



# **GENDER EQUALITY SCHEME**

## **NHS BORDERS**

**2010- 2011**

**Subject to Board approval on 5 August 2010**

If you require the information contained in this document in an alternative format or you would like the scheme to be explained in your language please contact.

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## Foreword

NHS Borders welcomes the Gender Equality Duty and the opportunity to work to address gender inequality.

Men and women, boys and girls, staff and service users, have different needs and make different use of the health service. NHS Borders Equality Scheme describes how NHS Borders will work with everyone to implement Gender Equality Duty. In implementing the Gender Equality Scheme NHS Borders as a major employer will seek to demonstrate their commitment to improving the quality of health services through the resulting improved work practices.

A key part of the Gender Equality Scheme is the consideration of the delivery of health care and health improvement from a gender specific viewpoint. Gender roles structure men and women's lives, and when working to promote gender equality NHS Borders will take account of the following:

- The different needs of men and women's health and health care
- Developing and delivering services to respond to these differences
- Work towards an end to violence against women
- Supporting the equal distribution of power between men and women within the workforce
- Work towards achieving economic equality between men and women through workplace practise

NHS Borders is committed to making best use of our resources to ensure Gender Equality is embedded in our practice.

To achieve this NHS Borders will:

- Challenge any gender-based discrimination and work to eliminate this
- Promote improvement in equality of access to healthcare services
- Develop a workplace that ensures both genders are reflected appropriately, and are equally valued within the workforce
- Identify and eliminate gender barriers that inhibit men and women participating in NHS Borders activities
- Monitor all work delivered by or commissioned by NHS Borders to ensure that this promotes gender equality

NHS Borders will continue to acknowledge the skills and abilities of the men and women in our workforce and will ensure service delivery takes into consideration the needs of both genders.

**Calum Campbell**  
Chief Executive  
NHS Borders

**Mary Wilson**  
Chair  
NHS Borders

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## Introduction

### The Gender Equality Duty

The Gender Equality Duty came into force on the 6<sup>th</sup> of April 2007. The Duty requires all Public Bodies to promote equality between men and women and to eliminate unlawful sex discrimination and harassment.

NHS Borders is required to apply this Gender Equality Duty through the implementation of a Gender Equality Scheme as it impacts on policy-making, employment issues, service delivery and provision, including those contracted and/or commissioned to deliver services on behalf of NHS Borders.

The Gender Equality Scheme will describe how NHS Borders will bring about change and achieve real outcomes for men and women in respect of the services delivered and received. This will reflect the many differences in the patterns of health for men and women and in how men and women access health services. Definitions of key terms as used in this document are provided at **Appendix 1**.

### What is gender equality?

Gender roles structure men and women's lives and often result in significant disadvantage and inequality. Evidence suggests that women are more likely to have caring responsibilities which can limit their working lives and income, and in some situations lead to poverty in old age. Women are less likely to be represented in decision-making posts. They are also more likely to be victims of gender-based violence.

Men may be disadvantaged by workplace cultures, when these do not support their family or caring responsibilities.

When working to promote gender equality, NHS Borders scheme will take into account the following:

- The different needs of men and women's health and health care
- The need to develop and deliver services to respond to these differences
- The need to strengthen interagency work in Borders to bring an end to violence against women
- Support the equal distribution of power between men and women within the workforce
- Work towards achieving economic equality between men and women through workplace practise
- NHS Borders is committed to making best use of our resources to ensure Gender Equality is embedded in our practice

**In implementing the Gender Equality Scheme NHS Borders seeks the answers to two important questions:**

- What are the differences in male and female experiences of health and health care?

- How should these differences be reflected in the delivery of locally provided and commissioned services?

Although many health care systems are trying to move towards greater gender sensitivity, there is still considerable confusion about how this should best be done (Doyal, 2001)

## Policy Context

The Scottish Executive has illustrated its commitment to Health from the partnership agreement, 'A Partnership for a Better Scotland' (2003), by increasing the importance of Health Improvement which includes addressing health inequalities in health provision.

Delivering for Health (2005 Scottish Executive), emphasises the importance of tackling health inequalities and has a vision of reapplying NHS founding principles to meet the needs of the people of Scotland. Delivering For Health states that if the NHS changes the way it works this will mean tackling the causes of ill-health and providing care, which is quicker and more personal and closer to home.

In considering women's and men's health and health behaviours in respect of gender the following key issues are noted:

- Life expectancy as measured in 2005 shows women live on average 5 years longer than men
- In 2005, cancer was the major cause of death for both men and women
- Men being more likely than women to die of cancer
- Men are more likely than women to die of CHD
- Women are more likely to die from strokes
- In 2003, breast cancer was the most frequently diagnosed cancer among women.
- Prostrate and lung cancers were the most frequently diagnosed cancers among men
- Women are more likely than men to suffer from anxiety and depression
- Men are more likely to commit suicide than women
- The consumption of alcohol over the recommended limit in men reduces from 37% in 1995 to 27% in 2003
- The consumption of alcohol over the recommended limit in women slightly increases from 13% in 1995 to 14% in 2003
- In 2003 men have a higher level (42%) of physical activity compared to women (30%)
- In 2005 the gender balance of GPs was 46% women,54% men. In Nursing and Midwifery the gender balance was 90% women 10% men

*( A Gender Audit of Statistics Comparing the position of women and men in Scotland , Scottish Executive Social Research 2007)*

## Information Gathering

Research on Gender and health has indicated that the reasons behind the variations in patterns of health, illness and mortality are complex and are influenced by both biological and by social needs.

In implementing the Borders Gender Equality Scheme NHS Borders will ensure that Gender disaggregated data is collated and analysed by gender to support the organisation to set targets for health behaviours and to measure the response of services to the particular needs of men and women.

The Gender roles traditionally held by men and women can also influence and shape the health of men and women such as working and living conditions. It has been debated that the higher levels of anxiety and depression experienced by women can be partly explained by the effects of caring and domestic responsibilities, particularly those carried out in the context of limited resources, whether time or money (Doyal 1995). In particular NHS Borders is aware of the far reaching implications on the health of women arising from domestic abuse and will continue to strengthen the interagency approach to eliminating domestic abuse.

Men are less likely to access health services than women and may only seek medical advice when the condition has reached a serious stage. Men are more susceptible than women to occupational diseases and injuries and men are more likely to take part in risk-taking behaviour than women as well as health risks but also in respect to dangerous driving and unsafe sexual intercourse.

Sexual health is a growing area of public health concern as the incidences of sexually transmitted infections has been increasing in recent years. (Source ISD Scotland). The infections such as Chlamydia and Genital Warts are particularly common with men in the 20-24 and 25-34 age range, and women in the 15-19 and 20-24 age range. It is these groupings that are most likely to have these infections.

**Borders Gender Equality Scheme takes account of the high number of older people living in Borders and the potential impact on services. Some of the key gender issues are noted:**

- Women are more likely than men to be living with high blood pressure, arthritis, back pain, mental illness, asthma and respiratory disease
- Men are more likely than women to be living with heart disease
- The average life expectancy at birth of women born in the UK is 80 years compared with 76 years for men
- Older men are much more likely than older women to drive - among people aged 75 and over, 58% of men and 33% of women have access to public transport
- Among people aged 75 women are more likely than men to be providing unpaid care to relatives, neighbours, or friends - but among people aged 85 and over men are more likely than women to be providing unpaid care. This is because of different average lifespan - older women are more likely to live alone, whereas older men are more likely to be married

*(Gender Equality in Public Services: Care for older people. Source ONS)*

# 1 Transgender

The Gender Recognition Act 2004 places a clear duty of care in respect of transgender or transsexual people.

Transgender or transsexual is a recognised medical condition where an individual believes he or she was born in the body of the wrong sex.

## Gender Recognition Act 2004

The Gender Recognition Act 2004, which came into force on 4<sup>th</sup> April 2005, further, provides individuals with the right to change their legal gender by means of a Gender Recognition Certificate. This certificate automatically leads to a new birth certificate in the acquired gender with all its attendant rights and responsibilities. This includes the right to marry. A Trans person who is already married is obliged under the Act to divorce to gain a Gender Recognition Certificate. He or she will then be able to register a Civil Partnership to regain the legal status of their relationship. (Gender Recognition Act 2004)

Gender reassignment is the process undertaken under medical supervision of reassigning a person's sex by changing physical, social or other characteristics. Real life test refers to the transition period in gender reassignment during which the individual must live and work in the new sex. (Equal Opportunities Commission March 2006)

In implementing the Borders Gender Equality Scheme the following key points are noted:

- Transgender people have a recognised medical condition
- Transgender is not a mental illness although Transgendered people may experience mental or physical ill health in the same way as everyone else
- Transgender is a condition of gender identity or gender expression, not sexual orientation
- Transgendered people have a right to and may wish to keep their transgendered status private

The Sex Discrimination (Gender Reassignment) Regulations 1999 already includes some protection for transgendered people on the grounds of gender reassignment or potential gender reassignment in employment and vocational training. It is therefore unlawful to discriminate against a person for the purpose of employment (recruitment, promotion, access to benefits, selection for redundancy, vocational training) on the grounds that the person intends to undergo, or is undergoing, or has at some stage undergone gender reassignment. (NHS Employers 2007)

## 2 Process to Achieve the Gender Equality Scheme

NHS Borders will:

- Agree and implement an action plan to achieve Gender Equality the plan will be aligned to NHS Borders Objectives and through this will promote gender equality between men and women and remove discrimination and harassment
- Include the national priorities set by NHS Health Scotland of cancer, mental health and coronary heart disease
- Ensure that no aspect of men's or women's personal circumstances or life experiences should prevent them from accessing any of its services
- Achieve gender sensitive services through the implementation of the action plan
- Use gender as a driver for change through:
  - Employee policies that secure equal opportunities in a diverse workforce
  - Promoting change in attitudes
  - Support and promote flexible working practice

## 3 Consultation

A key part of ensuring there is a good understanding of what gender and gender equality means across the organisation is the continued involvement and consultation with staff and the public. This includes raising awareness and informing all staff of the implications for them as individuals and as a provider of health services.

Context and historical background:

NHS Borders ran a Gender Duty/Awareness public consultation from 29<sup>th</sup> January 2007 until 2<sup>nd</sup> March 2007 to inform people on the duty and to invite responses, information and advice on what this scheme should include.

It was decided to consult as widely as possible throughout the Borders, to ensure as many people as possible both staff and service users would have the opportunity to comment on the proposed Gender Equality Duty if they wished to.

A leaflet format was used to give:

- Background to the Gender Equality Duty
- The legal requirements of the Gender Equality Duty
- The rationale behind the Gender Equality Duty
- What changes and differences could be seen and what that may mean to NHS Borders
- The consultation questions were:
  1. What gender do you identify with?
  2. How do you think NHS Borders could improve to meet your needs?
  3. Do you think NHS Borders promotes equality of opportunities for the women and men who work there?
  4. All NHS Borders services should be delivered in a fair and equal way. In your experience (thinking about gender) has this been the case? If not what could have been better?

The response to the consultation was varied with some respondents not answering any of the questions but giving a general statement, other responses were not necessarily to do with gender.

There was a good split between male and female responses. A total of 85 responses were received.

The responses received have been themed as follows:

- Suggestions around single sex wards
- Points around the use of inclusive language
- A number of comments and suggestions that indicated a diverse response to the GED and its application within NHS Borders
- A number of comments stating the satisfaction with the services already available
- Suggestions around gender specific screening and preventative medicine
- Questions and comments around whether there was a need for such a comprehensive consultation process and if this added value and was cost effective

NHS Borders has considered and used the responses received in shaping the Gender Equality Scheme . These responses are still relevant to the action plan for 2010-2011

Text of responses is available from:

Sandra Jeffs, Equality and Diversity Co-ordinator.

Tel: 0800 731 4052 (freephone); email: [sandra.jeffs@borders.scot.nhs.uk](mailto:sandra.jeffs@borders.scot.nhs.uk)

NHS Borders is committed to continuing dialogue with staff, service users and public as the Gender Equality Scheme is implemented and reviewed.

## **4 Implementing the Gender Equality Scheme**

NHS Borders has compiled an action plan (**Appendix 2**), this sets out the key steps to implement the GES within NHS Borders. This plan targets a number of key areas:

- Leadership and Commitment
- Patient Focused Public Involvement
- Workforce
- Training and Learning
- Procurement
- Service Delivery

In drawing together the Scheme NHS Borders recognise the following themes as key to achieving Gender Equality:

### **▪ DATA Collection and Evidence**

It is essential to work within the principles of data protection and human rights. NHS Borders will hold securely and confidentially any data that is collected on individuals.

NHS Borders will gather robust data on the Gender profile of patients and employees. NHS Borders workforce breakdown is attached as **Appendix 3**.

NHS Borders will follow the guidance of the Equal Opportunities Commission and will gather evidence to include qualitative research, which will give patients and service users the opportunity to feedback their experiences of healthcare and health services.

NHS Borders will analyse patient feedback and the complaints, which are received, and breakdown in relation to gender to identify what particular aspects of the service men and women are satisfied or dissatisfied with.

- **Gender Impact Assessment**

NHS Borders is required, under the specific duties of the Gender Equality Duty to carry out Gender Impact assessments to evidence what impact policies and strategies are having on services in relation to gender.

NHS Borders will continue to develop Equality Impact Assessment at local level. Using an amended version of the Scottish Executive Health Department's toolkit which is a step by step process enabling NHS Borders to develop policies and strategies in line with all of the Equality strands.

- **Equal Pay Statement**

NHS Borders Equal Pay Policy Statement is attached at **Appendix 4** and is also available on the intranet.

- **Procurement**

NHS Borders will comply with Gender Equality Duty in respect of procurement processes. This will apply to contractors who deliver service directly and to contractors who provide a service on behalf of NHS Borders.

NHS Borders will ensure Gender Equality considerations are built into and evident within the procurement process, and that the current processes are Impact assessed and strengthened where necessary.

## **5 Next Steps**

### **NHS Borders Gender Equality Scheme Action Plan 2010-2011**

The publication of the GES on the 29<sup>th</sup> June 2010.

The GES will be communicated to staff and the scheme made available.

This Gender Equality Scheme and action plan will continue to be updated and reviewed and where required will adopt new objectives and steps to ensure Gender Equality progresses within NHS Borders.

### **Publishing the Scheme**

The Draft Gender Equality Scheme will be available on the NHS Borders website [www.nhsborders.org.uk](http://www.nhsborders.org.uk) and the intranet pending final agreement by the Board after which a summary will be included in NHS Borders staff update.

The annual progress reports will also be made available online.

The Gender Equality Scheme will be made available in alternative formats.

The Gender Equality Scheme will be distributed widely to staff and the public ensuring their involvement at all times.

## **6 Feedback and Comments**

NHS Borders Gender Equality Scheme and Action Plan will be reviewed annually and a report submitted to the Commission for Equality and Human Rights.

This Gender Equality Scheme is a development plan to work towards achieving Gender Equality. The action plan will be subject to change to reflect any feedback or comments received.

If you wish to feedback any comments on NHS Borders Gender Equality Scheme please forward them to:

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Equality and Diversity Co-ordinator  
NHS Borders  
Newstead  
TD6 9DB

Email; [sandra.jeffs@borders.scot.nhs.uk](mailto:sandra.jeffs@borders.scot.nhs.uk)

Phone: 0800 731 4052 (freephone)

Fax: 01896 828299

Membership of the NHS Borders Equality and Diversity Department attached as Appendix 5.

### Definitions

To assist with clarity the following definitions are provided:

**Equality** is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination and resulting inequalities based on membership of a particular group.

**Diversity** is the recognition and valuing difference in its broadest sense. It is about creating a culture and practices that recognise, respect, value and harness difference for the benefits of patients, carers, members of the public and members of staff. (Fair For All - Scottish Executive Health Department)

**Gender** refers to roles, attitudes and values and behaviours given to women and men by society. These characteristics can vary depending on which society we live in. For example, traditionally, a gender role would suggest that women should look after children, while men continue to go to work.

**Sex** refers to how we are born, the biological and physical differences between men and women. People are born male and female; learn to be boys and girls, and grow into men and women.  
(Gender Equality Duty - Guidance for NHS Scotland Fair For All Gender 2007)

**Transgender or transsexual** is a recognised medical condition where an individual believes he or she was born in a body of the wrong sex.

**Gender reassignment** is the process undertaken under medical supervision of reassigning a person's sex by changing physical, social or other characteristics. Real life test refers to the transition period in gender reassignment during which the individual must live and work in the new sex. (Equal Opportunities Commission March 2006)

## NHS Borders Gender Equality Action Plan 2010-2011

<b>Objective 1 Leadership and putting the gender equality scheme into place</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
1.1	Appoint a Non Executive member Lead for Gender Equality	To be agreed with Chair & Chief Executive	Nominated Non-Executive to join Public Governance Committee	March 2011	Chair of NHS Borders
1.2	Have an equality champion in each Clinical Board	Appropriate persons identified and supported to undertake this role	That staff will know who to contact re equality issues	March 2011	General Managers
1.3	Raise awareness of NHS Borders commitment to Gender Equality	Regular Reports and Updates to the Board, BET and Public Governance Committee  Briefing and updates on the intranet, Internet	All stakeholders will know about Gender Equality	March 2011	Director of Workforce  Head of Public Involvement & Communications
1.4	Ensure equal pay between male and female staff	Implement Agenda for Change policy effectively  Publish NHS Borders Equal Pay Policy Statement	Equal pay for all staff, regardless of gender	March 2011  June 2010	Head of HR  Completed
1.5	Ensure all employment policies promote gender equality	Equality Impact Assessment (EIA) policies as they are developed and reviewed	Staff will operate within a policy framework that supports equality	March 2011	To be agreed / decided

<b>Objective 2 Consultation and involvement: involve patients, staff and the wider public</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
2.1	Ascertain patient views on equality	Ensure that Patient Experience Surveys are conducted and the results made available	Patient views available and taken into account	March 2011	Head of Service Improvement
2.2	Ascertain staffs views on the equality strategy	Encourage all staff to complete the staff survey and the results are made available	Staff feel involved in the development of methods of gaining feedback	March 2011	Head of Public Involvement & Communications
2.3	Ensure appropriate engagement and involvement of all relevant stakeholders	<p>Publish the Gender Equality Scheme on the intranet and internet</p> <p>Establish communication systems</p> <p>Review progress at regular intervals and feedback through the Public Governance Committee</p>	Dialogue with staff and public through the Public Partnership Forum and Involving People Network	March 2011	Head of Public Involvement & Communications
2.4	Establish links with local and national groups that promote the views of men, women and transsexual people	Engage with the national E&D Leads	NHS Borders considered to be an equal opportunity employer	March 2011	To be agreed / decided

<b>Objective 3 Assessing the impact of functions, policies and practices</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
3.1	Ensure that NHS Borders recruitment function meets Equality and Diversity objectives	<p>Deliver recruitment and selection training for recruiting managers</p> <p>Provide guidance for staff involved in interviewing to allow them to support effective recruitment</p>	The approach to recruitment and selection meets Equality and Diversity objectives	March 2011	Training and Professional Development
3.2	Ensure that NHS Borders policies meet Equality and Diversity objectives	Impact assess all policies during the review process	Policies continue to meet the Equality and Diversity objectives	Ongoing	To be agreed / decided
3.3	Ensure that the practices of NHS Borders meet Equality and Diversity objectives	<p>Give due regard to Gender Equality in the delivery and provision of Cancer, CHD, and Mental Health Services</p> <p>Provide health information targeted at men for gendered issues e.g. sexual health, access to mental health services</p> <p>Continue to provide single sex rooms on mixed wards in the Hospital setting</p> <p>Ensure that patients have access to same sex clinicians</p>	<p>Individual patient needs should be met</p> <p>Increase numbers of men accessing Primary Health Care</p> <p>Individual patient needs met</p> <p>Individual patient need will be met</p> <p>Individual needs will be</p>	March 2011	<p>Chief Operating Officer</p> <p>Completed</p> <p>Completed</p> <p>Occupational Health</p>

		Provide OH support to transgendered staff where required	met		Service Manager
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<b>Objective 4 Training and awareness – develop a positive and well-informed equality culture</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
4.1	Raise awareness of individual patient needs	Promote the availability of E&D e-learning	All staff are equipped with the knowledge and skills to recognise individual patient needs	March 2011	Training and Professional Development
4.2	Eliminate unlawful gender discrimination and harassment	Apply policy when dealing with bullying and harassment issues  Publicise to staff how to raise a concern  Publicise to patients how to complain	Managers skilled to effectively manage people and issues raised  Increase in staff awareness and access to support available  Increase in patient awareness and comfort in reporting gender concerns	March 2011	General Managers and Support Service Directors

<b>Objective 5 Measuring and monitoring – ensure that we meet the equality goals and objectives set</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
5.1	Provide appropriate information on the representation of all staff by gender across all disciplines in NHS Borders	Maintain E&D statistical data for all staff and applicants to NHS Borders	Ability to produce reports on request to allow NHS Borders performance to be benchmarked and address any gaps, or deficiencies	March 2011	Head of Workforce Development and Medical Staffing
5.2	Assess staff competencies in relation to equality and diversity, including gender	Achieve the HEAT target for staff appraisal and KSF - which includes E&D as a core dimension	To highlight gaps in staffs' knowledge and put plans in place to address these	March 2011	General Managers and Support Service Directors KSF Sponsors

<b>Objective 6 Communicating the results</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
6.1	Ensure up to date information is available on the Gender Equality Scheme	Review the Gender Equality Scheme annually and publish the action plan	Increased awareness	March 2011	To be agreed / decided

<b>Objective 7 Procurement</b>					
<b>No</b>	<b>Objective</b>	<b>Action required</b>	<b>Outcome required</b>	<b>Timescale</b>	<b>Person/Team responsible</b>
7.1	Equality will be reflected in all services provided on behalf of NHS Borders	Strengthen procurement processes to ensure that equality considerations are clearly set out	All contractors and those providing a service on behalf of NHS Borders will act consistently with our principles on equality	March 2011	Director of Estates and Facilities
7.2	Ensure procurement procedures meet the needs of the Equality Act 2006	Check current procurement processes	Equality principles will be reflected in all services provided on behalf of NHS Borders	March 2011	Director of Estates and Facilities

## NHS Borders Workforce Breakdown

<b>Total Workforce</b>	4240	
Women	3462	82%
Men	778	18%

<b>Full Time Staff</b>	1487	
Women	1027	69%
Men	460	31%

<b>Part Time Staff</b>	2753	
Women	2435	88%
Men	318	12%

<b>Women working in NHS</b>	3462	
Work Full Time	1027	30%
Work Part Time	2435	70%

<b>Men working in NHS</b>	778	
Work Full Time	460	59%
Work Part Time	318	41%

<b>Executive Level Working</b>	35	
Women	15	43%
Men	20	57%

<b>Senior Nursing</b>	54	
Women	43	80%
Men	11	20%

<b>Senior Medical Staff</b>	115	
Women	41	36%
Men	74	64%

It is clear women make up the largest number of the workforce – 3462 (82%) as opposed to men 778 (18%).

In senior positions it is men who are in the majority.

## **Flexible Working**

A feature across all levels is the pressure that remains on women as 'carers' either of children or relatives. It would seem that the traditional model still exists with women providing much of the care in these contexts. Staff still run into difficulty (despite Work-life Balance Policies) when they require flexibility in shift patterns/hours to accommodate such needs. This becomes a "gender" issue in the carer's context.

## **Maternity Leave Return Rates**

Payroll estimate that around 95% of staff return from maternity leave. Those who don't return have usually indicated early on their intention, it's very rare that someone expects to return, then doesn't.

Most come back to the same job, level, responsibility and pay as they were on when they left. A small percentage return on reduced hours; others come back on the same hours, and then subsequently reduce their hours.

## **Transsexual staff**

NHS Borders Equal Opportunities Policies relating to transsexual staff are as follows:

Employment Equality (Sexual Orientation) regulations 2003  
Gender Recognition Act 2004  
Sex Discrimination (Gender Reassignment) Regulations 1999  
Gender Reassignment

## **Harassment and sexual harassment of staff**

No statistics as such. When staff raise Dignity at Work issues sometimes there is a sexual element.



## EQUAL PAY POLICY STATEMENT

This statement has been agreed in partnership and will be reviewed on a regular basis by the Staff Governance Committee.

NHS Borders supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their gender, race, colour, nationality, ethnic and national origin, sexual orientation, age, marital status, religion or belief, or whether or not they have a disability.

NHS Borders understands that the right to equal pay between women and men is a legal right under both domestic and European law, and that other legislation is in place in the UK, concerning race, colour, nationality, ethnic and national origin, disability, sexual orientation, religion or belief, age, and part time and fixed term employees. This legislation includes provisions relating to pay.

It is good practice and reflects the values of NHS Borders that pay is awarded fairly and equitably.

NHS Borders recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

Our objective is to:

### **Eliminate unfair, unjust or unlawful practices that impact on pay equality**

To help achieve this we will:

- Review this policy, statement and action points with trade unions and professional organisations as appropriate, on an annual basis
- Inform employees as to how pay practices work and how their own pay is determined
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave
- Undertake regular monitoring of the impact of our practices in line with the NHS Borders Equal Opportunities policy
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with EOC guidance to be developed in partnership with the workforce

Responsibility for implementing this policy is held by NHS Borders Chief Executive.

If a member of staff wishes to raise a concern at a formal level within the NHS Borders relating to equal pay, the Grievance Policy is available for their use.

**Equality and Diversity staff**

**The Equality and Diversity function is in an interim phase as we progress our objective of ensuring that accountability sits within our services and that we work effectively with partners including Scottish Borders Council.**

**In the meantime please contact:**

**Sandra Jeffs**

Equality and Diversity Co-ordinator

**Katrina Tinkler**

Equality and Diversity assistant

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