheme is the third of our equality schemes and joins our race and disability equality schemes. In order to fully align implementation, review and monitoring of all the equality schemes the gender action plan covers the period April 2007 to December 2008. Following this, we will undertake a comprehensive review of all equality schemes.

Our action plan

| Accountable member of executive team: Marcia Fry, Head of Operational Development | | | |
|--|---|------------------|---|
| Component: Assessing compliance with core standards | | | |
| Leader: Robert Cleary – Head of Standards Based Assessment | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Incorporate specific references to the Gender Equality Act 2007 in the criteria for the 2007-2008 assessment of core standards. | Revised criteria signed off by Secretary of State for Health. | September 2007 | Head of Standards Based Assessment Lead, Core Standards |
| Amend relevant inspection guides for the assessment of core standards to ensure explicit focus on evidence relating to the Gender Equality Duty. | Amended inspection guides signed off by standards based assessment product board. | May 2008 | Head of Standards Based Assessment Lead, Core Standards |
| Component: Assessing compliance with developmental standards | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Assess gender equality impact of the assessment of developmental standards. | Completed equality impact assessments on all standards. | December 2007 | Head of Standards Based Assessment Lead, Developmental Standards |

| Component: Investigations (includes helpline) | | | |
|--|---|-------------------------|--|
| Leader: Nigel Ellis – Head of Investigations | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Written prompts to be devised to ensure that equality impact assessment is carried out at the screening and referral stages. | Prompts developed and used by staff in the investigations team and the helpline. Equality impact assessments to be published on the Healthcare Commission's website. | May 2007 | Investigation managers Investigation officers |
| All members of the investigations team to attend training in diversity, which includes consideration of gender equality. | All members of the investigations team will be surveyed to ascertain their levels of confidence in identifying breaches of Gender Equality Duty by healthcare providers. | April 2007 | Head of Investigations |
| Conduct equality impact assessments on all investigations to ensure that gender equality is considered for positive, neutral and adverse outcomes. | Equality impact assessment to be conducted after every investigation. Results to be published on the Healthcare Commission's website and included in the investigations report. | Ongoing from April 2007 | Head of Investigations Investigation managers |

| Component: Complaints | | | |
|--|--|-------------------------|---|
| Leader: Gillian Johnson - Complaints Programme Manager | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Consideration given to gender bias issues when cases are allocated. | <p>Training programme completed for frontline staff which includes an element specifically relating to gender equality.</p> <p>Feedback from complainants demonstrates cases are handled with consideration to gender bias.</p> <p>Complaints staff demonstrate cultural awareness when dealing with male and female complainants.</p> | Ongoing from April 2007 | <p>Complaints Programme Manager</p> <p>Complaints case managers</p> |
| Train case handling staff to identify and evaluate gender issues raised in complaints. | Number of staff undertaking training. | September 2007 | <p>Complaints Programme Manager</p> <p>Complaints case managers</p> |

Our action plan continued

| Component: Complaints <i>continued</i> | | | |
|---|--|-------------------------|--|
| Leader: Gillian Johnson - Complaints Programme Manager | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Review complaints arising on gender to identify discrimination concerns and raise with inspectorate function as required. | Referrals. | Ongoing from April 2007 | Complaints Programme Manager Complaints case managers |
| Review gender differences in prison health complaints. | Compare numbers and issues raised between genders. | September 2007 | Complaints Programme Manager Complaints case managers |

Component: Complaints *continued***Leader:** Gillian Johnson - Complaints Programme Manager

| Scheme priority | Measure | Timeframe | Lead |
|--|--|-------------------------|---|
| Data on complaints analysed to identify trends and learning relating to gender equality. | <p>Analysis of data broken down by gender, race, age and disability.</p> <p>Trends relating to the above clearly identified and fed back to the executive team, action on diversity group and to the implementation groups for the equality schemes.</p> <p>Undertake and publish equality impact assessments on policies and processes.</p> <p>Continued analysis of data shows no significant difference in those using the complaints system and levels of satisfaction in outcomes for male and female complainants.</p> | Ongoing from April 2007 | <p>Complaints Business and Planning Manager</p> <p>Complaints Programme Manager</p> <p>Complaints case managers</p> <p>Complaints Business and Planning Manager</p> |

| Component: Engaging with clinicians | | | |
|--|---|--|---|
| Leader: Nick Dean – Head of Clinical Strategy and UK Engagement | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Keep organisations in Wales aware of the Commission's work in relation to gender equality as part of the existing programme to share information/ lessons. | Audit trail of existing programme to include specific reference to gender equality. | May 2007 then ongoing | Head of Clinical Strategy and UK Engagement |
| Record and monitor the gender of subscribers to the frontline publication. | Number and percentage of male, female and transgender subscribers. | Current subscribers by May 2007 then ongoing | Head of Clinical Strategy and UK Engagement |
| Analyse the results of the data collection on subscriber's gender and use this to inform the planning processes for the publication. | Elimination of any gender bias. | December 2007 | Head of Clinical Strategy and UK Engagement |
| Analyse individual Associate's records held on the 'Snowdrop' database and, if necessary, request gender data on Associates to complete analysis. | Have identified number and percentage of male, female and transgender associates. | Analysis of current records by mid March 2007, then ongoing on a six-monthly basis | Head of Clinical Strategy and UK Engagement |

| Component: Surveys | | | |
|---|---|---|---------------|
| Leader: Ian Seccombe – Lead, Surveys | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Assess the design of all national surveys of patients and staff in terms of gender. | <p>All impact assessments for survey designs are published on the Healthcare Commission's website.</p> <p>Coordination centres continue to carry out sample checks prior to fieldwork, to ensure that samples have been correctly stratified by gender results published.</p> | <p>Survey design: Survey of inpatients expected April/May 2007</p> <p>Potential ambulance survey late 2007</p> <p>Sample checks: Repeat survey of community mental health patients expected February 2008</p> <p>Survey of inpatients expected autumn 2007</p> <p>Survey of primary care trust staff expected late 2007</p> | Lead, Surveys |

| Component: Surveys <i>continued</i> | | | |
|---|---|---|---------------|
| Leader: Ian Seccombe – Lead, Surveys | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Assess all national surveys of patients by reference to gender. | <p>All designs of surveys consider and address gender bias demonstrated through the gender impact assessments, which will be published on the Healthcare Commission's website.</p> <p>Coordination centres continue to carry out sample checks prior to fieldwork, to ensure that samples have been correctly stratified by gender.</p> | <p>Survey design: Survey of inpatients expected April/May 2007</p> <p>Potential ambulance survey late 2007</p> <p>Sample checks: Repeat survey of community mental health patients expected February 2008</p> <p>Survey of inpatients expected autumn 2007</p> <p>Survey of primary care trust staff expected late 2007</p> | Lead, Surveys |

Component: Surveys *continued*

Leader: Ian Seccombe – Lead, Surveys

| Scheme priority | Measure | Timeframe | Lead |
|--|--|------------------|---------------|
| Ensure that any significant variations in response by gender are identified in the reporting of surveys. | Any significant variation in experience by gender at trust level will be reported. | By March 2008 | Lead, Surveys |
| Report on differences in the experiences of patients by age, gender, ethnicity and disability. | Reports produced on differences in the experiences of patients by age, gender, ethnicity and disability. | By March 2008 | Lead, Surveys |

| Component: National clinical audit and patients outcomes | | | |
|---|---|---|---|
| Leader: Dick Waite – Head of Clinical Audit and Patients’ Outcomes Team | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Ensure that all new exploratory and national clinical audits comply with the Gender Equality Duty. | All exploratory and national clinical audits are assessed for gender equality and the results are published on the Healthcare Commission’s website. | From April 2007 (then as and when new work is commissioned) | Head of Clinical Audits and Patients Outcomes |
| Specific reference to gender equality is made in each clinical audit and the results are made available for planning. | The information is used for planning. | December 2007 | Head of Clinical Audits and Patients Outcomes |

| Accountable member of executive team: Lorraine Foley, Head of Informatics | | | |
|---|---|------------------|---|
| Component: Assessment against new and national targets | | | |
| Leader: Frances Carey – Head of Targets, Aggregation and Information Knowledge Management | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Indicators for performance in meeting 2008/2009 national targets include an element relating to compliance with the Gender Equality Duty. | Indicators published on the Healthcare Commission's website. | To be confirmed | Head of Targets, Aggregation and Information Knowledge Management |
| Assess the gender equality impact of data quality strategy in relation to equality, using the equality impact assessment toolkit. | Impact assessment published on the Healthcare Commission's website. | December 2007 | Head of Targets, Aggregation and Information Knowledge Management |
| Assessment of knowledge management in relation to gender equality using the impact assessment toolkit. | Impact assessment published on the Healthcare Commission's website. | December 2007 | Head of Targets, Aggregation and Information Knowledge Management |

| Component: Making information accessible | | | |
|---|---|-----------------------------|---|
| Leader: Nancy Wolstenholme – Accessible Information and Strategic Relationship Manager | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Information published on the needs of patients and the public includes gender specific information. | Needs of all groups/individuals of male and female are equally addressed and publications are fully accessible - confirmed through gender impact assessments. | From April 2007 and ongoing | Accessible Information and Strategic Relationship Manager |
| <i>State of Healthcare Report 2008</i> makes explicit reference to gender equality in provision of healthcare services. | Report published and findings used to inform our future work. | To be confirmed | Accessible Information and Strategic Relationship Manager |

| Accountable member of executive team: Kate Lobley, Head of Operations | | | |
|--|--|-------------------------------|---|
| Component: Independent healthcare regulation and alignment with the NHS | | | |
| Leader: Jon Billings – Head of Independent Healthcare | | | |
| Scheme priority | Measure | Timeframe | Lead |
| All members of the operations team to attend training in diversity, which includes consideration of gender equality. | Staff are trained and able to identify potential breaches of Gender Equality Duty by healthcare providers with confidence. Survey all staff to ascertain their levels of confidence. | To be completed by April 2007 | Head of Independent Healthcare Independent healthcare policy and practice managers |
| Assess all processes of registration and inspection by reference to gender. | Impact assessments to be published on the Healthcare Commission's website. | Ongoing from April 2007 | Head of Independent Healthcare Independent healthcare policy and practice managers |

| Component: Independent healthcare regulation and alignment with the NHS <i>continued</i> | | | |
|--|---|---|---|
| Leader: Jon Billings – Head of Independent Healthcare | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Prompts to be devised to ensure that impact assessments are carried out when a complaint or a concern is raised about an independent healthcare provider. | Prompts developed and used by staff in operations. Screening and impact assessment reports are published on the Healthcare Commission's website. | Ongoing from April 2007 | Head of Independent Healthcare Independent healthcare policy and practice managers |
| Incorporate specific references to draft National Minimum Standards in respect of gender equality (to include in recommendations to the Department of Health). Seek advice from the equality and diversity team on review. | Specific references to gender equality are put into the National Minimum Standards. | Dependent on Government public consultation 2007/2008 | Head of Independent Healthcare Independent healthcare policy and practice managers |

Component: Independent healthcare regulation and alignment with the NHS

continued

Leader: Jon Billings – Head of Independent Healthcare

| Scheme priority | Measure | Timeframe | Lead |
|---|--|--|---|
| Check and amend where information and guidance in relation to independent healthcare relates to the Gender Equality Duty. | Amend guidance and information, conduct gender impact assessments and publish on the Healthcare Commission's website. | May 2008 | Head of Independent Healthcare Independent healthcare policy and practice managers |
| Ensure that any new commissioning of exploratory exercises or audits complies with the Gender Equality Duty. | Equality impact assessments on all new commissioning or exploratory exercises and audits will be published on the Healthcare Commission's website. | From April 2007, as and when new work is commissioned. | Head of Independent Healthcare Independent healthcare policy and practice managers |
| Assess the design of information/ data collection from the independent healthcare sector, by reference to gender. | Equality impact assessments available and published on the Healthcare Commission's website. | From April 2007 | Head of Independent Healthcare Independent healthcare policy and practice managers |

| Accountable member of Executive Team: Miranda Kavanagh, Head of Communications and Engagement | | | |
|--|---|------------------|---------------------------------------|
| Component: Engaging with patients and the public | | | |
| Leader: Anna Coote – Head of Patient and Public Engagement | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Ensure that men and women are represented appropriately in our engagement exercises. | Identify and count participants by gender, reporting at the year-end. | From April 2007 | Head of Patient and Public Engagement |
| Ensure that men and women are represented appropriately in our seldom-heard groups. | Identify and count participants by gender, reporting at the year-end. | From April 2007 | Head of Patient and Public Engagement |
| Ensure that men and women are enabled to express their views in equal proportion to their numbers in all engagement exercises. | Identify and count participants by gender, reporting at the year-end. | From April 2007 | Head of Patient and Public Engagement |

| Component: Engaging with patients and the public <i>continued</i> | | | |
|--|---|-------------------|---------------------------------------|
| Leader: Anna Coote – Head of Patient and Public Engagement | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Use information gathered to inform planning in the Healthcare Commission in relation to gender equality. | Report six monthly to the action-on-diversity group, executive team and the equality schemes implementation group, on information relating to gender equality gathered from consultation exercises. | From April 2007 | Head of Patient and Public Engagement |
| Report differences and variations in content of the consultations according to gender. | Reports available. | June 2007 onwards | Head of Patient and Public Engagement |

| Component: Communicating with others and promoting understanding of our work | | | |
|--|---|-----------------------------|--------------------------|
| Leader: Roger Davidson – Head of External Affairs | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Build and maintain relationships with people regardless of gender or sexual orientation. | We will consider feedback from stakeholder groups on the helpfulness of our work and take actions as appropriate. | From April 2007 and ongoing | Head of External Affairs |
| Take into account the impact of our findings on any particular groups and put into place appropriate communication strategies. | We will consider feedback from stakeholder groups on the helpfulness of our work and take actions as appropriate. | April 2008 | Head of External Affairs |

| Accountable member of executive team: Jamie Rentoul, Head of Strategy | | | |
|--|--|------------------------|--|
| Component: Other reviews (for example, joint area reviews) and development work | | | |
| Leader: Gary Needle – Head of Improvement Programme | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Conduct equality impact assessments on the annual health check. | Assessment undertaken, outcomes published and measures put in place to remove or mitigate against adverse impact. | From February 2007 | Head of Improvement Programme |
| Joint area reviews undertaken are compliant with gender equality legislation as required and have been subject to a gender equality impact assessment. | Impact assessments published. Reports include measures and recommendations in place to promote ongoing improvement. | From April 2007 | Head of Children's Strategy Group/Lead for Children and Young People |
| Assessment of core and developmental standards for public health. | Core and developmental standards reflect attention to gender bias. | April – September 2007 | Head of Public Health Strategy Group |
| Ensure that the <i>Are we Choosing Health?</i> report has explicit reference to gender bias. | Publication of the report. | July 2007 | Head of Public Health Strategy Group |

| Component: Other reviews (for example, joint area reviews) and development work <i>continued</i> | | | |
|---|--|------------------|--|
| Leader: Gary Needle – Head of Improvement Programme | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Include an element in the collection of data for asylum seekers and refugees that can be aggregated against gender for these groups when they are seeking access to primary care. | Undertake equality impact assessment of methodology. Outcome published. | April 2008 | Head of Public Health Strategy Group |
| Youth offending team inspections identify and act upon gender equality. | Reports and recommendations identifying matters of gender are published. Action plans in place to address findings. | From April 2007 | Head of Children’s Strategy Group/Lead for Children and Young People |
| Black and minority ethnic groups census and <i>Count Me In</i> seminar to explicitly address gender equality relating to mental health inpatients. | Census results published and trends identified. | To be confirmed | Head of Mental Health Strategy Group |

| Specialist statutory regimes (for example, Hygiene Code, controlled drugs) | | | |
|---|---|--------------------------------|---|
| <p>Our work on safeguarding children includes promoting gender equality.</p> <p>Equality impact assessments are undertaken on the safeguarding children policies.</p> | <p>Impact assessment results published and measures put in place to remove or mitigate adverse impact.</p> | <p>Ongoing from April 2007</p> | <p>Head of Children's Strategy Group/Lead for Children and Young People</p> |
| <p>Hygiene Code framework of assessment includes elements to identify gender equality. Equality impact assessment undertaken on the framework.</p> | <p>Impact assessments results published and measures put in place to remove or mitigate adverse impact.</p> | <p>Ongoing from April 2007</p> | <p>Safety Strategy Lead</p> |

| Component: Working with others to make audit, inspection and regulation efficient and proportionate | | | |
|--|---|------------------|--|
| Leader: Nick Jones – Deputy Head of Strategy | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Concordat arrangements in place to ensure that information regarding gender equality issues is shared among the signatories. | Concordat revisited and revised as appropriate. | December 2007 | Deputy Head of Strategy with Head of Clinical Strategy and UK Engagement |

| Component: Patients pathways – service reviews | | | |
|--|---|------------------|-------------------------------------|
| Leader: Fiona Wood – Service Review Programme Manager | | | |
| Scheme priority | Measure | Timeframe | Lead |
| As part of the governance process, all service reviews must undergo an equality impact assessment. | Services relating to gender equality have been considered within the frameworks of assessment and adverse impacts removed or mitigated. | From 2007/2008 | Service Review Programme Manager |
| Ensure that service review project managers are aware of this requirement, and have contacted the equality and diversity team to sign off equality impact assessments. | Publish completed equality impact assessments on the Healthcare Commission's website. | From May 2007 | Service Review Programme Manager |
| Issues relating to gender equality are reported and assessed as part of the service review. | Report relating to gender equality is available for each service review. | From 2007/2008 | Service review development managers |

| Component: Evaluating the impact and value for money of our work | | | |
|--|--|------------------|---------------------------------|
| Leader: Dan Murphy – Head of Research and Evaluation | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Collect data that will be sensitive to determining differences in outcomes by gender, and data sensitive to scoring and analysis, and report on these differences. | Reports available on any gender bias from data collected. | From April 2007 | Head of Research and Evaluation |
| Surveys commissioned on behalf of the Healthcare Commission will address issues relevant to promoting gender equality. | Equality impact assessment undertaken on tender process and outcome published. Contractors working on behalf of the Healthcare Commission comply with the Gender Equality Duty. | From April 2007 | Head of Research and Evaluation |

| Component: Ensuring an explicit focus on inequalities, human rights and diversity in assessments | | | |
|---|--|------------------|--|
| Leader: Trish Pashley - Head of Equality, Diversity and Human Rights | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Develop toolkit for equality impact assessments to include specific references to, and ensure that due regard is given to, gender equality. | Equality impact assessment toolkit developed. | June 2007 | Head of Equality, Diversity and Human Rights |
| Develop a strategy that embeds equality impact assessments across the Healthcare Commission's work. | Strategy signed off. | July 2007 | |
| | Workshops attended by all personnel key to the equality impact assessment process and training included in the induction of key personnel. | September 2007 | |

| Component: Ensuring an explicit focus on inequalities, human rights and diversity in assessments <i>continued</i> | | | |
|--|---|------------------|--|
| Leader: Trish Pashley - Head of Equality, Diversity and Human Rights | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Establish an equality implementation group to provide monitoring, reporting and scrutiny of the effective implementation of the action plans for the gender, disability and race equality schemes. | Equality impact assessments are available and published for all new planning functions, policies, outcomes and developments of the Healthcare Commission. | October 2007 | Head of Equality, Diversity and Human Rights |
| | Group established and representative of all areas across the organisation with external experts as required. Minutes available to all staff. | May 2007 | |
| | Reports of actions available; information is used to inform future development and implementation of action plans. | June 2007 | |

Component: Ensuring an explicit focus on inequalities, human rights and diversity in assessments *continued*

Leader: Trish Pashley - Head of Equality, Diversity and Human Rights

| Scheme priority | Measure | Timeframe | Lead |
|--|---|---|---|
| <p>Establish a formal working relationship with the Equal Opportunities Commission and subsequently the Commission for Equality and Human Rights.</p> | <p>Agreement signed off and used to facilitate and formalise partnership between the Healthcare Commission and the organisation responsible for enforcing the Gender Equality Duty.</p> | <p>Agreement with Equal Opportunities Commission by August 2007.</p> <p>Memorandum of understanding with Commission on Equality and Human Rights by March 2008.</p> | <p>Head of Equality, Diversity and Human Rights</p> |
| <p>Ensure that there are processes and resources in place to meet our strategic objective to: “ensure an explicit focus on inequalities, human rights and diversity in assessments”.</p> | <p>Deliver on the action plans set out in the race, disability and gender equality scheme.</p> <p>Have established a relationship with the Commission for Equality and Human Rights and develop a policy agreeing an approach to regulating and enforcing equality legislation.</p> | <p>See action plans in individual schemes</p> <p>From October 2007</p> | <p>Head of Equality, Diversity and Human Rights</p> |

| Accountable member of executive team: Mick Linsell, Head of Corporate Services | | | |
|---|--|-----------------------------|-----------------------|
| Component: Develop and organise our people to deliver our goals | | | |
| Leader: Ian Binks – Head of Human Resources | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Job advertisements to include a strapline to target under-represented groups. | Adverts reviewed and amended as required. | From April 2007 and ongoing | Resourcing Specialist |
| All job advertisements placed in specialist publications/ journals/ websites to encourage applications from under-represented groups. | Have collected and analysed data to measure numbers of enquirers by gender, disability, age and ethnicity. Use this information continuously to inform and improve our process of recruitment. | | Resourcing Specialist |
| Review recruitment material to ensure that it actively promotes Healthcare Commission's commitment to gender equality. | Produce statistics to monitor effectiveness of processes of recruitment. | | HR Systems Specialist |

Component: Develop and organise our people to deliver our goals *continued*

Leader: Ian Binks – Head of Human Resources

| Scheme priority | Measure | Timeframe | Lead |
|--|--|---|---|
| <p>Undertake an equality impact assessment of current job evaluation process and publish outcome.</p> <p>Monitor outcomes of job evaluations undertaken.</p> | <p>Equality impact assessment undertaken and outcome published.</p> <p>Measures put in place to remove or mitigate adverse impact.</p> <p>Monitoring reports produced to identify trends and measures put in place to remove adverse impact between genders.</p> | <p>Impact assessment undertaken: April 2007</p> <p>Outcome published: May 2007</p> <p>Monitoring from April 2007 and ongoing</p> <p>Reports produced quarterly from June 2007</p> | <p>Head of Human Resources with equality, diversity and human rights team</p> |

| Component: Develop and organise our people to deliver our goals <i>continued</i> | | | |
|---|---|------------------|--|
| Leader: Ian Binks – Head of Human Resources | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Introduction of new organisational process of job evaluation. | Select supplier. | April 2007 | Head of Human Resources in consultation with joint negotiating committee |
| Develop training to undertake process of job evaluation. | Training programme developed and equality impact assessment undertaken. | June 2007 | |
| Training delivered to staff on job evaluation panels. | Training delivered. | August 2007 | |
| New process of implemented evaluation. | No significant difference in successful evaluations between genders. | December 2007 | |
| Undertake full equal pay review. | Review published. | March 2008 | |

Component: Develop and organise our people to deliver our goals *continued*

Leader: Ian Binks – Head of Human Resources

| Scheme priority | Measure | Timeframe | Lead |
|---|--|------------------|--|
| Establish an internal staff working group to review results from the 2006 staff survey. | Working group formed. | April 2007 | Head of Human Resources with equality, diversity and human rights team |
| | Group analysed results and identified areas for actions. | May 2007 | |
| | Working group reports findings and provides recommendations to the executive team and action on diversity group. | June 2007 | |
| | Action plan developed and implemented. | From June 2007 | |

| Component: Develop and organise our people to deliver our goals <i>continued</i> | | | |
|--|--|------------------|-------------------------|
| Leader: Ian Binks – Head of Human Resources | | | |
| Scheme Priority | Measure | Timeframe | Lead |
| Produce robust gender equality HR monitoring reports to measure: <ul style="list-style-type: none"> • applicants for jobs • selection for interview • internal promotion • interview success rates for internal and external staff | Statistics analysed to identify barriers or adverse impact and reported. Actions are put in place to remove barriers and processes are amended accordingly. Continuous monitoring and review of statistics demonstrates year-on-year improvement in terms of promoting equality between genders. | From June 2007 | Head of Human Resources |

| Component: Develop and organise our people to deliver our goals | | | |
|---|---|------------------|--|
| Leader: Ian Binks – Head of Human Resources | | | |
| Scheme priority | Measure | Timeframe | Lead |
| All existing HR policies to be reviewed, prioritised and a timetable drawn up for equality impact assessment. | Existing policies reviewed and list of priorities produced. | April 2007 | Head of Human Resources with equality, diversity and human rights team |
| | Timetable produced. | May 2007 | |
| | Timetable implemented and completed. | December 2007 | |
| | Measures put in place to remove or mitigate adverse impact between genders. | Ongoing | |
| | Results published. | | |

| Component: Strengthen our basic systems and infrastructure | | | |
|---|--|------------------|---|
| Leader: Robert Kirton – Head of Finance | | | |
| Scheme priority | Measure | Timeframe | Lead |
| Our procurement process is fully compliant with the Gender Equality Duty. | Equality impact assessments undertaken and outcome published on tender process. Measures put in place to remove or mitigate adverse impact. | May 2007 | Head of Finance Procurement officers |
| All existing approved suppliers and contractors of services on behalf of the Healthcare Commission are informed of their duty to promote gender equality. | Suppliers provided with relevant information on how to meet the Gender Equality Duty and directed to produce an action plan. | From April 2007 | Head of Finance Procurement officers |
| All future contractors and suppliers of services on behalf of the Healthcare Commission required to satisfy the Commission that they comply with the Gender Equality Duty before appointment. | Invitations to tender include information on duty to promote gender equality. | From April 2007 | Procurement officers |

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341