

## quality Impact Assessment

### Screening / Scoping Template

Section:	Workforce & Education	Officer responsible for the screening/scoping	Neil McLauchlan
Name of Policy to be assessed: Workforce, Commissioning, Education and Learning Strategy		Date of Assessment 25/03/2009	Strategy for Consultation
<p>1. Briefly describe the aims, objectives and purpose of the policy / proposal</p> <p><i>If there are any associated objectives of the policy/proposal, please explain.</i></p>		<p>This strategy will provide an appropriate framework for guiding the development of the workforce over the next years with the aim to deliver:</p> <ul style="list-style-type: none"> <li>• A world class service to our patients and our staff</li> <li>• Ensure the organisational supply needs are met</li> <li>• Ensure maximum, efficiency and effectiveness of resource utilisation</li> <li>• Support economic and health re-generation across the Northwest and Supports reduction in worklessness</li> </ul>	
<p>2. What outcomes are wanted from this policy / proposal?</p> <p><i>Please state who the intended beneficiaries are, and how they will benefit.</i></p> <p><i>If the stated outcomes don't explicitly include the elimination of inequalities and/or the promotion of equality is there a justification for this?</i></p>		<p>Over the period of the strategy the outcomes are:</p> <ul style="list-style-type: none"> <li>• Patient centred workforce planning</li> <li>• Patient centred learning and commissioning</li> <li>• Patient centred teams</li> </ul> <p>This will be achieved by:</p> <ul style="list-style-type: none"> <li>• A workforce which is fit for purpose</li> <li>• Workforce supply that meets demand</li> <li>• Capacity and capability to deliver the associated education</li> <li>• A workforce that reflects the diversity of the population it serves.</li> </ul>	

<p>3. What factors or forces could contribute or detract from the outcomes?</p> <p><i>In addition to factors relating to the policy/proposal under consideration please consider whether equality impacts or opportunities may arise from the interaction with other policies or processes.</i></p>	<ul style="list-style-type: none"> <li>• Ineffective workforce planning and training needs analysis within the healthcare sector</li> <li>• Demographic changes</li> <li>• Inconsistent 'buy in' from key stakeholders</li> <li>• Ineffective promotion and marketing of educational and employment opportunities</li> <li>• Poor E&amp;D processes and systems within stakeholder organisations</li> </ul>
<p>4. Who implements the policy, and who is responsible for it?</p> <p>Consider:</p> <p><i>(a) Who is accountable?</i>  <i>(b) Who is responsible for policing / monitoring?</i>  <i>(c) Who enforces the policy?</i></p>	<p>(a) Director of Workforce and Education</p> <p>(b) Associate Director for Professional Education Associate Director for Workforce strategy and Modernisation Post-Graduate Medical Deans</p> <p>(c) Assistant Directors within the Workforce and Education Directorate/Post Graduate Deaneries</p>

<p>5. Who are the main stakeholders in relation to the policy?</p> <p>Consider:</p> <p><i>(a) Who needs to be consulted?</i>  <i>(b) Who needs to be informed?</i></p> <p><i>Consider stakeholders in the widest sense. I.e.</i></p> <p><i>Regulatory / Internal  Staff / Professionals  The public</i></p>	<p>(a)</p> <p>All NHS organisations  All other organisations in receipt of MEPT  Funding including partner education providers  User and carer representatives  Skills for Health/Skills for Care  North West Leadership Academy  North West Academy  Staff Partnership Board</p> <p>(b)</p> <p>Professional and regulatory bodies  Local Authorities</p>
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6. Are there concerns that the policy <b>could</b> have a differential impact on or due to any of the following:-			
	Y/N	Please explain	What existing evidence (either presumed or otherwise) do you have for this?
(a) racial groups	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Significant variations in the representation of BME communities across professions and pay bands. Difficulty in recruiting from some communities. Lack of representation at senior roles and role models for new recruits	NHS Workforce Census Standard Student Data Sets ESR Data, Warehouse, National Census, North West Analysis. Further evidence relating to the experiences of BME staff and users was available through the HSJ ( <a href="http://www.hsj.co.uk/news/2008/08/massive_disadvantages_faced_by_bme_staff_exposed.html">http://www.hsj.co.uk/news/2008/08/massive_disadvantages_faced_by_bme_staff_exposed.html</a> )
(b) gender	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Increasing proportion of female learners and junior staff across most professions, low numbers of male applicants to training posts. High proportion of men in senior posts.	NHS Workforce Census Standard Student Data Sets ESR Data, Warehouse, National Census, North West Analysis. Additional evidence included the BMJ article 'Sex, gender, and health: the need for a new approach' <a href="http://www.bmj.com/cgi/content/full/323/7320/1061">http://www.bmj.com/cgi/content/full/323/7320/1061</a> and the Men's Health Forum at <a href="http://www.menshealthforum.org.uk">www.menshealthforum.org.uk</a>

6. Are there concerns that the policy <b>could</b> have a differential impact on or due to any of the following:-			
	Y/N	Please explain	What existing evidence (either presumed or otherwise) do you have for this?
(c) disability	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Barriers to access and retention. Impact of dyslexia and similar learning difficulties for learners.	<p>NHS Workforce Census  Standard Student Data Sets  ESR Data, Warehouse,  National Census, North West  Analysis</p> <p>Evidence relating to the experience of disabled health workers was found on the HPC Healthcare website at <a href="http://www.hcp-disability.org.uk">www.hcp-disability.org.uk</a>.</p> <p>There is also significant published evidence relating to disabled people as users including the NHS Centre for Equality and Human Rights <a href="http://www.wales.nhs.uk/sites3/page.cfm?orgid=256&amp;pid=16240">http://www.wales.nhs.uk/sites3/page.cfm?orgid=256&amp;pid=16240</a></p> <p>And at the Disabled Peoples Network Manchester at <a href="http://www.dpmsg.org.uk/">http://www.dpmsg.org.uk/</a></p> <p>Evidence relating to the experience of disabled students was found in '<u>Disabled Students &amp; Higher Education</u>' DIUS, May 2009</p>

6. Are there concerns that the policy <b>could</b> have a differential impact on or due to any of the following:-			
	Y/N	Please explain	What existing evidence (either presumed or otherwise) do you have for this?
(c) Sexual orientation	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Evidence exists that LGB people can be deterred from seeking employment in the NHS because of negative experiences including bullying and harassment.	<p>NHS Workforce Census Standard Student Data Sets ESR Data, Warehouse, National Census, North West Analysis, evidence is also available on the Stonewall website which describes experiences of lesbian, gay and bisexual as user and workers in health services, eg “Being the Gay One”) <a href="http://www.stonewall.org.uk/campaigns/1836.asp">http://www.stonewall.org.uk/campaigns/1836.asp</a></p> <p>There a number of publications on the experiences of LGB staff and students in the NHS and higher education including: <u>‘A celebration of lesbian, gay, bisexual and trans doctors contribution to the NHS – a Collection of member’s experiences.’ BMA 2009</u> <u>‘The experience lesbian, gay, bisexual and trans staff and students in higher education’</u> Equality Challenge Unit 2009 <u>‘Sexual orientation – a practical guide for the NHS’ DH, 2009</u></p>
(e) age	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Student profile higher than for other degrees (average age for starters on nursing programme 26). Impact of demographic changes over next 10 years. Increase in older people accessing services.	<p>NHS Workforce Census Standard Student Data Sets ESR Data, Warehouse, National Census, North West Analysis. Additional evidence was sought through websites such as Age Concern <a href="http://www.ageconcern.org.uk">www.ageconcern.org.uk</a> And the Manchester Valuing Older People programme <u>‘Everybody’s Future – North West Regional Framework for Aging’ 5050 Vision, 2009</u></p>

6. Are there concerns that the policy <b>could</b> have a differential impact on or due to any of the following:-			
	Y/N	Please explain	What existing evidence (either presumed or otherwise) do you have for this?
(f) religious belief	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff.	NHS Workforce Census Standard Student Data Sets ESR Data, Warehouse, National Census, North West Analysis
(g) transsexual or transgender people	Y	Aim to develop a workforce that reflects the diverse population it serves and to ensure that the NHS attracts the very best staff. Lack of detailed data relating to current workforce and student profile.	There appears to be little data on numbers and location of transsexual or transgender people within the NHS in the North West <u>'Trans – a practical guide for the NHS'</u> DH, 2008
(h) human rights or any other group <i>e.g migrant workers, gypsies, travellers, people with mental health problems or learning difficulties</i>	Y	<p>It is recognised that there is increasing awareness and diagnosis of learning disabilities including dyslexia and dyscalculia amongst the student population</p> <p>Programmes should be assessable to Refugees and asylum applicants</p> <p>Rules governing overseas students and staff will need to fit within statutory guidance.</p> <p>Those undertaking the education and training will deliver care to all sections of society and should have core competencies to enable them to do so.</p>	<p>North West population profiles and health inequalities assessments.</p> <p>Student data sets</p> <p>Further Evidence was found through the NW Mental Health Commission report 'A better future in Mind' and the Valuing People website at <a href="http://www.valuingpeople.gov.uk">www.valuingpeople.gov.uk</a></p>

<p>7. In addition to the specific groups considered in 6(a) to 6(h) are there possibly any differential impacts or unmet needs that arise from the intersection of two or more factors?</p> <p><i>Eg. There may be no impact relating to age or BME status per sé but being an elder BME person might be different.</i></p>	<b>Y</b>	<b>N</b>	<p>Please explain</p> <p>The issues have been identified but there are risks associated with the implementation of the strategy</p>	
<p>8. Are any of the differential impact(s) noted in questions 6(a) to 6(h) or 7 unjustifiable as a legitimate aim of the policy/process <u>or</u> are any of them missing a valid opportunity to promote equality of opportunity for one or more of the groups concerned?</p> <p><i>If Yes, consider whether to stop here and repeat the test after adjusting the policy / process, or whether the evidence is such that further investigation is necessary through a full EqIA.</i></p>	<b>Y</b>	<b>N</b>	<p>Please explain who is affected and your reasoning for the course of action to be adopted</p> <p>Potentially impacts on all sections of society</p>	
<p>9. Should the policy proceed to a full equality impact assessment for the areas identified for attention?</p>	<b><u>YES</u></b>		NO	
<p><b>If NO, proceed to publishing and consulting on the initial EqIA screening. If YES, proceed to a full equality impact assessment (part 2 of the template)</b></p>				

<p>10. If a full EqlA is determined to be necessary should the the work be conducted jointly with another directorate / area / contractor / partner / agency?</p>	<p><b>Y</b></p>	<p><b>N</b></p>	<p>Please explain</p>
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Signed  
 (Responsible Manager for Policy) .....

Date.....

Signed  
 (Executive Director) .....

Date.....

Countersigned  
 (Associate Director for Equality & Diversity).....

Date.....

## **APPENDIX 2 - FULL Equality Impact Assessment Template** *(In-depth look into issues raised from initial screening and outputs of stage one)*

This template is to be completed for submission with all new policies from September, subject to the outcome of the initial screening.

It should also be completed for any full assessment of existing functions, policies, practices, projects or strategic plans.

All questions should be considered from the perspective of all 6 strands of Diversity, Race, Disability, Gender (including transgender), Religion & Belief, Sexual Orientation and Age, in accordance with the areas identified in stage 1. Involvement in the process should take account of the foregoing identification of who is accountable and responsible for the policy and who needs to be consulted or informed, as identified in questions 4 and 5 during initial screening.

### **Set up the EIA Team**

Name Neil McLauchlan  
Role Assistant Director for Education Commissioning

Name Anurita Mulchand (until December 2009 then Slawek Pawlic)  
Role Programme Manager

External Representatives:

- Disability - Breakthrough UK Limited
- Race & Faith – CEMVO
- Gender – The GAP Unit and Men’s Health Forum
- Transsexual & Transgender People – Plain Sense
- Gay, Lesbian and Bisexual People – Lesbian & Gay Foundation

This should be a mix of people with specialists co-opted to the team as appropriate. Remember to include representatives from other directorates or agencies where the issues identified in initial screening cut across responsibilities.

### **Stakeholder Involvement / participation / consultation**

1. (a) Who are you going to consult and involve? (*key stakeholders*)

Consider both internal and external stakeholders as identified in questions 4,5 & 6 of the initial scoping template.

The key stakeholders are healthcare organisations and education providers. In addition we could want to consult with representatives of the Equality Target Groups, notably those relating to race, disability, religious belief, older and younger people, the gay and lesbian community and transsexual/transgender people.

1. (b) How are you going to do this? (*set out your consultation and inclusion methodology*)

During the period of consultation on the strategy there was a congruent consultation on the Equality Impact Assessment. Copies of the EIA were sent to individuals and groups representing the Equality Target Groups and in addition small consultation events will be held with key groups, at this stage the focus was on the issues relating to race, age, disability, sexual orientation, religious belief and transsexual/transgender people. Questions relating to the impact on gender formed part of the main consultation.

The following groups were consulted in relation to equality target groups, the SHA entered into a formal contract with each group for this activity:

- Disability - Breakthrough UK Limited
- Race & Faith – CEMVO
- Gender – The GAP Unit and Men’s Health Forum
- Transsexual & Transgender People – Plain Sense
- Gay, Lesbian and Bisexual People – Lesbian & Gay Foundation

The consultation was in three stages;

Stage 1 - a joint meeting with all the groups was held to outline the role of the SHA and its role in relation to equality and diversity.

Stage 2 - consisted of providing each group with specific information on the Workforce Strategy which included a copy of the strategy and associated briefings together with a set of questions which were drawn from the strategy, these initial questions were:

- (a) Have we included all the factors which we need to consider from the perspective of the equality group(s) you represent? What are the most significant barriers to employment from your point of view?
- (b) Are you able to supply us with quantitative or qualitative data which can help us to ensure we correctly prioritise work to promote equal recruitment and retention outcomes in your area of expertise?
- (c) What specific actions would you like to see us consider in order to encourage equal opportunities to recruit and retain staff?
- (d) How might we encourage more people to access training for healthcare careers and what barriers are there for people to access this training from the equality groups you represent?
- (e) How can strengthen education and training so that healthcare staff are better equipped to meet the health care needs of the equality groups you represent?
- (f) How can we best use education and training to support the progression and development of staff from the equality groups you represent?
- (g) How can we better involve users and carers from the equality groups you represent to inform and influence the development of education and learning to meet the needs of these groups?
- (h) Do you consider that the pledges in the strategy are appropriate?

<p>Groups were asked to consider these questions and any other questions they might want to add.</p> <p>This was followed up with a separate meeting for each group at which further questions or information and clarity relating to the strategy were discussed.</p> <p>Stage 3 – each group provided a detailed written response to the strategy consultation. These responses informed the EIA and the subsequent revised final strategy and action plans.</p>
<p>2. Have the results of the consultation been fed back to those consulted? <b>Y/N</b></p>
<p>Describe how</p> <p>The results will be fed back directly by correspondence through the individuals and groups consulted once the outcome of the consultation is completed.</p>

### Consider the Evidence

<p>3. What relevant quantitative data has been considered?</p> <p>The main data sources used have been:</p> <ul style="list-style-type: none"> <li>• NHS Workforce Census</li> <li>• Standard Student Data Sets</li> <li>• ESR Data Warehouse</li> <li>• National Census - North West Analysis</li> <li>• Additional data generated by the consultation groups</li> </ul> <p>Data on certain groups, notably in relation to sexual orientation, religious belief and transsexual/transgender people is of variable quality due to the current data set requirements in the main data sources.</p>
<p>4. What relevant qualitative data has been considered?</p> <p>In addition to the evidence identified in the scoping assessment the representatives of the equality target groups have produced detailed reports in response to the consultation. This was in two forms, firstly; internal reports answering the specific questions asked by the SHA and additional evidence generated by each group. Secondly; the groups were able to access additional data and information from other external sources with which to support their submissions.</p>

5. What gaps in data / information were identified?

a) Quantitative Data

While there are some constraints over the collection and analysis of workforce data relating to each equality target group the consultation has suggested that promoting equality and tackling harassment and bullying for all workers within a culturally sensitive environment could improve the quality of data as students and staff increase their confidence in the process and rationale for collecting the data. Also better promoting and understanding of how the data is used and the reasons for requesting it may also improve declarations. In addition specific targeted research relating to the equality target groups can also provide more robust data baselines.

b) Qualitative Data

There are gaps in terms of both the experience of staff and students and in particular workforce and student data relating to all equality target groups and in particular for sexual orientation, transsexual and transgender staff and students. There are similar gaps relating to religious belief and faith as well as disability. This is partly due to the way in which this information is collected and recorded as well as lack of declaration by students and staff.

6. What mechanisms have been put in place to close the gap in data information?

The SHA will work with stakeholders including employers, HEIs and equality target groups to develop action plans to improve the quality of data available. This will be done through existing service and education networks and supported by the performance management, quality assurance and contractual arrangements in place between the SHA and partner organisations

## Summary of findings

7. Provide a statement outlining the findings of the equality impact assessment process. *(This should include your decision to adopt the policy with the required changes.*

*Note: this should cover if the policy has been identified as having a possibility to adversely impact upon diverse communities, the statement should include justification for the implementation.)*

The consultation with representatives from equality target groups generated a wealth of information which will inform the outcome of; and the development of actions plans to deliver the recommendations of the consultation. The volume of evidence from the equality target groups is such that it would be impossible to summarise it all the EIA and full copies of the evidence will be available through the Responsible Manager for the EIA. There were, however some specific and common themes which came out of the evidence which can be summarise against the initial questions asked and these are appended to this EIA.

The common themes from the consultation include:

- The need for better data and intelligence on equality and diversity both within service and education providers
- Raising the profile of the equality target groups in healthcare careers marketing – using role models and narratives
- Engaging with equality target group communities to promote healthcare careers
- Widening access and participation in learning for all staff, especially in relation to Agenda for Change Bands 1 to 4.
- Utilising education and learning to promote equality and cultural awareness and its impact on healthcare
- Demonstrating year on year improvement in student and staff profiles which reflect the communities in the North West.
- Ensuring equity of access to learning resources for all staff (both at pre-qualifying and post qualifying stages)
- The need for the strategy itself to both reflect the diversity of the workforce and population in services and to be more specific in terms of the pledges, task and outcomes relating to equality and diversity

There are a number of specific issues relevant to particular equality target groups and these are outlined in more detail in the appendix

## Publishing and Communication Arrangements

8. Please record arrangements for publishing this report. (*Set out your strategy for publishing and communicating the findings of the assessment and any amendments made to the policy. The communications team must be involved in the approach*)

The results of the full EIA will be published along side the main strategy through the SHA web site with the facility to produce in other formats as required. There will be regular updates on progress on the action plans through the SHA website and communication briefs with NHS and HEI networks.

Specific feedback will also be given to the organisations representing the equality target groups.

## Monitoring

9. What arrangements have been made to monitor this policy/proposal?  
(*A template for monitoring is provided – see toolkit*)

Action plans will be developed in response to both the general consultation on the strategy as well as the specific consultation on the equality target groups. The action plan will identify timescales and name leads for each area.

The final strategy and action plans will be signed off by the SHA Board.

## Action Plan

If any further action is required after carrying out the full assessment above, please identify any needs for further work. In each case give details of who, what, how and when and to which point in the assessment above action relates. *(An action planning template is provided)*

*e.g*

- *Data collection*
- *Consultation with and involvement with stakeholders and specialist organisations;*
- *Consideration of changes to the proposed (policy/project) strategic plan etc...) to increase the positive impact in equality terms.*

The action plan will be developed following full consultation on the strategy and EIA; an initial draft is attached to this paper. The key areas for action relate to the following:

Signed  
(Completing Manager)..... Date .....

Signed  
(Head of Section) ..... Date .....

Signed (Countersigned)  
Equality and Diversity Lead..... Date .....

## TEMPLATE FOR ACTION PLANNING *(if required)*

Please outline your proposed action plan below

No	Target Group	Action	Outcome/Benefits	Evidence of Achievement	Lead	Target Date/Progress
1	All	The need for better data and intelligence on equality and diversity both within service and education providers	<p>A self audit of current processes for data collection to be carried out by all service and education providers.</p> <p>Common staff and student guidance on data collection and data security together with rationale for requesting E&amp;D information to be developed</p>	<p>All organisations to complete audit</p> <p>Guidance available to all stakeholders</p>	<p>SHA &amp; Service and Education Providers</p> <p>SHA</p>	<p>March 2010</p> <p>September 2009</p>
2	<p>All; key groups:</p> <p>LGB Men Race Trans Disability</p>	Raising the profile of the equality target groups in healthcare careers marketing – using role models and narratives	<p>Work with service and education providers to identify role models to help develop narratives.</p> <p>Careers promotion and advice material to be revised to demonstrate positive experiences and images or students and staff</p>	<p>Role models identified for each equality target group</p> <p>Revised career promotion and advice materials collated and published</p>	<p>SHA</p> <p>SHA</p>	<p>September 2010</p> <p>March 2010</p>

			working in healthcare.			
3	All	Engaging with equality target group communities to promote healthcare careers	<p>Use existing networks and support the development of new networks through the development of local service/education partnerships to support promotion of healthcare careers in partnerships with local representative of equality target groups.</p> <p>Commission the evaluation of the effectiveness of local partnerships in terms of access to careers advice and promotion from under represented groups</p> <p>£50,000 has been identified to support marketing initiatives which build on role models and narratives from staff working in healthcare from equality target groups to promote healthcare careers and access to learning</p>	<p>Evidence of local engagement of equality target groups in supporting healthcare careers promotion (may include terms of reference, minutes of meetings or outcomes of consultation events)</p> <p>Evaluation outcomes published</p> <p>A marketing strategy and materials have been developed which are accessible by members of the equality target group communities and others</p>	<p>SHA, Service and Education</p> <p>SHA</p> <p>SHA</p>	<p>March 2010</p> <p>September 2011</p> <p>March 2010</p>

4	All; key groups:  LGB Men Race Trans Disability Age	Widening access and participation in learning for all staff, especially in relation to Agenda for Change Bands 1 to 4.	All funded learning is linked to KSF and PDPs.	100% of staff have a PDP	Service organisations	April 2010
			Organisations applying for funding demonstrate that they have used selection criteria which is based on robust equal opportunities.	Evidence of learning strategies or plans which demonstrate equal opportunities	Service organisations	March 2010
			Organisations will demonstrate how they ensure staff from equality target groups supported in accessing learning resources	The profile of staff accessing learning reflects that of the overall organisation	Service organisations	March 2011
			£80,000 has been identified for a project to support widening access and participation in learning.	Widening accesses places for professional education programmes represent 10% of commissions and demonstrate year on year improvement in the diversity of the profile of learners	SHA & service organisations	March 2010
5	All	Utilising education and learning to promote equality and cultural awareness and its impact on healthcare	All education providers to audit existing curricula to ensure that it, where appropriate, learning outcomes and competencies promote equality and cultural awareness and its impact on healthcare	Audit results published and gaps identified	SHA & Education Providers	March 2010

			Where curricula do not promote this then revised curricula are developed	Revised curricula approved and accredited as appropriate	SHA & Education	September 2010
			Specific programmes and modules are commissioned which support the development of equality and cultural awareness	Programmes and modules are available	SHA & Education	March 2011
6	All	Demonstrating year on year improvement in student and staff profiles which reflect the communities in the North West.	<p>PCT commissioners to ensure that contracts or service level agreements held with healthcare organisations set best practice requirements in terms of equal opportunities and include requirements for year on year improvements in staff profiles which reflect their local communities</p> <p>The SHA through its contractual relationships with education providers set best practice requirements in terms of equal opportunities and include requirements for year on year improvements in student profiles which reflect the communities in the North West</p>	<p>Staff profiles demonstrate improvement in the diversity of staff</p> <p>Student profiles demonstrate greater diversity in the student population</p>	SHA/PCTs  SHA	<p>Annually from April 2010</p> <p>Annually from September 2009</p>

7	<p>All; key groups:</p> <p>LGB Men Race Trans</p>	<p>Ensuring equity of access to learning resources for all staff (both at pre-qualifying and post qualifying stages)</p>	<p>Through the Learning and Development Agreement ensure service providers apply robust equal opportunities practice to demonstrate equity of access to learning resources at all levels of the workforce</p> <p>All staff to have a personal development plan which reflects individual and service needs</p>	<p>Profile of staff accessing learning resources reflect the profile of the workforce</p> <p>100% of staff have a PDP</p>	<p>SHA</p> <p>SHA</p>	<p>Annually from April 2009</p> <p>Annually from April 2010</p>
8	<p>All; key groups:</p> <p>LGB Disability Trans</p>	<p>The need for the strategy itself to both reflect the diversity of the workforce and population in services and to be more specific in terms of the pledges, task and outcomes relating to equality and diversity</p>	<p>To look at the content and photographs in particular to ensure they reflect the diversity of the workforce and communities it serves</p> <p>To strengthen the contribution of equality target groups within the strategy and more clearly articulate how the strategy will enhance equal opportunities and diversity</p> <p>£10,000 has been identified to provide additional access to representatives of the equality target groups in supporting the implementation of the strategy</p>	<p>Final strategy recognises the contribution of the equality target groups through the images used</p> <p>To relook at the pledges and tasks in relation to enhancing the contribution they may make to improving equal opportunities and diversity.</p> <p>Implementation plans for the delivery of the strategy meet the needs of all equality targets groups as determined by the representative groups</p>	<p>SHA</p> <p>SHA</p> <p>SHA</p>	<p>June 2009-03-25</p> <p>June 2009</p> <p>March 2010</p>

**TEMPLATE FOR ARRANGEMENTS FOR MONITORING AND REVIEW *(if required)***

Please outline your arrangements for future monitoring and review below

<b>Agreed action</b>	<b>Monitoring arrangements</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Added to other Plans etc.</b>
All Actions identified in action plan	Monitoring will be as described in the action plan and will be reported with an annual report.	Annually as described in action plan	To be determined	Will be reviewed through directorate/corporate objectives

Date completed:

Signed

Name:

Position

## Appendix

### Equality Target Group Summaries

The following are specific recommendations raised by the Equality Target Groups consulted by the SHA. The recommendations are set out under the relevant consultation questions. Where possible the recommendations have been cross referenced to either the appropriate part of the action plan or to the NWSHA Single Equality Scheme and Action Plan (SES).

	Equality Target Group	Consultation Question	Link to Action Plan or SES
<b>c</b>		<b>What specific actions would you like to see us consider in order to encourage equal opportunities to recruit and retain staff?</b>	
	<b>CEMVO</b>	<ul style="list-style-type: none"> <li>• Training on Equal Opportunities legislation for all the staff</li> <li>• Equality Impact Assessment training for all the middle and senior staff</li> <li>• Developing role models to attract male staff (75% of the workforce are women)</li> <li>• Road shows in areas with substantial BME population and in faith organisations</li> <li>• Given that only 7.5% of the social care workforce are from BME backgrounds, a targeted approach is needed (CEMVO in partnership with Practice Learning Taskforce has organised Awareness Days)</li> <li>• Set-up a Mentoring Scheme</li> <li>• Develop Diversity Champion awards in the areas of medical, management, PCT, Ambulance services, etc. (Similar to Butler Trust Fundraising Event for the Prison Service, led by Mr Lockwood, Area Manager)</li> <li>• Increased use of BME third sector and faith organisations as part of recruitment drive (CEMVO undertook this work for the Prison Service, NW Area)</li> <li>• Establishing baseline under each equality strand and monitor this</li> </ul>	SES SES 2 & 3 2 & 3 2 & 3  SES SES  2 & 3  1

		<ul style="list-style-type: none"> <li>• Equality and diversity should a cross-cutting theme across all the function and the responsibility should lie with each staff member</li> <li>• Local assessment of needs, especially involving local people in research process itself (Tackling Health Inequalities 2002 Cross-Cutting Review)</li> </ul>	SES SES
	<b>LGF</b>	<ul style="list-style-type: none"> <li>• Undertake sexual orientation monitoring within recruitment and across staffing bands to assess whether LGB people are under-represented</li> <li>• Use of promotion within LGB press and internally (see imagery, case-studies and role models)</li> <li>• Open days for recruitment, jointly promoted with LGF and key LGB organisations to LGB communities and groups, for those not quite sure about a career with the NHS. (Manchester City Council also do LGB&amp;T job fairs)</li> <li>• More high profile LGB leaders – perhaps to encourage champions to come forward through the NHS NW Leadership Academy.</li> <li>• Considering work-experience or summer placement schemes for LGB people. Some private companies target presentations to LGB&amp;T groups at universities (which also now exist at some schools).</li> </ul>	1 2 & 3 2 & 3 SES 2 & 3
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• it is explicitly recommended that work be undertaken to verify the trans-friendliness of every step in the NHS career path from higher education onwards. The SHA's education commissioning role presents an ideal opportunity to encourage HEI's and the professional registration bodies to examine their approach (with the evidence from specific case histories that trans advocates such as Press for Change can provide).</li> <li>• It is similarly recommended that the SHA should examine the collected evidence of those same groups concerning the problems that trans people have faced when transitioning at work or taking up new employment. The case histories do not necessarily involve North West Trusts but the aim should be to identify the core issues in each case, within the SHA's education and performance management roles, and to ensure that such problems could not occur again in the region.</li> </ul>	2 & 7  1



		<ul style="list-style-type: none"> <li>- accessibility of assessments e.g. timed ability and aptitude tests. <b>Action:</b> positive statements in recruitment packs and other literature about accessibility/ adjustments will be made, flexible working hours etc.</li> <li>• <b>Use of health questionnaires</b> in the recruitment process. If there is a requirement to fill in health questionnaires before interview, disabled people worry that content will influence decision on whether or not to appoint. <b>Action:</b> make clear in recruitment info what the health questionnaire is for and NOT for, ensure occupational health staff are fully trained in Disability Equality.</li> <li>• <b>Accessible interviews</b> – for many disabled people confidence and experience is low for interviews. Are interviews the only way to assess skills? <b>Action:</b> Consider volunteering opportunities/ work trials/ internships. If interview is the only way - provide appropriate support/ adjustments to allow the disabled person to ‘perform’ to their best ‘ensure level playing field’</li> <li>• <b>Guaranteed Interview Scheme</b> Although this is a great way for DP to get an interview, many DP end up going to lots of interviews and not getting a job. Ultimately this can have a negative effect. Organisation must be prepared to follow-through.</li> <li>• <b>Lack of clarity with regard to health and impairment.</b> Questions such as: “Have you ever been denied a driving licence on health grounds?” A person with a visual impairment, should answer “no” to this. As they have never applied and therefore have not been denied. Having a visual impairment is not a health issue.</li> <li>• <b>Attitudes (NOT just recruitment )</b> It is important that all those involved in recruitment are thoroughly trained and that such attitudes and assumptions are challenged.</li> <li>• <b>NHS Contractors:</b> there is a real danger that contractors do not have the same standards in terms of seeking and adopting good practice in recruitment. <b>Action:</b> scrutinise within tender process and requirement to complete DET if not already demonstrated.</li> </ul>	<p>SES + 2 &amp; 7</p> <p>SES + 2 &amp; 7</p> <p>SES + 2 &amp; 7</p> <p>SES + 2 &amp; 7</p> <p>SES + 2 &amp; 7</p> <p>SES</p>
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		<p><b>1.2 Workplace issues</b></p> <ul style="list-style-type: none"> <li> <p><b>Accessibility of workplace and reasonable adjustments:</b> Is there knowledge in the organisation to support development of reasonable adjustments in partnership with disabled employees? Implementation and monitoring of adjustments is key there are often: significant delays, problems with bureaucracy, large organisations not having the systems and procedures to coordinate activity to ensure timely implementation (including finance systems to deal with Access to Work), no regular checking of adequacy of adjustments (not embedded into supervision.) which may lead to issues around performance and capability. Early intervention to avoid litigation.  <b>Action:</b> train appropriate staff (middle managers are key) in understanding of DDA, reasonable adjustments, and ensure staff are supplied with appropriate resources regarding Access to Work.</p> </li> <li> <p><b>Isolation</b> – peer support is important, disabled employee groups, mentoring from disabled people in other orgs as well as NHS. Important that employees have access to advice, internal and external.</p> </li> <li> <p><b>Flexible working</b> – important for everyone, but can really support some disabled people to work. Do processes and policies support this to be a reality?</p> </li> <li> <p><b>Lack of distinction between health and impairment.</b> This leads to lack of clarity in understanding. Also it can mean that impairment related absence is classed as sickness absence.  <b>Action:</b> Training/ improve knowledge base HR staff and managers.</p> </li> <li> <p><b>Disadvantage in career development</b>  Disadvantage can be created by lack of equal access to placements, training and other development opportunities, if not made accessible. Overlooked for promotion because of attitudinal barriers.  Assertiveness in getting adjustments in place can lead to DP being perceived as a problem or a trouble maker.  <b>Action:</b> Appropriate and accessible performance management systems. Managerial</p> </li> </ul>	<p>SES</p> <p>SES</p> <p>SES</p> <p>SES</p> <p>7 &amp; SES</p>
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		<p>training in Disability Equality.</p> <ul style="list-style-type: none"> <li>• <b>Line managers</b> Crucial to positive employment experiences. Major reason why jobs are not retained. Barriers due to: <ul style="list-style-type: none"> <li>- lack of knowledge of legal requirements</li> <li>- lack of knowledge of sources of support</li> <li>- lack of confidence in dealing with reasonable adjustments</li> <li>- lack of internal processes</li> </ul> Result – disabled people left to struggle without required adjustments and onus on individual to try and sort it out at the same time. <b>Action:</b> DET for managers.</li> <li>• <b>Attitudes of colleagues, managers and public in frontline service.</b> <b>Action:</b> DET really important – build into induction programme for all employees.</li> <li>• <b>Attitudes of colleagues</b> Lack of understanding lead to inappropriate comments or behaviour. No substitute for training!!</li> <li>• Attitudes of service users – harder to tackle. Need internal support mechanisms (see peer support). Should not be down to individual disabled person to challenge, other staff should support that challenge.</li> </ul>	<p>SES</p> <p>SES</p> <p>SES</p>
	<p><b>Gap Unit</b></p>	<p><b>Recruitment</b></p> <p><b>1. Creating interest in gender atypical health careers among young</b></p>	

	<ul style="list-style-type: none"> <li>• Arrange visits to primary schools by male nurses, female surgeons etc. Give simple presentations to primary age children which include gender myth-busting content. One study found that the mere presence of a male Registered Nurse send a strong message to young people.</li> </ul>	2 & 3
	<ul style="list-style-type: none"> <li>• Offer advice and partnership with schools and Connexions services in order to make available work placements and hospital visits which have challenging gender assumptions as a strategic aim.</li> </ul>	2 & 3
	<ul style="list-style-type: none"> <li>• For older high school students looking for career opportunities, provide inclusive, non-gender-specific messages, including the positives of stable employment and the need for nurses to be skilled and autonomous. Use real nurses, not actors, to provide role models.</li> </ul>	3
	<ul style="list-style-type: none"> <li>• Make sure girls aware of the rates of pay in different sectors and occupations so that they are conscious of the implications of their career choices.</li> </ul>	3
	<ul style="list-style-type: none"> <li>• Make more information available about allied health professions experiencing staff shortages, and target it to appeal to the interests of young men. The list includes clinical psychologists, pharmacists radiographers, audiologists and occupational therapists</li> </ul>	3
	<ul style="list-style-type: none"> <li>• To draw more men into nursing, educate young people about what nursing offers both men and women: the combination of job satisfaction and practical benefits. Emphasise the diversity of skills required and activities involved, including scientific knowledge base where relevant. Give real life testimonies.</li> </ul>	3
	<ul style="list-style-type: none"> <li>• Bear in mind that lower achieving pupils tend to get the worst and more stereotyped advice, and they also have less time in education to develop their preferences. Target gender bias-free information about possible career pathways at all social and ability groups.</li> </ul>	3 & 4
	<ul style="list-style-type: none"> <li>• Run gender awareness training with NHS cadets and their trainers and supervisors</li> </ul>	5
	<p><b>2. Research</b></p> <ul style="list-style-type: none"> <li>• Set up a working group to review recruitment and advertising with a view to attracting a more diverse workforce</li> </ul>	3
	<ul style="list-style-type: none"> <li>• Research local demographics to understand where and how to recruit most effectively</li> </ul>	3
	<ul style="list-style-type: none"> <li>• Work with Manchester universities and colleges to determine local perceptions of the NHS</li> </ul>	3

		<p>as a place for women/men to work</p> <ul style="list-style-type: none"> <li>• Conduct research with partner organisations to find out why women/men are under-represented in particular job types</li> <li>• Survey staff to identify the reasons why internal job advertisements attract varying responses</li> <li>• Run single sex workshops and surveys to find out about barriers and other issues facing male/ female staff</li> </ul> <p><b>3. Advertising</b></p> <ul style="list-style-type: none"> <li>• Advertise widely through a range of media</li> <li>• Advertise flexible working options and childcare opportunities</li> <li>• Use images and case studies which focus on the underrepresented sex</li> <li>• Make clear that applications from under-represented sex are particularly welcome when that is the case.</li> </ul> <p><b>4. Application process</b></p> <ul style="list-style-type: none"> <li>• No names or gender on application forms</li> <li>• Do not ask for applicants to find job-share partners as this is not always possible: this should be done by the employer.</li> </ul> <p><b>5. Interviews</b></p> <ul style="list-style-type: none"> <li>• Ask the same questions to all candidates</li> <li>• Recruit only on skills, do not take personality or other issues into account</li> <li>• Do not ask questions in relation to marriage or children in an interview</li> <li>• Ensure there is a good gender balance on selection panels</li> <li>• Ensure recruitment panels have undergone gender equality training</li> </ul> <p><b>6. Job conditions offered</b></p> <ul style="list-style-type: none"> <li>• Ensure you provide equal pay for work of equal value</li> </ul>	<p>Not within remit</p> <p>2 &amp; SES</p> <p>2 &amp; SES</p> <p>2 &amp; SES</p> <p>2&amp; SES</p>
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		<p>development irrespective of the numbers of hours worked;</p> <p>b) new forms of inequalities and gender segregation and areas of feminisation based on differences in working hours</p> <p>c) an increase in high quality and integrated nursing jobs based on flexible working hours, which can be moderated over a working life cycle according to changing needs;</p> <p>d) more hierarchical divisions within nursing, between qualified and unqualified nurses and between women and men.</p> <p><b>3. Family friendly policies</b></p> <ul style="list-style-type: none"> <li>• Offer part-time working or new patterns as women’s circumstances change. Review this over time so patterns do not get outdated</li> <li>• Put in additional funds where necessary to enable job shares or new working patterns to work well: see the long term benefits rather than the possible short terms costs.</li> <li>• Provide onsite childcare or vouchers for staff – 9-5 day care may not met the needs of shift workers</li> <li>• Offer roles without nightshifts where possible to staff with caring responsibilities</li> <li>• Offer part time and flexible hours for men as well as women</li> <li>• Consider extending the right to request flexible working to all employees and introducing the right to request a return to full-time work or increased hours.</li> <li>• Enable staff to have time off when children or older parents are sick. Manage this pro-actively rather than pretending it shouldn’t or won’t happen. What systems will you use? For example, unpaid time off, staff make up the time up later, paid time off up to X number of days.</li> <li>• Make sure that atypical/part-time work does not negatively influence insurance coverage</li> <li>• Managers can remain reluctant to integrate part-time working for nurses more effectively with full-time work, especially for higher graded staff, and most commonly nurses still have to accept demotion in order to work part time hours.<sup>7</sup></li> </ul>	<p>7</p> <p>Not within remit Not within remit</p> <p>SES</p>
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		<ul style="list-style-type: none"> <li>• Some NHS Trusts have found that not all staff can always comply with the requirements of some forms of flexibility, such as self-rostering and annualised hours. Staff with children may have inflexible childcare arrangements, for example, and require predictability in their working hours, time off and holidays.<sup>4</sup></li> <li>• The long hours culture still pervades the NHS and there are still few opportunities for reduced working hours amongst doctors.</li> <li>• Without dedication of substantial financial resources, it may be tricky to reconcile the diverse interests of NHS as an employer and its employees - women in particular.</li> <li>• Financial shortfalls arising from the modernisation agenda may result in accelerated substitution of registered nurses by care assistants and nursing auxiliaries, many of whom are minority ethnic women. This increases inequalities between women and entrenches the gender pay gap.</li> </ul> <p><b>4. Mentoring</b></p> <ul style="list-style-type: none"> <li>• Offer mentoring and buddy schemes for staff so that women can meet role models in senior positions.</li> <li>• Use mentoring/shadowing schemes to increase female representation on boards</li> <li>• Set up female staff groups to feed in new ideas to senior management on promoting gender equality</li> <li>• Offer mentoring for men who wish to train/retrain in female-dominated areas of clinical practice</li> </ul> <p><b>5. Gender equality in professional development and promotion</b></p> <ul style="list-style-type: none"> <li>• Provide financial or other incentives to train men/women in areas where they are under represented</li> <li>• Offer management and recruitment training to female staff to encourage them to develop their careers</li> </ul>	<p>7 &amp; SES</p> <p>7</p> <p>7</p>
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		<ul style="list-style-type: none"> <li>• Develop awareness of any informal male networks or a male dominated culture which may be influencing decisions, including who gets to access senior positions. Such organisational culture has been identified as a key factor in the persistence of gender inequality.</li> <li>• Develop a responsive staff engagement and communications structure in order to understand and deal with any gender-related power imbalances or unmet needs for support.</li> </ul>	
	<b>Men's Health Forum</b>	<ul style="list-style-type: none"> <li>• Consider the impact of flexile working practices on decisions to take up specific careers choices – increase in women GPs compared to higher numbers of men in surgical specialties'</li> <li>• Consider scope to recruit and support people who have been made redundant</li> <li>• Look at targeted recruitment where men may be over-represented such as ex- service personnel, ex-offenders, those previously homeless</li> <li>• Coordinated strategies for engagement with schools to promote NHS careers and encourage boys to focus on relevant educational attainment</li> <li>• Targeted marketing to encourage men or women into careers in which they are under-represented.</li> <li>• Recommendation to make concerted effort to attract more men into nursing</li> <li>• Ensure staff are trained in issues relating to gender equality</li> <li>• Ensure workforce data is analysed by gender</li> <li>• Recognise the impact of long working hours, especially on men and its impact on work-related stress</li> <li>• NHS Staff Survey reported higher incidence of bullying experience by men compared to women – ensure procedures and policies are in place to tackle this.</li> <li>• Gain a better understanding of the day-to-day impact experience of gender in the workplace to help inform strategies to change gender imbalance</li> </ul>	<p>SES</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>SES</p> <p>1</p> <p>SES</p> <p>SES</p> <p>SES</p>

d	<b>How might we encourage more people to access training for healthcare careers and what barriers are there for people to access this training from the Equality Target Groups?</b>		
	<b>CEMVO</b>	<ul style="list-style-type: none"> <li>• Access to information via BME third sector and faith organisations</li> <li>• Given that only 7.5% of the social care workforce are from BME, it needs targeted approach (CEMVO in partnership with Practice Learning Taskforce organised Awareness Days)</li> <li>• Work closely with BME health organisations</li> <li>• Establish close working relationship with LINKS</li> <li>• PCTs to work closely with the third sector</li> <li>• Provide role models from local community</li> </ul>	<p>3 3</p> <p>3 3 3 3</p>
	<b>LGF</b>	<ul style="list-style-type: none"> <li>• Considering how LGB community members can access education programmes, including the North West Academy's cadet scheme.</li> <li>• 'Earn whilst you learn' options, so that people can financially support themselves through further education options</li> </ul>	<p>4 &amp; 7</p> <p>7</p>
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• Apart from the specific barriers created by issues such as educational certificates and professional registration, one of the biggest barriers is the received impression among trans people that the NHS is a hostile and problematic environment. It is recommended that some specific action is needed to overcome each of these issues, including outreach through jobs fairs (with specific invitation to trans people) and the placement of editorial / interview material in trans community publications.</li> <li>• It is specifically recommended that work should be undertaken to incorporate trans awareness into the diversity training of all staff, beginning with a programme to ensure that NHS trainers are themselves trained in the necessary knowledge and skills to impart this well.</li> <li>• It is similarly recommended that the SHA should apply influence, in its education commissioning role, to ensure that trans issues are incorporated into the curriculum for new doctors, dentists and nursing staff (and the CPD of existing practitioners). Note that this</li> </ul>	<p>2 &amp; 4</p> <p>SES</p> <p>5</p>

		<p>should not just be a one-off optional item but embedded into the actual teaching curriculum alongside similar consideration of the needs of BME, LGB and disabled people. For clinicians, the training should not just deal with “bedside manner” issues of respectful conduct but also include basic knowledge of the clinical needs of trans people during and after transition. GPs should also have an awareness of how to care for trans people when they come out and seek help, and the treatment options which are available.</p>	
Breakthrough UK	<p><b>2.1 Pre-requisite educational pathways</b></p> <p>As a result of barriers in education, employment and society, some disabled people may not have had the opportunity to gain formal qualifications. This disadvantages them in the labour market. Employers need to make sure that any qualifications stated as a pre-requisite are really essential to the post recruited to.</p> <p><b>Action:</b> Introduce a competency based approach which focuses on skills and knowledge, which may be demonstrated through employment, voluntary work or other life experiences, opens the process to people who can do the job but don’t have the paper qualification to prove it.</p>	4	
	<p><b>2.2 Promote careers in Health Care in places disabled people are likely to be</b> eg: Disabled student groups at colleges and Universities, disabled peoples organisations and their publications. SKILL, ‘the national bureau for students with disabilities’, have identified well-meaning but ill-informed teachers and careers advisers who can act as barriers to disabled students choosing careers in medical professions. <b>Teachers and careers advisers need to be educated about the support available to disabled students in post 16 education and how this support carries forward into support in the workplace through Access to Work.</b> Lack of aspiration among disabled students is linked to misinformed and misguided teachers and advisers who may be trying to ‘protect’ disabled students from perceived failure.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Link early</b> into schools and attend career fairs positively seeking applications from disabled students.</li> </ul>	2 & 3	
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	<ul style="list-style-type: none"> <li>• Access to <b>positive role models</b></li> <li>• <b>Student ambassadors</b> – students following a higher education course who go into schools to talk about their experiences.</li> <li>• <b>Follow good practice guidance</b> - In March 2008 the General Medical Council published guidance: <i>Gateways to the Professions, 'Advising medical schools: encouraging disabled students'</i> - It provides practical suggestions to help schools ensure that disabled students do not face unnecessary barriers to successful medical careers.</li> </ul> <p><b>2.3 Consider type of learning</b> to train in healthcare careers – please find attached a very useful paper from CIPD regarding e-learning and disabled people.</p> <p><b>2.4 Is the training more demanding and inflexible than it needs to be?</b> The following letter in the Lancet argues for more flexibility in the training of medical students:</p> <p><b>2.5 Promote internships, volunteering on the job training</b> – this way, the barriers of formal education are removed.</p> <p><b>2.6 Ensure all those staff involved in training and development of healthcare professionals are themselves trained in disability equality issues.</b></p> <p><b>2.7 Ensure delivery of all disability equality modules by disabled people themselves</b> – for example BT UK already deliver extensive courses at MMU. Even more positive would be the involvement of disabled trainers on NON disability issue based parts of healthcare courses/ training. Seek out disabled professionals trained and skilled in other subject areas.</p> <p><b>2.8 Consider the wider barriers disabled people experience</b> Disabled people experience barriers outside the immediate training or workplace environment, and these barriers can prevent disabled people accessing training or career opportunities. Such barriers include the availability of appropriate accommodation and the accessibility and adequacy of public transport. Rural areas may present more barriers than urban areas.</p>	2
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<b>Gap Unit</b>	<ul style="list-style-type: none"> <li>• Important to begin work with schools before A-level decisions are taken.</li> <li>• Develop and mainstream a systematic gender equality approach.</li> <li>• Issues of occupational gender segregation are addressed as a priority.</li> </ul>	2
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	<ul style="list-style-type: none"> <li>• Back to work programmes can give explicit priority to the underrepresented sex</li> <li>• Focus on equal opportunities issues within programmes of citizenship training.</li> <li>• NHS education/training policies should be analysed for their gender impact and strategies and initiatives based on those policies should subsequently take any identified gender impact into account.</li> </ul>	7 5 6
	<ul style="list-style-type: none"> <li>• Perceived rewards of different jobs are an influence on career choice.</li> <li>• Interest is found to be a key consideration. The public sector employs nearly half of young women graduates, compared to a third of men. In part, this is the result of women's preferences for socially useful work in the caring professions; the desire to work in organisations with family friendly policies; and in jobs that provide a good work-life balance in anticipation of combining work and family in the future. Young male graduates are typically more often geared towards highly-paid occupations and willing to live with the long hours work culture – which becomes the norm in such work environments. However, long hours patterns are changing and that careers in medicine are becoming increasingly family friendly. This advice should be given to boys and well as girls to emphasise that good work-life balance and shared family responsibilities are the ultimate goal of a gender equal society. On the other hand, single-minded career-focussed young women should not be put off from seeing themselves rising through the ranks with a traditional trajectory if they are not interested in having a family in the future.</li> </ul>	2 2
	<ul style="list-style-type: none"> <li>• Mentoring scheme with local schools and 6th form colleges should explicitly talk to potential students about gender issues.</li> <li>• Better „marketing' and information in schools on the different career paths available in the NHS and what they involve, stressing aspects likely to appeal to men where appropriate.</li> <li>• Having visible role models and mentors at all levels has been shown to play a strong role in helping both men and women consider entering a gender a-typical area of healthcare.</li> <li>• Education contracts responsible for training placements should guarantee that students of either sex do not come up against sexist attitudes or banter while on placements or taster courses.</li> <li>• Encourage women into training/education pathways where they are under-represented –</li> </ul>	2 2 2 7 2

	<p>such as science based professions</p> <ul style="list-style-type: none"> <li>• More part time and flexible training opportunities.</li> <li>• Excellent childcare provision, more flexible hours and trying to make sure that credits/place on course is not lost if children or other dependents are unwell.</li> <li>• Good transport links to places of training are therefore important, as is the availability of free and safe parking, which is well-lit in the dark for people doing late or early training shifts.</li> <li>• Lack of confidence by girls to undertake certain courses (including those with science content and those seen as highly competitive) can be overcome with careful course design and tasters.</li> <li>• Experiments to see if group/team based evaluations and curriculum approaches improve female enrolment and success rates.</li> <li>• NHS training and education organisations should strongly emphasis in all curriculums that it is an employer which challenges sexist and hierarchical attitudes, and detail the work being done on this.</li> <li>• Untapped sources of male recruits to midwifery should be targeted, although this would need to go hand in hand with efforts to dispel prejudice</li> <li>• Encouraging men into training/education pathways where they are under-represented</li> <li>• Build on good and evolving practice such as: <ul style="list-style-type: none"> <li>– More gender case studies needed on the NHS Employers website. Ensure using GE best practice in the way it advertises</li> <li>– Non-clinical posts such as in facilities, management and finance where recruitment from outside the NHS is more common</li> <li>– Get involved earlier – before A-level choices</li> <li>– Consider how new education providers, such as The Manchester Health Academy, can give opportunities for piloting ways of reducing gender stereotypical attitudes at the age when it matters most</li> <li>– Explore how the North West NHS Skills Academy can support gender equality through its programmes.</li> </ul> </li> </ul>	<p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>1 &amp; 4</p> <p>5</p> <p>4 &amp; 2</p> <p>4 &amp; 2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>4</p>
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	<b>Men's Health Forum</b>	<ul style="list-style-type: none"> <li>• Coordinated strategies for engagement with schools to promote NHS careers and encourage boys to focus on relevant educational attainment</li> <li>• Targeted marketing to encourage men or women into careers in which they are under-represented.</li> <li>• Recommendation to make concerted effort to attract more men into nursing</li> <li>• Ensure student data is analysed by gender</li> <li>• Better understand how gender impacts on career choices</li> <li>• Boys tend to have lower educational attainment so consider alternative pathways or support into education</li> <li>• Use creative marketing including appropriate roles models and stories</li> </ul>	2 2 2 1 1 4 2
<b>e</b>		<b>How can we strengthen education and training so that healthcare staff are better equipped to meet the health care needs of the equality groups you represent?</b>	
	<b>CEMVO</b>	<ul style="list-style-type: none"> <li>• Equal Opportunities legislation (All Equality strands)</li> <li>• Cultural Diversity</li> <li>• Religion, faith and belief</li> <li>• Risk factors and disease patterns vary between ethnic groups</li> </ul>	5 5 5 5
	<b>LGF</b>	<ul style="list-style-type: none"> <li>• Evidence Exchange – properly understand the health issues and inequalities faced by LGB people, and also the causes behind these (given the renewed focus on preventative treatment)</li> <li>• Healthcare students could undertake placements or work-shadowing opportunities with LGB organisations. (The LGF currently does this with social work students).</li> <li>• Often the strategy refers to the right workforce with the right skills and knowledge. Sometimes there is also reference to competences – do these encompass beliefs, attitudes and behaviours?</li> </ul>	5 5 5
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• There is good evidence that professionally conducted trans awareness training is always well-received and has positive results. The syllabus for such training is well proven and there are several trainers who provide this. (E.g. Press for Change; The Gender Trust;</li> </ul>	5

		Gendershift; A Place at the Table; Plain Sense). It is important that such training be tailored to the needs of specific audiences. E.g. Training for GPs and hospital consultants will cover different issues to that for managers, E&D leads, admin staff, etc... Such training can also be backed up by a wealth of literature from the Department of Health under the NHS imprint.	
	<b>Gap Unit</b>	<ul style="list-style-type: none"> <li>• Health care workers need to learn about gender issues both in their initial training and also as part of life long professional development. A well as mainstreaming gender issues in the undergraduate curriculum, there is a need for training for those already working in the NHS.</li> <li>• This will need to focus on issues relevant to participants" own work settings, while also raising their general awareness of the importance of gender in health care and more widely. Awareness raising/focused training on gender will often be needed even for staff with specific responsibilities relating to equality and diversity.</li> <li>• Education at both pre-registration and post-registration levels need to take into account: <ul style="list-style-type: none"> <li>1. General gender equality issues</li> <li>2. Differences in male and female symptoms and outcomes of the same disease</li> <li>3. Sex-specific issues</li> </ul> </li> </ul>	5 5 5
	<b>Men's Health Forum</b>	<p>Similar issues to those related above with the addition of the following:</p> <ul style="list-style-type: none"> <li>• Development of skills, flexibility and confidence to deliver services out into the wider community – not necessarily within established healthcare settings but in areas such as the workplace.</li> <li>• Consider gender balance with healthcare teams to ensure choice for both men and women in terms of the gender of the health professional they see.</li> <li>• Ensure gender is considered in all service developments – for example IAPT</li> </ul>	5 5
<b>f</b>		<b>How can we best use education and training to support the progression and development of staff from the Equality Target Groups?</b>	
	<b>CEMVO</b>	<ul style="list-style-type: none"> <li>• Through individual Personal Development Plan (PDP)</li> </ul>	7

		<ul style="list-style-type: none"> <li>• Mentoring and Coaching</li> <li>• Systematic tracking of PDP</li> <li>• Offering career prospects based on a competency framework</li> </ul>	SES 1 4
	<b>LGF</b>	<ul style="list-style-type: none"> <li>• The strategy refers to healthcare organisations working more closely with the voluntary sector → flow of staff with the necessary skills and knowledge will transcend organisational boundaries. Perhaps this could include secondments and student placements with LGB organisations, and vice versa.</li> </ul>	3 & 4
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• As noted earlier in this document, awareness needs to be embedded into training of new professionals and the continuous personal development of existing ones. This doesn't just mean building a one-off optional session into part of an existing syllabus, but actually embedding the idea that trans people are patients too into the examples which illustrate lectures and practicals. The same needs to be done (of course) for other equality target areas too.</li> </ul>	3
	<b>Gap Unit</b>	<p>General principles and suggestions</p> <ul style="list-style-type: none"> <li>• Ensure training is offered to full and part time staff</li> <li>• Ensure training is offered on a range of days so that part time staff can participate</li> <li>• Students should never be pressured, directly or indirectly, to enter particular specialties because of social expectations about the professional strengths or weaknesses of men and women.</li> <li>• Train staff and management on gender equality including managing flexible working, managing maternity, challenging sexist attitudes and tackling sexual harassment</li> <li>• Provide mentoring, shadowing, assertiveness training, work placements and management training to women where appropriate</li> <li>• Survey staff about career aspirations, flexible working options and barriers to either sex progressing in their careers, providing an opportunity for free format comments, and then develop specific actions to address any issues uncovered by the survey</li> </ul>	4 & 7 4 & 7 4  SES  SES  2

		<ul style="list-style-type: none"> <li>• Promote awareness of the role and actions involved in positive action</li> <li>• Promote awareness among managers about the business and other benefits of promoting gender equality</li> <li>• Make sure gender equality targets are set and monitored</li> <li>• Market opportunities through direct mail flyers, posters, plus information stands around the organisation where development staff can discuss and clarify the options face-to-face with individuals</li> <li>• Arrange taster days for employees wanting to try out a new career or work in a different area</li> <li>• Provide opportunities for both genders to experience working in a non-traditional role</li> </ul> <p>Bands 1-4</p> <ul style="list-style-type: none"> <li>• Once employees are in the Skills for Life programme it is still worth working with them to challenge gender assumptions, e.g. by encouraging men on other junior roles to consider a caring or administrative pathway, and encouraging women to develop skills in other traditionally male-dominated areas.</li> <li>• Trainers should be aware that women are more likely underestimate their abilities and can suffer from „learned helplessness“ – although this could be a general issue for men and women with a history of educational underachievement.</li> <li>• Ensure gender equality is built into the learning objectives within the Knowledge and Skills Framework.</li> <li>• General research – not specific to the health sector – indicates that the more highly educated and those from higher social class backgrounds are more likely to receive training, while those who benefit most from it – those in intermediate class jobs – are also the least likely to take it up.</li> </ul> <p><b>Female career progression</b></p>	<p>SES SES</p> <p>1 2</p> <p>2 4</p> <p>4</p> <p>7</p> <p>SES</p> <p>4 &amp; 7</p> <p>6</p>
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		<ul style="list-style-type: none"> <li>• Targets should be set to improve the representation of women at higher levels and in specialisms where they are under-represented, and in feeder grades.</li> <li>• For top teams in both PCTs and Trusts there also appeared to be a gap in cross-organisational and cross-boundary development activity. Tackling this issue might go some way to shaking up or opening up insular management structures and improving gender equality.</li> <li>• Incorporate gender dimensions into enrolment, curriculum, and promotion practices</li> <li>• Increase the presence of female professional role models and encouraging female students to develop multiple mentoring relationships with men and women to foster greater understanding of the gender-specific challenges facing professionals.</li> </ul>	SES  7 2
	<b>Men's Health Forum</b>	<ul style="list-style-type: none"> <li>• Ensure data on progression is analysed by gender</li> <li>• Recognise potential educational attainment so consider alternative pathways or support into education</li> </ul>	1 4 & 7
<b>g</b>		<b>How can we better involve users and carers from the equality target groups to inform and influence the development of education and learning to meet the needs of these groups?</b>	
	<b>CEMVO</b>	<ul style="list-style-type: none"> <li>• Working through BME third sector and faith organisations</li> <li>• Working through LINKs</li> <li>• Sample survey of users/carers</li> <li>• Representation of local people within planning and management arrangements – the greater the level of involvement, the larger the impact (Tackling Health Inequalities 2002 Cross-Cutting Review)</li> <li>• Re-orientation of resource allocation to enable systematic investment in community-based programmes (Tackling Health Inequalities 2002 Cross-Cutting Review)</li> </ul>	3 3 3 3  7
	<b>LGF</b>	<ul style="list-style-type: none"> <li>• Monitor sexual orientation of users and carers and ask them!</li> <li>• Involve LGB groups to act as intermediaries in organising forums. (LGB people may feel more safe and comfortable in such an environment than within a mainstream one → the</li> </ul>	5 5

		<p>LGF has established networks and communications mechanisms across the NW).</p> <ul style="list-style-type: none"> <li>• Support the collation of informative case-studies that will inform future policies and practice</li> <li>• Providing a range of opportunities for LGBT people to engage, including face-to-face, on-line, website, questionnaires and 'lunch and learn' sessions.</li> </ul>	5 7
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• It would be constructive to facilitate a meeting of trans service users in the North West, where the SHA could explain the NHS's commitment to service improvement for trans people and facilitate feedback from the people themselves (as opposed to merely meeting with trans leaders). The reason this approach would be advantageous is that it would amplify the message of the NHS really wishing to engage with trans people, hear out the issues from personal experience and make a commitment from strategic level to address these within trusts.</li> <li>• Such an event would need to be able to address all the issues which people would expect to discuss. For many the experiences may relate to the ways they have been treated both in respect of their gender treatment and more generally. Others may have specific experience of employment issues, or could discuss first hand their impressions of the NHS as an employer.</li> <li>• It would also be advantageous to have a selection of commissioners, public health specialists and HR heads from PCTs, Acute trusts, Mental Health and the ambulance service present.</li> <li>• In addition to enabling NHS NW to target issues and show a willingness to engage for change, there would also be value in communicating that commitment to Trusts and in opening doors for follow-up discussions between service users and some of the specific Trusts who attend.</li> </ul>	3 & 5  3 & 5  3 & 5  3 & 5
	<b>Gap Unit</b>	<p>Consider whether gender given its due weight in evaluating education and learning</p> <p>Suggestions for getting feedback from users and carers:</p>	

	<ul style="list-style-type: none"> <li>• Offer a range of ways for people to feed into</li> <li>• When conducting surveys and interviews try to ensure that 50% of the respondents are women and 50% men. In any case the representation of either gender should not fall below 40%.</li> <li>• More sensitive issues are sometimes easier to reveal to a same sex interviewer and this could be important in understanding health care experiences.</li> </ul>	3 3 3
	<p>Tips for gender-balanced public forums and consultations”</p> <ul style="list-style-type: none"> <li>• Consult both women and men (and, where appropriate, girls and boys).</li> <li>• Make sure the issues you explore cover issues affecting both and each of the sexes individually, in proportion to unmet need</li> <li>• processes are able to pick up any differences in the experiences of service users as a result of their gender. They should not assume men do not have anything to contribute about their own experiences or their partner's maternity care.</li> <li>• When planning a time for community engagement, it is also important to bear in mind concerns about safety and security associated with going out at night.</li> <li>• Ensure that the design of the facility meets the needs of both women and men. It may be necessary to go to where people are, particularly in the case of men. Examples are workplace, schools, hospital waiting rooms, pubs, football matches – see case study below.</li> <li>• Ensure decoration elements such as pictures on the wall and messages on boards are gender sensitive and inclusive</li> <li>• Very formal meetings can be intimidating, especially to women but also to men and perhaps especially in the health context, if they are not used to discussing such matters. Use mechanisms which promote dialogue, rather than one-way communication. Small group discussions and a participatory format for meetings and activities result in enjoyable and productive meetings, where people do not feel threatened.</li> <li>• Pay attention to the contributions made in a meeting. If a meeting seems to be dominated</li> </ul>	3 3 3 3 2 & 3 2 & 3 2 & 3 2 & 3

		<p>by one gender, make efforts to „invite“ people from the other gender to participate and express their views.</p> <ul style="list-style-type: none"> <li>• When inviting participants, pay especial attention to targeting the gender group less likely to participate. Use inclusive language so that each group feels invited. Consider using people from both genders in the promotion of an event, and male and female images in any publicity.</li> <li>• Because of the different roles they play and commitments they have, men and women’s preferred meeting times tend to differ. There is a need to consider, for example, the most suitable time of day for women with both family / childcare commitments and work commitments, as well as for men with full time work commitments outside the area.</li> <li>• Consider the need to provide a crèche / childcare payments to enable those with young children to participate. Inform about childcare provision in advance so women know about it.</li> <li>• Local venues can be more accessible to women and they may also feel more confident attending familiar venues. Offer transport if this may be a barrier.</li> <li>• It should not be assumed that men and women automatically comprise identifiable homogeneous groups by virtue of their sex alone. Factors like ethnicity, age and sexual preference interrelate with gender and may affect ability or willingness to participate in a given process.</li> <li>• In some circumstances it may be appropriate to hold consultations for specific groups or in a single-sex environment. depending on the topic, men and women may have more opportunities to share their opinions in single-sex activities. This would guarantee the inclusion of some women for whom it was not culturally appropriate to speak in front of men.</li> <li>• Disaggregate data by sex and do a gender analysis presenting findings highlighting gender differences or similarities</li> </ul>	<p>2 &amp; 3</p> <p>2 &amp; 3</p> <p>2 &amp; 3</p> <p>2 &amp; 3</p> <p>2 &amp; 3</p> <p>2 &amp; 3</p> <p>1</p>
	<b>Men’s Health Forum</b>		
<b>h</b>		<b>Do you consider that the pledges in the strategy are appropriate?</b>	

	<b>CEMVO</b>	<p>The following are recommendations:</p> <p><u>Pledge 3 Develop and implement transformational systems for workforce planning, underpinned by partnership working, local ownership and health community plans</u></p> <p><b>Add Task:</b> Partnership with local third sector organisations under all equality strands, such as BME and Faith organisations (It will assist in terms of recruitment as discussed earlier as well as bring out health related issues to the attention of Commissioners)</p> <p><u>Pledge 5 Ensure the key strategic workforce priorities are supported and delivered</u></p> <p><b>Add Task:</b> Partnership with local third sector organisations under all equality strands, such as BME and Faith organisations. (Third Sector organisations are often well positioned to provide more personalised, cost effective and culturally appropriate services, which could help in developing diverse workforce)</p> <p><u>Pledge 7 Ensure, through a commitment to equality and diversity, that the workforce represents the populations of the North West</u></p> <p><b>Add Task:</b> Enhanced training and monitoring for middle and senior managers to ensure retention of the diverse staff.</p> <p><u>Pledge 10 Develop a flexible commissioning framework that results in organisations taking ownership of local commissioning decisions to reflect agreed priorities</u></p> <p><b>Add Task:</b> To consult widely within the NHS and with stakeholders and partners to ensure that the Commissioning document is influenced by real needs.</p> <p><u>Pledge 12 Develop robust partnerships the enable flexible and responsive healthcare education</u></p>	<p>3</p> <p>3</p> <p>SES</p> <p>3</p>
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		<p><u>programmes</u></p> <p><b>Add Task:</b> Incorporate training programmes that address diversity, faith and other equality strand intelligences/issues in partnership with organisations that have expertise in the field of equality strands.</p> <p><u>Pledge 13 Identify healthcare educations needs better and respond creatively using innovative solutions that are founded on sound evidence</u></p> <p><b>Add Task:</b> Develop Personal Development Plan (PDP) which reflects skills gap and career enhancement opportunities</p> <p><u>Pledge 14 Use opportunities offered by the standard contract and benchmark pricing to drive forward changes needed to maintain the responsiveness of healthcare education, reflecting demographic changes in the population.</u></p> <p><b>Add Task:</b> Use intelligence on demographic changes in population to develop specific elements in training courses.</p> <p><u>Pledge 18 Enhance the learning leadership capability and capacity of Learning and Development teams</u></p> <p><b>Add Task:</b> Develop a leadership course that has broader insight into the subject through the involvement of leaders from other sectors and from diverse communities.</p> <p><u>Pledge 22 With key regional stakeholders maximise the approaches and investment to widening participation in learning</u></p> <p><b>Add Task:</b> Involve third sector organisations under equality strands to promote cadet and pre-employment programmes.</p>	<p>5</p> <p>7</p> <p>1</p>
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	<b>LGF</b>	<ul style="list-style-type: none"> <li>• Given that the pledges are for the SHA to sign up to, how will other parts of the NHS be brought on board and how will their success be measured?</li> <li>• Pledge No. 7 in relation to equality and diversity is to be welcomed, including the action to undertake monitoring across all equality strands. It should be noted that the strategy is often much more specific about BME people, talking about engagement with BME communities regarding workforce inequities and health inequalities, with no mention of other equality groups. This is likely to be due to much more data being available regarding BME communities. Equality monitoring also needs to assess the levels LGB staff occupy and whether people feel comfortable to be 'out' or not.</li> <li>• The issue of equality and diversity may also need to be more embedded across the pledges (eg. No 18 regarding Leadership), so that it doesn't become a silo.</li> <li>• Pledge 3: This presents opportunities for equality &amp; diversity issues to be integrated within health community plans.</li> <li>• Pledge 5: This pledge states 24 new health centres in PCT communities by 2012. This provides an opportunity to ensure that LGB issues, such as access to services, are considered and included within health community centre plans.</li> <li>• Pledge 6: It is welcoming to see a commissioning road map for the North West. There does need to be recognition that the LGB community groups are fragile and the sector is low resourced but faces high inequalities. Commissioning work which includes LGB communities needs will help to break the cycle of LGB groups being unable to grow.</li> <li>• Pledge 7: This also provides an opportunity for NHS North West to demonstrate its commitment not just to existing employees but also the wider LGB communities, thus helping to increase the visibility of NHS North West as an inclusive employer.</li> </ul>	<p>8</p> <p>1 &amp; 3</p> <p>7</p> <p>5</p> <p>3</p> <p>3</p> <p>4</p>
	<b>Plain Sense</b>	<ul style="list-style-type: none"> <li>• <b>Pledge #7</b> is the only pledge which addresses the topics described in this paper, and at such a high level that it would be difficult for service users and prospective staff in most of the ETGs to recognise that it meant something to them.</li> <li>• Some reference ought to be made to applying the strategy to all groups by name (e.g.</li> </ul>	<p>8</p> <p>8</p>

		<p>everyone, regardless of their age, gender, gender identity, racial or ethnic background, disability, sexual orientation, religion or belief).</p> <ul style="list-style-type: none"> <li>• The other way of strengthening this pledge is to undertake to produce a separate equality and diversity charter – which is part of the overall strategy but has the greater space to be able to make specific pledges to each ETG on the basis of the feedback acquired from consultation.</li> <li>• The diversity charter could be launched to all the ETG's as one of the specific foundation outcomes of the workforce strategy consultation.</li> <li>• The publicity given to this launch would provide a valuable opportunity for promulgating the message to staff, educational institutions, and stakeholders that NHS NW is serious about tackling change.</li> </ul>	<p>8</p> <p>8</p> <p>8</p>
	<p><b>Men's Health Forum</b></p>	<p><b>Pledge 1:</b>  This pledge includes a commitment to work, in conjunction with other major stakeholders, towards a reduction in worklessness in the north west. We suggest that such a commitment needs consciously to take gender issues into account. Although the difficulties are acknowledged, there are population groups where unemployment is a particularly rooted problem and specific strategies may be needed to target these groups. Apart from the obvious – i.e. people living in more deprived areas – these groups include some groups in which men are very significantly over-represented, particularly ex-services personnel, ex-offenders and people who have experienced homelessness. Equally, there may be particular groups in which women are over represented (possibly lone parents for whom child-care costs make it uneconomic to work?). In terms of community health, research suggests that unemployment tends to be more damaging to the physical and psychological health of men than that of women. There may be some particular scope for seeking ways to recruit and support people – men or women – who have been laid off by other employers. It will also be important to acknowledge that young men tend to leave school with lower levels of attainment than young women and consequently find it more difficult to secure jobs. It may be that a co-ordinated strategy of engagement with schools would be helpful, both to promote career opportunities in the NHS, but also to help encourage boys in particular to attain the requisite</p>	<p>2 &amp; 7</p>

		<p>standard of educational achievement.</p> <p>At the consultation meeting, there was discussion about whether perceived lower levels of pay and perceived poorer opportunities for career progression may discourage men from seeking NHS careers. It was acknowledged that in the majority of two parent families (which is still, by a significant margin, the most common type of family structure), the man tends to be the higher earner. These structural reasons therefore dictate that men are likely, on the whole, to remain more interested in pay and progression. Research also suggests that the achievement of higher status at work may be a greater psychological priority for men than women. The point was made that most NHS careers now compare very well in terms of pay, with equivalent private sector appointments but it is possible that this message has not reached the general public and may affect men's attitude to working in the NHS.</p> <p>The consultation meeting also discussed in some detail whether the NHS markets its career opportunities effectively; the general consensus being that there is plenty of room for improvement. It was acknowledged that there would be scope for NHS NW to develop targeted marketing approaches aimed at particular sectors of the community. Historically, for example, marketing of nursing careers to men has been neglected and the little work that has been done on it has tended not to be very sustained or creative. While young men are rejecting nursing as a career choice, the potential pool of good quality applicants is reduced by almost half. More men in nursing would drive up standards (as, of course, would more women in posts traditionally dominated by men).</p> <p>It was additionally noted that, within the ten year life of the Workforce Strategy, better marketing of NHS job opportunities may become crucial, since demographic changes mean that the relative size of the working age population will diminish over the period. We recommend a concerted effort to recruit more men into nursing in NHS NW region. This would not only be useful in its own right but – assuming that it could be successful – has the potential to position NHS NW as a leader in the development of creative approaches to recruitment.</p> <p><b>Pledge 2</b></p>	<p>2</p> <p>2</p> <p>2</p>
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		<p>This pledge includes commitment to increase the number of GPs per head of population. Although the research base is relatively poor, such research as there is suggests that both male and female patients like sometimes to be able to choose the sex of the GP that they see. Anecdotal evidence commonly suggests this too. It is therefore recommended that attention is paid to the gender balance of GPs within individual practices and within geographical areas. It was acknowledged at the consultation meeting that this is an important issue but it was noted that it is not straightforward exert influence in this matter, since most GPs are private contractors to the NHS. It is more feasible where GPs may be salaried employees; typically, at the moment, this is in more deprived areas but there is likely to be a more general shift to salaried GPs in the medium term.</p>	6
		<p><b>Pledges 3 and 4</b>  These two pledges deal with the ongoing shift in focus in NHS services from acute to community settings, and the need for greater flexibility and local accountability associated with that shift in focus.</p> <p>There is a sound and developing research base which suggests that the more informal and streamlined the service, the more likely it is that men will use it. In particular, evidence suggests that taking NHS services out of NHS settings and delivering them (for example) in workplaces or community settings has significant potential for reaching men who have symptoms of disease over which they have previously taken no action. It seems at least probable that such an approach could benefit some subgroups of the female population too. It is recommended that within these two pledges, a commitment is made to helping staff develop the skills, flexibility and confidence necessary to take NHS services out into the wider local community.</p>	5
		<p><b>Pledge 5</b>  This pledge deals with planned expansions of particular sectors of the NHS NW workforce. We suggest, in light of our comments on the previous four pledges, that wherever possible, the gender balance implications of these posts are considered both in terms of staff teams and in relation to the potential effect on the service to be delivered. A particular example mentioned in the pledge itself, might be the creation of over 500 new psychological therapy posts in primary care (IAPT) by</p>	5

		<p>2011. The early evidence nationally suggests that there might be lower uptake of this service by male patients. This might be associated with a shortage of male counsellors, or lower levels of expertise or interest among counsellors of working with men.</p> <p><b>Pledge 6</b> Although this objective is primarily about collaborative working with local authorities over workforce issues, discussion at the consultation meeting turned – in light of the preceding discussion at Pledges 3 and 4 - to whether there were also opportunities to deliver outreach NHS services in collaboration with local authorities, or indeed with the private sector.</p> <p><b>Pledge 7</b> Pledge 7 stresses the need to work towards a workforce that is proportionately representative of the population of the north west as a whole. It was noted, as we saw in the statistics in the at the beginning of this report, this would be a very significant challenge indeed in terms of gender. This discussion of this pledge at the consultation meeting led on to a discussion about whether planning of health service delivery in the region took effective account of gender. There has been an emphasis in the north west region, particularly within the public health function, on ensuring an appropriate reach in relation to geographical areas and economic status – but it was felt that not very much account has been taken of gender as a determinant of engagement with health services. It was noted that the NHSSS suggested that only a minority of staff had received training in issues of gender equality and it was felt that this was probably true of NHS NW staff too. It was also observed that data locally is often reported for whole populations and although it may be broken down by economic status, it is often not broken down by gender. Although it is not strictly relevant to workforce planning, the long-standing recommendation of the MHF is that data should always be disaggregated by gender whether it is for internal or external use, and even when there are no great differences between men and women. Our view is that this simple measure has the potential to improve health planning to the benefit of both men and women.</p> <p><b>Pledge 13</b> This pledge deals with long term strategic planning of workforce education and notes that the</p>	<p></p> <p>8</p> <p>1</p> <p>2</p>
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		proportion of young people entering the workforce is set to fall significantly during the ten year lifetime of the strategy. That this is the case lends weight to the need, noted at Pledge 1 above, to broaden recruitment policies and, in particular, to find creative ways of marketing caring careers in healthcare to young men.	
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