



# Gender Equality Scheme



## PUBLICATION

The NHS Lanarkshire Gender Equality Scheme will be published on our public website and internal Intranet (Firstport).

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یہ طبع مختلف زبانوں اور بڑے چھاب میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں)۔ اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

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## **FOREWORD**

NHS Lanarkshire is committed to an agenda of continuous improvement in discharging our responsibilities for fairness and equity in delivering health, care and service for the people and communities of Lanarkshire. This commitment also extends to our responsibilities as an employer, as we seek to maintain momentum in our reputation as an employer of choice through embedding fairness and equity in the culture, Policy development and practice of NHS Lanarkshire.

NHS Lanarkshire recognises that men and women have different needs and concerns when it comes to using and working in the health service. Creation of our Gender Equality Scheme and delivery against the commitments which are set out within it will ensure that all of NHS Lanarkshire's policies and practices take proper account of these differences.

Policies and practices that may seem neutral can in reality have a different effect on women and men. Cultures, personal circumstances, preferences or life choices may create greater caring responsibilities, different patterns to working lives, limited or challenging access to resources/support and vulnerability to domestic violence and sexual assault.

Our commitment to Gender Equality as set out in this Scheme will not focus exclusively on only meeting Statutory obligations. It will drive real improvement and good practice in NHS Lanarkshire informing the design and realisation of culturally competent, sensitive, fair and equitable treatment.

It will also serve as an informative guide in promoting a better understanding of the importance of gender equality amongst the people and staff in Lanarkshire.

**Hugh Sweeney**  
**Chair - Equality, Diversity and Spirituality Committee**  
**Non-Executive Director, NHS Lanarkshire**

## 1. INTRODUCTION

### Gender Equality Scheme

#### 1.1 *What is the Gender Equality Duty?*

The new Gender Equality Duty (GED) came into force on April 6th 2007 through the Equalities Act 2006. The GED has both general and specific duties with which NHS Lanarkshire, as a public body, is legally required to comply.

It is the general duty which lies at the heart of the GED, and it is in meeting this duty that true progress can be made and measured.

The general duty amends the Sex Discrimination Act 1975 and places a legal duty on all public bodies, including NHS Lanarkshire, to have due regard to the need:

- To eliminate unlawful discrimination and harassment
- To promote equality of opportunity between women and men, including transsexual people

The purpose of the specific duties is to help public bodies to better perform the general duty. Specific duties, set out in The Sex Discrimination (Public Authorities) (Statutory Duties) (Scotland) Order 2007, require listed authorities, of which NHS Lanarkshire is one, to :

- Publish a Gender Equality Scheme by 29 June 2007;
- Review its scheme and prepare and publish a revised scheme every three years;
- Publish a report annually summarising the actions that the authority has taken towards the achievement of the objectives identified in their scheme.

The GED also asks public bodies:

- To publish an equal pay statement which outlines that authority's policy on equal pay between men and women by 28 September 2007;
- To review its equal pay statement and publish a report on its equal pay policy every three years.

#### 1.2 *Why do we need a Gender Equality Scheme?*

30 years after the introduction of the Sex Discrimination Act (SDA), there remains clear evidence of discriminatory practice in access to services, treatment and in employment across the United Kingdom.

The current legal rights of individuals do not oblige organisations to promote equality.

The GED has the potential to bring about real change, as the onus will be on public bodies to proactively promote equality - rather than it being on individuals to highlight discrimination through complaints or claims.

### **1.3 *Who Will It Affect?***

The GED has the potential to affect everyone and therefore consideration has, and will continue, to be given to the views and needs of the people and communities of Lanarkshire, patients, carers and relatives and the staff of NHS Lanarkshire.

## **2. OUR APPROACH TO DELIVERING GENDER EQUALITY**

### **2.1 *What is the Board 's Commitment and Leadership in this area?***

The NHS Board and each of the Executive Directors of the Board are committed to achieving continuous improvement in delivering enhanced Equality and Diversity in all that we do. This will include delivery of the Gender Equality Scheme.

The NHS Board holds a governance role and in this context has ensured that individual Executive Directors each have annual personal performance objectives relating to Equality and Diversity. Performance against objectives is measured and reviewed according to an NHS in Scotland performance management system with local oversight and scrutiny of the system the responsibility of the Board's Remuneration Committee.

A system is in place to ensure that such objectives are cascaded into the personal objectives of Senior and Middle Managers throughout NHS Lanarkshire.

The Director of Organisational Development is the Board's Executive Lead on Equality, Diversity and Spirituality and is a member of Board's Diversity, Equality and Spirituality Committee – a formal governance Committee of the Board established to monitor and evidence progress, improvement and compliance in these important areas.

NHS Lanarkshire has also demonstrated its leadership and commitment to this work through full and active participation in the Gender Network which supports all Health Boards in their work on Gender Equality and through membership of the Scottish Executive Health Department's Diversity Taskforce.

### **2.2 *What Steps did we take to Inform Production of the Gender Scheme?***

In production of the Gender Scheme, NHS Lanarkshire has been keen to engage with the public, staff and Trade Unions seeking their views, opinions and influence over the focus and content.

As a consequence of extensive focus group work undertaken to inform the Board's integrated health strategy – A Picture of Health it was decided not to take this approach to production of the Gender Scheme.

The adopted approach involved production of a straightforward questionnaire which was then issued widely to members of the public through the Out-Patient Clinics at Wishaw, Monklands and Hairmyres Hospitals.

The questionnaire was issued to staff attending training events within NHS Lanarkshire and was issued direct to all Trade Union representatives through the office of the Employee Director.

Through this approach 320 completed questionnaires were returned and the valuable information, suggestions and contributions have been very helpful in influencing this Gender Scheme and Action Plan.

An area where little local information exists and common to many organisations is the need to better understand and address the needs of Transgender individuals.

NHSL is committed in further developing this work in partnership with local and national LGBT groups. Further advice and support will be accessed when the national guidance from the Scottish Transgender Alliance is published. Work with the LGBT communities is ongoing through NHS Lanarkshire's Sexual Health Strategy.

### **2.3 *What did you tell us?***

A summary of feedback from service users, staff, trades unions and other interested stakeholders is set out below. This provides suggestions, comments and concerns from stakeholders and is a useful source of influence in establishing objectives, priorities and action in the Scheme and Action Plan.

### **2.4 *Issues raised by Men***

- More proactive, preventative awareness raising on men's health issues, especially around issues like testicular cancer, mental health and suicide prevention
- Screening clinics targeting men and men's health
- Out of hours, extended hours or weekend clinics to be available for working men (5pm onwards)
- Men's clinics to be staffed by men
- Better awareness and access to mental health services for men
- Positive action to be taken by NHS Lanarkshire as an employer to encourage men to be employed in female dominated professions.
- NHS to promote a better understanding for men of the benefits of improved work life balance

### **2.5 *Issues raised by Women***

- Early intervention work to prevent teenage pregnancies,
- Gender specific information on the impact of smoking, alcohol or drug addiction
- Enhanced access to single sex wards
- Use of female chaperones in clinical areas
- Women's clinics to be staffed by women
- Introduction of more breast feeding areas
- Better understanding of the demands placed on women through the multiple issues that women have to deal with; being primary carer's for children, older parents, people with disabilities etc
- Gender and cultural sensitive training for staff
- Better promotion and awareness raising of family friendly, carers, bullying and harassment policies for staff
- Better understanding of work life balance
- Raising awareness of paternity leave - particularly for male staff.
- Equal pay and pensions for women

## 2.6 *Transgender issues*

- A request that more account is taken of the needs of Transgender people.

## 2.7 *Information (generally)*

- Information and training across the full Diversity agenda for all staff
- Requests that we keep the GES simple and easy to understand
- More face to face discussions
- Use internal and external website information to promote better understanding and awareness on Gender Equality
- More information in plain English

## 2.8 *Next Steps*

- Request for feedback on consultation
- Continue to build in time for people to be involved
- That contributions be used inform the NHS Lanarkshire Gender Equality Scheme

2.9 The Gender engagement and consultation Exercise initially proved difficult as the public, patients and staff struggled to understand the concept and practical realities of gender discrimination.

2.10 Staff and patients were asked to complete the questionnaires anonymously and to return them in a Stamped Addressed Envelope.

This was felt to be the best way to ascertain honest responses.

2.11 The responses have helped shape the focus and content of the GES.

2.12 Throughout the life of the Scheme NHS Lanarkshire will continue to build on the benefits of this initial public engagement and consultation process and will utilise other NHS Lanarkshire communications networks to ensure that the Scheme remains open to contributions and influence and is responsive to additional input.

## 3. **LANARKSHIRE'S GENDER DEMOGRAPHIC PROFILE**

3.1 Population estimates for Lanarkshire from the Registrar General for Scotland indicate that in the period 2005-2015 there will be little change in the overall gender balance in the population.

3.2 It is projected that the overall population of Lanarkshire will increase from 557,088 in 2005 to 566,143 in 2015 (9055 increase) but the overall gender balance will remain fairly static at 48% male and 52% female.

3.3 The estimated population by gender and age group for Lanarkshire between 2005 and 2015 can be shown in the following table :

Age group	2005				2015			
	Males		Females		Males		Females	
	No.	% of total population	No.	% of total population	No.	% of total population	No.	% of total population
0-19	70183	51.2	66827	48.8	65320	51.1	62485	48.9
20-64	162588	48.4	173351	51.6	163114	48.5	173429	51.5
65-74	21802	44.9	26714	55.1	26038	46.3	30202	53.7
75+	12926	36.3	22697	63.7	18050	39.6	27505	60.4
All ages	267499	48.0	289589	52.0	272522	48.1	293621	51.9

3.4 The significant statistics of influence in the context of age, gender equity and health are that:

- Whilst the gender balance remains static at 51% male and 49% female the population under 20 years old will reduce by 7.5% from 137,010 (2005) to 127,805 (2015).
- In the older age population there is an increase of 14% (7,724) in the age category 65-74 years old and an increase of 12% (9,932) in the age category 75 years old and over.
- The gender balance in the older age population is projected to reflect an interesting change in the period to 2015 as follows :

	Male		Female	
	2005	2015	2005	2015
65 – 74 years	44.9%	46.3%	55.1%	53.7%
75 years +	36.3%	39.6%	63.7%	60.4%

3.5 The importance of application of this statistical intelligence in direct influence over health/health inequalities strategies and plans is recognised by NHS Lanarkshire and this is reflected in the Scheme and Action Plan.

## 4 GENDER AND HEALTH – INEQUALITIES

4.1 In assessing available information on gender issues, NHS Lanarkshire has considered evidence from national and local NHS information sources. In particular, information from the Board’s Director of Public Health’s Annual Reports has been utilised to ensure that a local perspective is taken.

### 4.2 *National Information*

In recent years significant work has been undertaken at national level on research into gender and health in Scotland. The work of Fair for All – Gender is now focused on supporting NHS Scotland to mainstream gender equality considerations into planning and service delivery.

Access and barriers to health services or employment opportunities are important factors in terms of all strands of equality and diversity, however they have not been particularly well understood in terms of Gender Equality.

Based on this national research, combined with that of the Equal Opportunities Commission (EOC), the Fair for All – Gender Campaign has published a number of gender specific health issues as follows:

1. Recent reports suggest women are less likely to realise they are having a heart attack than men – 54% of attacks in women go undiagnosed compared with 33% of men
2. Men typically develop heart disease 10 years earlier than women.
3. Life expectancy of women in Scotland is the lowest in the EU, and for men the second lowest
4. Male-to-female infection with HIV is more than twice that of female-to-male
5. Male populations have generally formed the baseline for study of major diseases and as such sex differences have not always been recognised, e.g. heart disease
6. Women are more likely to suffer from anxiety and depression
7. Men are more likely than women to commit suicide
8. Men are more likely than women to die of injuries, but women are more likely to die of injuries sustained at home

### **4.3 *Local Information***

The NHS Lanarkshire Director of Public Health's (DPH) report 2005/06 highlights the issue of Inequalities in Health and identifies that as well as inequalities experienced between the affluent and the deprived and between different geographical areas, there are also gender issues with health inequalities clearly evident between men and women.

The DPH report states that although life expectancy in the UK continues to sit very highly in world ratings there are still apparent gender differences in life expectancy. In terms of "potential life lost" there are also gender differences between the causes of premature mortality.

The statistics for Lanarkshire show that :

- Men are more than twice as likely to die prematurely from perinatal (pre birth)/congenital conditions
- Men are over 4 times more likely to die from suicide
- Men are 3 times as likely to die from accidents, and
- Men are twice as likely to die from coronary heart disease.
- Women are slightly more likely to die from respiratory conditions
- Years lost to cancer and stroke are of similar proportions in both male and female populations
- Death rates in Lanarkshire remain above the Scottish average for men and women and for those under and over 65

### **4.4 *Conclusions***

There is clear evidence from the most recent, and likely subsequent, DPH Reports that specific health inequalities exist in Lanarkshire as a consequence of gender.

NHS Lanarkshire is committed to the continued development of understanding of the reasons behind these inequalities and to working with our strategic partners to develop resourced health improvement plans, services and initiatives to tackle them.

The specialist resources within the Board's Public Health Directorate will continue to be utilised to research and inform this agenda – with particular emphasis on gender competence in the national priority clinical specialties of Coronary Heart Disease, Cancer, Mental Health and Stroke.

The importance of health improvement work in relation to smoking an alcohol / substance misuse continues to be recognised in Lanarkshire.

The gender and minority community specific challenges in relation to lifestyle and lifestyle choices are recognised and again will feature as a priority within the Board's smoking cessation and alcohol / substance misuse health improvement programmes.

## **5. OUR DUTIES AS AN EMPLOYER**

### **5.1 *Workforce Gender Demography***

NHSL is fully committed to equality of opportunity in the area of employment.

This is a fundamental cornerstone of the NHS in Scotland's Staff Governance Standard, a framework for people management, which has at its core a commitment to fairness and consistency.

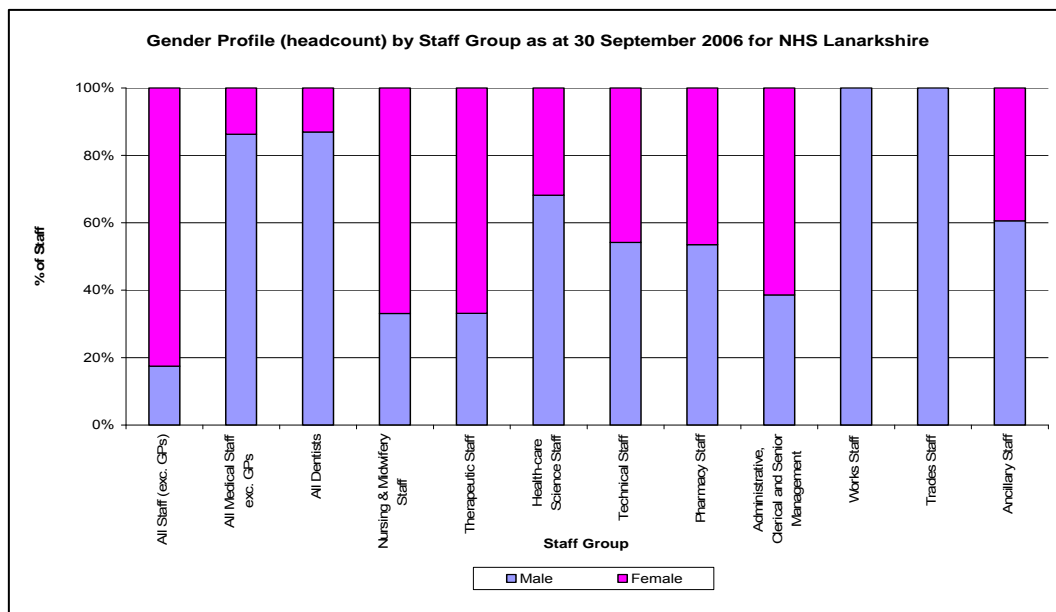
The Staff Governance Standard requires that all staff have access to fair and consistent treatment. This ranges from access to employment opportunity through to training and to equal pay. Staff Governance sets the standard on Human Resources policy and employment practice and on people management.

The population split of male and female residents in the NHS Lanarkshire area is 48% male and 52% female (GRO Scotland 2005). The majority of NHS Lanarkshire workforce is female (82.52%, ISD Statistics 2006). This compares with a West of Scotland regional level of 79.79% and a national level of 78.03% (ISD, 2006).

As can be seen from the table below, the greatest proportion of female staff are found in the Nursing & Midwifery, Therapeutic, Administrative and Clerical and Senior Management staff groups.

The greatest proportion of male staff can be found in the Works and Trades staff groups where no female staff are employed.

A high proportion of male staff can also be found in the Medical and Dental staff groups.



## 5.2 *Workforce Monitoring*

The Board is committed to meeting its statutory responsibilities in relation to Workforce Equality Monitoring.

This will include improved understanding and positive action in relation to gender equality across the workforce and in workforce activity.

Accordingly, the Board will publish a report (at least annually) on the following :

- Recruitment and Selection activity
- Development and Training activity
- Workforce activity re : Discipline, Grievances, Bullying, Harassment etc.
- Appraisal and Performance Review activity
- Leavers activity (including reasons for leaving)

Activity will be analysed and reported across the equality categories of age, gender, ethnicity, religion, disability and sexual orientation.

The Board faces a number of challenges in data capture, analysis, reporting and informing positive action as it moves to create a better and continuing understanding of the diverse nature of its staff, and as it looks to design and deploy Human Resources and IT systems in support of workforce equality monitoring.

## 5.3 *Partnerships*

NHS Lanarkshire will continue to work with its workforce, Trade Union representatives, partners and key stakeholders to prevent discrimination and harassment against transgender people who have undergone gender reassignment, are currently undergoing it or who intend to. Working with partner organisations, we will seek out the most appropriate ways to ensure this commitment becomes a reality and we believe that the implementation of the GES will assist in this process.

We will work with Fair for All, LGBT and groups representing minority communities to ensure that our training and policy awareness processes are appropriately developed, targeted and monitored.

We will work to continuously improve knowledge and understanding of transgender issues, which will inform service delivery, workforce development and the development and implementation of appropriate, supportive employment Policies and practice.

#### **5.4 *Working Patterns and Flexible Working***

The increasing positive focus on an appropriate work-life balance and the existence within NHS Lanarkshire of a predominantly female workforce, suggests that demand will increase for part-time working, job share, career breaks and access to Human Resources Policies and practice which are sympathetic and supportive of proper work-life balance.

A high percentage (84.7%) of the staff of NHS Lanarkshire currently work full-time or high hours part-time. This compares closely with the West of Scotland (84.3%) and Scotland (83.7%). Clinical staff have a higher percentage (87%) than non-clinical staff (78.6%).

NHS Lanarkshire is therefore aware of a potential increased demand for both male and female staff in relation to part-time working to facilitate improved work-life balance or in support of family or carer commitments.

A suite of work-life balance Human Resources Policies have been designed and introduced across NHS Lanarkshire over recent years. The Policies were created in partnership with our Trade Union representatives.

There has been a positive response from staff in relation to these Policies – and uptake, access and the success of the Policies in practice will be closely monitored through the Board's partnership Human Resources Forum.

The amendment and/or development of additional Human Resources Policies to support work-life balance also lies with the partnership Human Resources Forum.

The nature, focus and positive benefit derived from Human Resources Policies will be the subject of continuous review through the Board's Staff Partnership Forums and through the bi-annual Staff Survey.

## **6. PROCUREMENT**

**6.1** NHS Lanarkshire recognises that the requirements of the GED apply to procurement, i.e. where the Board enters into a contract with an external company or person to carry out work, provide goods or services.

In meeting this requirement the Board will include in procurement contracts a statement on gender equality and the expectations / obligations on suppliers, contractors or agencies.

It is understood that the Equal Opportunities Commission and Scottish Executive Health Department are currently working on national guidance in this important area.

NHS Lanarkshire will take full cognisance of such advice in our procurement processes on receipt.

## **7. NHS LANARKSHIRE'S GENDER OBJECTIVES AND ACTION PLAN**

**7.1** NHS Lanarkshire's Gender objectives have been established and prioritised based on national drivers, local information and the contribution made by the public and staff.

**7.2** For each objective we have prioritised a number of associated actions which are detailed in the GES Action Plan which features as a key component of the Scheme. The GES Action Plan is produced as Appendix 2. These will be further supplemented by local action plans - similar to the approach taken with the Diversity and Equality Action Plan for NHS Lanarkshire.

They will also be informed by further stakeholder input over the life of this GES.

**7.3** In summary, the Objectives are :

1. To include gender equality as an equal strand of activity within the Equality and Diversity agenda.
2. To ensure that progress and performance in gender equality is evidenced, measured and monitored through the Board's Equality and Diversity and Staff Governance arrangements.
3. To ensure that the importance of gender equality and the provision of gender sensitive services is understood by all staff and are taken fully into account in planning, service re-design, strategy and policy development through the carrying out of equality impact assessments.
4. To provide employment opportunities and work experiences which are appropriately gender sensitive through policy development and practice in equality of opportunity, work-life balance and flexible work patterns.
5. To ensure equal pay for work of equal value through robust job evaluation, grading and pay modernisation.
6. To mainstream gender equality and the other strands of equality work across all areas of activity and responsibility of NHS Lanarkshire.
7. To develop and maintain engagement with the public, staff and Trade Unions and other stakeholders to report on progress and encourage continuing influence on the focus and content of our plans.

## **8. MONITORING, EVALUATION AND ANNUAL REPORTING**

**8.1** NHS Lanarkshire has well developed clinical and staff governance frameworks and is committed to a culture of performance management and continuous improvement.

**8.2** Assessment of progress on Gender Equality will be a key responsibility of the Equality, Diversity and Spirituality Committee and Management Steering Group.

**8.3** The Following groups will receive reports on progress against the GES and Action Plan :

- Equality, Diversity and Spirituality Committee (EDS Committee)
- Equality, Diversity and Spirituality Management Steering Group (EDS Management Steering Group)
- Human Resources Forum
- Staff Governance Committee
- The Area Partnership Forum
- Divisional Partnership Forums

**8.4** The NHS Board will receive reports on a quarterly basis on progress against the Gender Equality Scheme when it also receives reports on progress with the Equality, Diversity and Spirituality Agenda.

## **9. COMMENTS**

NHS Lanarkshire is keen to continually engage with and involve people who have an interest or expertise in gender equality.

To discuss this, receive further information or to comment on the Scheme, Action Plan or NHS Lanarkshire's plans and/or performance in the broader area of equality and diversity please contact :

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## GLOSSARY OF TERMS

**Diversity** - This is about recognising and valuing difference in the broadest sense for the benefit of patients, carers, members of the public and staff. Focusing on the benefits of utilising the potential and strengths of everyone and respecting and treating people as individuals.

**Equality** - The principle by which all persons are treated in a fair way. It is about creating a fairer society where everyone can take part and has the opportunity to fulfil their potential. Focuses on positive action for minority / under-represented groups.

**Bisexual:** An individual sexually attracted to members of both sexes.

**Gay:** Preferable in all references as a synonym for male homosexual. For female, use lesbian. To include both, use gay men and lesbians.

**Gender** – Refers to roles, attitudes, 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 work.

**Gender Reassignment** – A process taken under medical supervision, of reassigning a person's gender by changing physical or other characteristics and alter their bodies to match their gender identity.

**Gender Mainstreaming** – Is an approach to integrating gender considerations into all facets of work. It involves ensuring that gender views and attention to the goal of gender equality, are central to all activities – policy development, research, advocacy, dialogue, legislation, resource allocation and planning, implementation and monitoring of programmes and projects.

**Lesbian:** Preferred term for female homosexuals

**Sex** – Refers to how we were born, and 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.

**Transsexual** - A person who intends to, or is undergoing or has undergone gender reassignment to change sex. It means that the person identifies with the sex other than that on their birth certificate or often feels they were born with the wrong body.

**Transgender** – An all-encompassing umbrella term to describe the whole range and diversity of gender identity and expression, including transsexual.

**Agenda for change** – this is a recent pay and reform package that aims to ensure that those who work for the NHS are paid on the basis of equal pay for work of equal value. Agenda for change applies to all staff who work directly for the NHS except the most senior managers and those covered by the Doctors' and Dentists' Pay Review Body.

**Direct discrimination** – occurs when someone is treated less favourably than others on grounds of their gender

**Indirect discrimination** – occurs when a provision, criterion or practice, disproportionately disadvantages someone on grounds of their gender

**Harassment** – occurs when conduct is applied which is unwanted and has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person having regard to all the circumstances.

**Duty** – A compulsory and legal responsibility to do something, in this case, to eliminate sex discrimination and promote gender equality.

**Due regard** – this concept is based on proportionality and relevance. It is the weight given to gender equality, which should be proportionate to its relevance to a particular function. The greater the relevance of the function to the duty, then the greater regard that should be paid to it

**Equal Pay** – The term equal pay relates to payment for work of equal value regardless of whether the post holder is a man or women. Variations in work of a similar kind must be as a result of a material factor, which is not the difference of sex. It is recognised there is still inequality between pay for men and women despite Equal Pay legislation being in place for over thirty years.

**Functions** – refers to the full range of duties and powers of an organisation. It covers internal and external functions, including service delivery (e.g. clinical care, research, education and health improvement projects)

**Policy** – is an umbrella term for everything an organisation does and includes legislation, strategies, services and functions. Any assessment of a policy should include an examination of long standing “custom and practice” and management decisions, as well as any formal written policy.

## NHS Lanarkshire Gender Equality Action Plan 2007/8

### 1. Leadership and energising the organisation: Delivery against GES Objectives 1 & 2 (Section 7, page 14 of the Scheme)

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ NHS Lanarkshire Board to demonstrate commitment to gender equality and action to address inequalities within a governance framework.</li> </ul>	<ul style="list-style-type: none"> <li>○ Board will sign off NHS Lanarkshire GES and will monitor progress through regular reports from EDS Governance committee</li> </ul>	Kenny Small/ Hugh Sweeney	From April 2007 on a Quarterly basis	<ul style="list-style-type: none"> <li>▪ Quarterly Report schedule established</li> </ul>
<ul style="list-style-type: none"> <li>▪ Establish an NHS Lanarkshire EDS Management Steering Group to lead and co-ordinate delivery and progress against the Equality and Diversity agenda.</li> <li>▪ Ensure gender issues are addressed and built into all action plans</li> <li>▪ Promote arrangements widely across NHS Lanarkshire.</li> </ul>	<ul style="list-style-type: none"> <li>○ Corporate Governance</li> <li>○ Leadership</li> <li>○ Performance Management</li> <li>○ Statutory Compliance</li> </ul>	Kenny Small	June 2006  June 2007	<ul style="list-style-type: none"> <li>▪ Group established June 2006.</li> <li>▪ Arrangements published through Briefings and PULSE</li> </ul>

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Gender equality to be included within all procurement contracts and commissioning agreements where equality is a core requirement of delivering the service</li> </ul>	<ul style="list-style-type: none"> <li>○ Full compliance with the equality elements of National and local procurement guidance.</li> <li>○ All contracts and commissioning agreements where equality is a core requirement in delivering the service include specific details of how the service will be delivered to women and men in a way which ensures gender equality and which meets the needs of service users/staff.</li> </ul>	Terry Dunthorne	From July 2007	<ul style="list-style-type: none"> <li>▪ Work in progress</li> </ul>

**2. Demographic Profile and wider objectives for Public Health: Delivery against GES Objective 3 (Section 7, page 14 of the Scheme)**

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Dedicated resource within the Public Health Directorate to advise and contribute on health improvement issues specific to Gender.</li> </ul>	<ul style="list-style-type: none"> <li>○ Professional advice and leadership</li> <li>○ Informed decisions</li> <li>○ Enhanced teamwork</li> <li>○ Community and Public Health improvement</li> </ul>	Lesley Armitage	Ongoing	<ul style="list-style-type: none"> <li>▪ Lesley Armitage, CPHM assumed responsibility as EDS Lead from Public Health. In Consultant Job Plan from Aug 2006.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Collection and reporting of gender specific data and research on health status and health improvement issues at local and national levels</li> </ul>	<ul style="list-style-type: none"> <li>○ Informed and accurate information to influence service design</li> <li>○ Identify areas of service development</li> <li>○ More targeted approach to public health planning and health improvement</li> </ul>	Lesley Armitage	April 2007 and ongoing	
<ul style="list-style-type: none"> <li>▪ Commission further research and information gathering on the health status and health improvement needs of transgender and transsexuals.</li> </ul>	<ul style="list-style-type: none"> <li>○ Gender sensitive services</li> <li>○ Better understanding and influence over service models</li> </ul>	Lesley Armitage & John Logan (Public Health - Sexual Health Strategy Team)	From July 2007	

### 3. Access and Service Delivery: Delivery against GES Objectives 3, 6 and 7 (Section 7, page 14 of the Scheme)

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Implement the NHS Lanarkshire Patient Focus and Public Involvement Strategy – with specific reference to engagement, involvement and effective communications with the public of Lanarkshire, including minority and hard to reach communities.</li> <li>▪ Identify gender issues that impact at service delivery level and integrate plans for action with mainstream plans for service development/improvement. (Maximise the opportunity presented through a Picture of Health service redesign)</li> </ul>	<ul style="list-style-type: none"> <li>○ Improved patient, carer and community involvement</li> <li>○ More informed, knowledgeable and engaged communities</li> <li>○ Gender and culturally competent services</li> </ul>	<p>Karon Hamilton / Stephen Kerr / Roy Watts / Shona Welton</p> <p>Ian Ross / Pamela Milliken / Robert Peat</p>	<p>From April 2007</p> <p>From April 2007</p>	<ul style="list-style-type: none"> <li>▪ PFPI Strategy agreed and implemented. From Oct 2006. Action aligned / integrated with EDS Annual Action Plans. (Captured in 2007/08 Action Plan).</li> <li>▪ Work in progress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Improve access to information and resources for the public, patients and staff on gender equality or related issues.</li> <li>▪ Continue to develop the NHS Lanarkshire's Diversity and Equality Website and internal Intranet site to guide and inform the general public and staff on the provision of equitable services.</li> </ul>	<ul style="list-style-type: none"> <li>○ Raised awareness and support for the public, patients and staff in addressing gender related issues which take account of individual, religious, cultural or other matters of personal choice.</li> <li>○ The information to cover gender specific issues on service planning and delivery.</li> <li>○ Local and national contacts promoted for gender related support groups</li> </ul>	<p>Hina Sheikh</p>	<p>From April 2007</p>	<ul style="list-style-type: none"> <li>▪ Work in progress</li> </ul>

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Gender inequalities highlighted and addressed at service planning level through equality and diversity impact assessment process.</li> </ul>	<ul style="list-style-type: none"> <li>○ Ensuring gender issues are mainsteamed in the shaping of services</li> <li>○ Identify and respond in areas of high relevance</li> </ul>	<p>Hina Sheikh / Service redesign /Planning staff</p>	<p>From April 2007</p>	<ul style="list-style-type: none"> <li>▪ Work in progress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Focus on men's health priorities looking at more targeted outreach and gender specific work</li> </ul>	<ul style="list-style-type: none"> <li>○ Responsive, gender specific health improvement</li> </ul>	<p>SDMs in Public Health</p>	<p>From April 2007 and ongoing</p>	<ul style="list-style-type: none"> <li>▪ Work in progress</li> </ul>

**4. Human Resources – Promoting Gender Equality in Employment: Delivery against GES Objective 3, 4 and 5 (Section 7, page 14 of the Scheme)**

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Develop and introduce gender equality policies which address issues identified within the staff survey and the staff engagement exercise e.g. work life balance, flexible working, dignity at work, etc.</li> </ul>	<ul style="list-style-type: none"> <li>○ To raise staff awareness on supportive employment policies for issues which impact on gender collectively &amp; singularly.</li> </ul>	Ruth Hibbert and the Joint HR Policy Forum	From April 2007	<ul style="list-style-type: none"> <li>▪ Work in progress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Equality &amp; Diversity training for Line Managers to include gender equality in the workplace, including use of HR Policies etc.</li> </ul>	<ul style="list-style-type: none"> <li>○ To inform and educate Line Managers to be more effective and supportive</li> </ul>	Hina Sheikh	From April 2008	
<ul style="list-style-type: none"> <li>▪ Executive Directors, General and Senior Managers to attend Equality and Diversity and training to promote informed and high profile leadership of the Equality and Diversity agenda.</li> </ul>	<ul style="list-style-type: none"> <li>○ Senior Managers better informed about their responsibilities for promoting equality and diversity and monitoring of performance - and will:               <ol style="list-style-type: none"> <li>1. Understand the legal context of gender issues for NHSL as a service provider and employer.</li> </ol> </li> </ul>	Kenneth Small / Hina Sheikh	Completed by October 2007	<ul style="list-style-type: none"> <li>▪ Being delivered between July-Oct 07</li> </ul>

Key Actions	Outcomes	Named Person	Timescales	Progress
	<ul style="list-style-type: none"> <li>2. Address gender inequalities within the wider equalities context</li> <li>3. Include an objective relating to equality within their annual objectives.</li> <li>4. Establish and support plans for ensuring that awareness raising and appropriate training is undertaken by their staff.</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Line managers to identify through staff Personal Development Plans individual learning needs relating to the promotion of gender equality and the delivery of gender sensitive services</li> </ul>	<ul style="list-style-type: none"> <li>○ Knowledge on gender issues is improved and service delivery enhanced.</li> <li>○ Gender Equality included in The KSF.</li> </ul>	All Line Managers	From April 2008	
<ul style="list-style-type: none"> <li>▪ Develop and publish an Equal Pay Policy Statement on equal pay between men and women.</li> </ul>	<ul style="list-style-type: none"> <li>○ Clear Policy statement and commitment on equal pay</li> </ul>	Gordon Walker, Director of HR	By 28 <sup>th</sup> Sept 2007	
<ul style="list-style-type: none"> <li>▪ Undertake an equal pay monitoring exercise to establish any inequalities and develop measures to address them.</li> </ul>	<ul style="list-style-type: none"> <li>○ Inequalities identified and work prioritised to address them</li> </ul>	Gordon Walker, Director of HR	During 2007/8	

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Review current systems and introduce new systems, where appropriate, to ensure that workforce gender monitoring is completed, analysed and reported on a regular basis</li> </ul>	<ul style="list-style-type: none"> <li>○ Information readily available to generate reports and inform positive action to address any gender inequalities identified.</li> </ul>	Kate Thomas, Head of Workforce Planning	From April 2007	<ul style="list-style-type: none"> <li>▪ Work commenced integral to Workforce Equality Monitoring Plan.</li> </ul>

**5. Community Development and Partnership Work: Delivery against GES Objective 6 and 7 (Section 7, page 14 of the Scheme)**

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Promote and inform gender specific services through outreach work. Embed the gender agenda into all appropriate public engagement initiatives</li> </ul>	<ul style="list-style-type: none"> <li>○ The design and development of services is informed by the public and communities of Lanarkshire</li> </ul>	Service redesign/ Planning staff	From April 2007 and ongoing	
<ul style="list-style-type: none"> <li>▪ Prioritise engagement with hard to reach communities like the transgender, transsexual and Lesbian, Gay, Bi-sexual and Transgender communities.</li> </ul>	<ul style="list-style-type: none"> <li>○ Real and meaningful engagement / influence on plans and decisions</li> </ul>	Service redesign/ Planning staff	From April 2007 and ongoing	

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Continue to support gender specific projects, which deal with issues in the community or of inequality in service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>○ Continued support for the Ending Violence Against Women (EVA) project.</li> </ul>	EVA project Manager	April 2007 and ongoing	

**6. Performance Monitoring and Evaluation : Delivery against GES Objective 1, 2 and 7 (Section 7, page 14 of the Scheme)**

Key Actions	Outcomes	Named Person	Timescales	Progress
<ul style="list-style-type: none"> <li>▪ Ensure that progress against the GES is reported to the NHS Board through the routine quarterly reports to the Board on Equality, Diversity and Spirituality.</li> </ul>	<ul style="list-style-type: none"> <li>○ NHS Board fully briefed and able to influence progress.</li> </ul>	Hugh Sweeney/ Kenny Small	June 2007 and ongoing	<ul style="list-style-type: none"> <li>▪ Quarterly Reporting schedule established.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Develop key Performance Indicators to monitor progress on gender equality - linked to the priorities and actions in the GES.</li> </ul>	<ul style="list-style-type: none"> <li>○ Ability to properly monitor and track progress against the Scheme.</li> <li>○ Evidence of statutory compliance</li> </ul>	Kenny Small/ Hina Sheikh / Nan Reid	December 2007	
<ul style="list-style-type: none"> <li>▪ Progress and performance monitoring routinely reported through the Board's Governance, Management and Partnership Structures.</li> </ul>	<ul style="list-style-type: none"> <li>○ Robust, regular monitoring of progress and achievement</li> <li>○ Support, guidance and direction.</li> </ul>	Kenny Small/ Hina Sheikh	June 2007 and ongoing	

**GENDER EQUALITY SCHEME**

**What does it all mean?**

The new Gender Equality Duty (GED) comes into force on April 6th 2007 and is likely to be the biggest change in sex equality legislation. It amends the Sex Discrimination Act 1975 to place a legal duty on all public bodies like NHS Lanarkshire to have due regard to the need:

- . To eliminate unlawful discrimination and harassment
- . To promote equality of opportunity between women and men

**How Will This Be Done?**

NHS Lanarkshire will have a Gender Equality scheme which will include:

- An Action Plan
- The Health Board's gender equality objectives, and what evidence has been used to develop them
- How staff and people using the service were consulted in the setting of the objectives
- How information will be gathered to monitor change in terms of employment and service delivery
- How the impact of the gender equality policies and practise will be assessed.

**Appendix 3**

The Duty has the potential to affect everyone, those who work and use NHS Lanarkshire.

**What Will It Do? What Will It Mean?**

NHS Lanarkshire will need to take steps to ensure that gender is at the centre of its thinking and processes, to embed the fact that the differences between women and men need to be understood and acknowledged in all areas of work.

**Did You Know?**

*A snapshot of gender specific health issues;*

- *Women are less likely to realise they are having a heart attack than men.*
- *Men typically develop heart disease 10 years earlier than women.*
- *Life expectancy for women in Scotland is the lowest in the EU, and for men the second lowest.*
- *Women are more likely to suffer from anxiety and depression.*
- *Men are more likely than women to commit suicide.*
- *Men are more likely than women to die of injuries, but women are more likely to die of injuries sustained at home.*

*(Source: Rona Fitzgerald, Gender Equality and Work in Scotland).*

**Who will it affect?**

## **Quick Questionnaire**

Now you have read it, tell us what you think. This is anonymous but important.

NHS Lanarkshire will use all responses to help form the action plan.

If you need to use another sheet of paper please do.

1. What gender do you identify yourself as? (please tick)

Male

Female

2. How do you think NHS Lanarkshire could improve to meet your needs as an individual?

3. Do you think NHS Lanarkshire provides an equal service for men and women?

If No, please explain:

4. Do you have any suggestions about how NHS Lanarkshire could change or improve the service they provide for:

Men:

Women:

Thank you for taking the time to complete this leaflet.

Please return your completed questionnaire by 7<sup>th</sup> June to :

Hina Sheikh Diversity Co-ordinator NHS Lanarkshire

14 Beckford Street Hamilton ML3 0TA in the SAE provided

or

Hand it to a member of NHS Lanarkshire staff