

GENDER EQUALITY SCHEME

NHS BORDERS

2007-2010

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 and 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.

John Glennie
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 6th 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 – Appendix 2

What is gender equality?

Gender roles structure men and women's lives, and often result in significant disadvantage and inequality. 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 grouping 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 4th 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.

NHS Borders ran a Gender Duty/Awareness public consultation from 29th January 2007 until 2nd 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 GES.

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

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 1), 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 will publish their Equal Pay Statement by the 28th September 2007.

- **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 2007 – 2010

The publication of the GES on the 29th June 2007.
The GES will be communicated to staff and the scheme made available.

The Lead for Equality and Diversity will continue to work with the National Fair For All Initiative - Gender, to ensure that NHS Borders Gender Equality Scheme meets all legal requirements and the General and Specific Duties.

The Equality and Diversity Health Reference Group and the Public Governance Committee will monitor progress against the action plan and report regularly to the Board Executive Team and to NHS Borders Board.

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 NHS Borders Board meet on the 28th June 2007 and at that meeting the Gender Equality Scheme will be tabled for approval. The Gender Equality Scheme will be published on the NHS Borders website www.nhsborders.org.uk and the intranet and a summary will be included in the weekly 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.

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

Phone: 0800 731 4052 (freephone)

Fax: 01896 828299

Membership of the NHS Borders Equality and Diversity Department attached as Appendix 4

NHS Borders Gender Equality Action Plan 2007-2010

Leadership and Commitment – NHS Borders is committed to promoting equality and eliminating discrimination and the Board will ensure that equality is an integral part of the business of NHS Borders.					
No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
1.	Raise awareness of NHS Borders commitment to Gender Equality	<p>Regular Reports and Updates to the Board, BET and PGC</p> <p>Briefing and updates on the intranet, Internet, and Staff update with message from Chair and CE</p> <p>Distribute widely to staff, partners and wider public</p>	All stakeholders will know about Gender Equality	<p>April 2007 Launch of GES Annual reporting</p> <p>January - June 2007</p> <p>June - July 2007</p>	<p>Irene Morris Louise MacLennan Organisational Development Department</p> <p>Audrey Laycock Organisational Development Department</p> <p>Louise MacLennan Equality and Diversity Team</p>

2.	Corporate Support for the Gender Equality Scheme	Regular Briefings at Board, BET and PGC Level Gender to be placed on agenda of NHS Borders Structure e.g. Staff side, Clinical Boards,	Gender Equality will become integrated through all Services of NHS Borders	Ongoing commitment 6 monthly update report	Irene Morris Louise MacLennan Organisational Development Department
3.	Ensure that NHS Borders Equality Impact (EQIA) Assessment process addresses Gender	Equality Impact Assessment in place. Work with staff to train them on EQIA Support Equality and Diversity Department to deliver on EQIA NHS Borders will carry out an EQIA on any major change A database of all EQIA's carried out will be established and summaries published on NHS Borders website	All policies are assessed for Equality Key staff involved in policy will understand and implement EQIA	Ongoing commitment Ongoing	Louise MacLennan George Higgs Sandra Jeffs
4.	Appoint a Non Executive	To be agreed with Chair & Chief Executive	Nominated Non-Executive to join Public	November 2007	Irene Morris to work with the Board to progress this

	member Lead for Gender Equality		Governance Committee		
Patient Focus Public Involvement – NHS Borders will maintain mechanisms for engagement and involvement of patients, staff and the wider public.					
No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
5.	NHS Borders will ensure engagement and involvement of all relevant stakeholders during the implementation and development of the Gender Duty.	NHS Borders will publish annually the progress made on the Gender Equality Scheme through the intranet internet and staff update. Progress will be reviewed on regular intervals and feedback through the Public Governance Committee.	Ensure good communication systems to enable dialogue with staff and public through Public Partnership Forum, Equality and Diversity Health Reference Group.	Ongoing	Rosie Kennedy Sandra Henwood
	Routine performance monitoring in place.	Evaluation and monitoring of agreed delivery targets and reporting progress to the Public Governance Committee.	Evidence of consistent progress.	6 monthly reporting.	Robbie Pearson Stephanie Black
		Routine monitoring through performance		6 monthly reporting.	Robbie Pearson Stephanie Black

		management reports to the Board			
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Workforce – Recognising, valuing and celebrating diversity in the workforce as well as in society is a priority for NHS Borders.

No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
6.	NHS Borders will gather appropriate information on how their policies and practices affect Gender equality in the workplace	Assessment of the recent SWISS Questionnaire Continue to Equality Impact Assess HR Policies	Future reports will appear in the Annual Progress Report of the Gender Equality Scheme Records of formal EQIA will be produced	July 2008 Ongoing commitment	Human Resource (HR) Directorate Louise MacLennan HR Directorate
7	Gather the appropriate information on the representation of all staff by Gender across all disciplines in NHS Borders	Analysis required to form part of the annual progress report on the Gender Equality Scheme	Clear picture of NHS Borders workforce to determine the Gender balance and address any gaps, or actions required	December 2007 July 2008	HR Directorate
8.	Take proactive measures to promote Gender Equality and eliminate unlawful gender discrimination and harassment	Develop Equality and Diversity Training plan for NHS Borders to include bullying and harassment issues Publicise to staff how to raise a concern	Managers will be skilled and knowledgeable to effectively manage people and issues raised Increase in staff awareness and access to support available	Ongoing Ongoing	HR Directorate Training and Professional Development Department Louise MacLennan Occupational Health Department

					HR Directorate Employee Director/ Partnership Office
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9.	NHS Borders will ensure an increased focus on the needs of Transgender Community	The Gender Equality scheme will be implemented and developed in partnership with Local and National organisations.	An improved perception of NHS Borders as an equal opportunity employer	Ongoing Commitment July 2008	Louise MacLennan Equality & Diversity Team HR Directorate/ Partnership office
10.	Ensure the approach to recruitment and selection meets Equality and Diversity objectives	Review the content of Recruitment and selection training for managers Provide guidance for staff on the approaches to effective interviewing to support recruiting managers identify appropriate attitudes and competencies	Updates and courses provided for managers and staff	December 2007 July 2008	HR Directorate Louise MacLennan
11.	Continue to adopt and promote flexible working policies across NHS Borders	Review current practice and analyse by Gender to address any apparent gaps and identify any actions required	Continued flexible working policy adopted as Good Practice and accepted by all staff	Ongoing commitment	HR Directorate Line Managers

Training and Learning – Raising awareness of Equality and Diversity and developing accredited Equality and Diversity Training for all NHS Borders staff.

No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
12.	NHS Borders will ensure that all staff are equipped with the knowledge and skills to meet individual patient care	Review of what training is in place Review uptake of the training Review evaluation and address any gaps or issues identified	A range of learning packages will be available to meet the needs of staff	Ongoing commitment	Training and Professional Development Department Julie Roberts Louise MacLennan

Procurement – NHS Borders will ensure that all services delivered by any external provider, on their behalf, will meet the requirements of the Gender Equality Duty.

No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
13.	All contractors and those providing a service on behalf of NHS Borders will comply with the Gender Equality Duty	Current procurement processes are checked Procurement processes are where required strengthened to ensure that Gender Equality considerations are clearly set out Progress monitored by the Non-Clinical Risk Group	Gender Equality will be reflected in all services provided on behalf of NHS Borders Risks identified and managed	Ongoing commitment July 2008 6 monthly reporting	Director of Estates and Facilities Louise MacLennan Director of Estates

Service Delivery – NHS Borders is committed to delivering the best care to meet individual patient needs.

No.	Objective	Action Required	Outcomes Required	Timescales	Person/Team Responsible
14.	Gender Equality issues are central to service delivery, planning and policy implementation	<p>Equality and Diversity Health Reference Group will create a small working group to review current practice, address current gaps and identify any actions required</p> <p>This working group will report the findings to the Public Governance Committee (PGC)</p> <p>The PGC will consider findings and recommendations and revises NHS Borders Gender Equality scheme Action Plan accordingly</p>	Services meet the needs of patients	<p>August 2007</p> <p>September 2007</p> <p>Report to the PGC at the next scheduled meeting before November 2007</p> <p>Review April 2008</p>	<p>Performance and Planning Stephanie Black Equality and Diversity Team</p> <p>Public Governance Committee</p>

15.	NHS Borders will ensure that Cancer, CHD, and Mental Health Services are delivered and provided giving due regard to Gender Equality	Screening and impact assessment using EQIA Targeted information via health information being made available where men are	Improve diagnosis of CHD in women Increase numbers of men accessing Primary Health Care	By June 2010	Equality and Diversity Team Public Health and Health Promotion Departments General Managers /Clinical Boards
16.	To continue to provide single sex rooms in the Hospital setting on mixed wards	Review Current Provision Review Current Policy Include information to patients at BGH Info shop, leaflet and other formats including Internet	Individual patient needs met	Progress report July 2008	To agree Lead Officers within Clinical Boards
17.	Ensure that patients have access to same sex clinicians	Review current practice and policies in place	Individual patient need will be met	Review by September 2007 Report progress July 2008	Louise MacLennan Organisational Development Department
18.	To eliminate violence against women	NHS Borders is a key partner of the inter agency Borders Domestic Abuse Working Group and Borders Community Safety Forum. Current actions include: <ul style="list-style-type: none">• Bench marking	Clear picture of current	October 2007	Irene Morris

		<p>report of current services and service gaps</p> <ul style="list-style-type: none"> To mainstream staff training programme to support/skill staff to recognise and respond to the impact of violence against women 	<p>services and gaps in services and support</p> <p>Targeting resources to frontline staff to achieve earlier identification and ensure better connected help and support to women and families</p>	<p>April 2008</p>	<p>Andrea Beavon Development Worker</p> <p>Helen Clinkscale Gordon Elliot</p>
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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 girls and boys, 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 Workforce Breakdown

Total Workforce	4240	
Women	3462	82%
Men	778	18%

Full Time Staff	1487	
Women	1027	69%
Men	460	31%

Part Time Staff	2753	
Women	2435	88%
Men	318	12%

Women working in NHS	3462	
Work Full Time	1027	30%
Work Part Time	2435	70%

Men working in NHS	778	
Work Full Time	460	59%
Work Part Time	318	41%

Executive Level Working	35	
Women	15	43%
Men	20	57%

Senior Nursing	54	
Women	43	80%
Men	11	20%

Senior Medical Staff	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 FFPs) 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 and unfortunately this tends to be at a management / senior level in the organisation.

Equality and Diversity Department
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Who we are: -

Irene Morris

Director of Organisational Change and Development

Louise MacLennan

NHS Borders Lead Officer for Equality & Diversity

Sandra Jeffs

Equality and Diversity Co-ordinator

To be appointed

Team Secretary

Rosie Kennedy

Acting Patient and Public Governance Co-ordinator

George Higgs

Race Equality Officer

Audrey Laycock

Gender Equality Officer