

# LEEDS TEACHING HOSPITALS NHS TRUST

## GENDER EQUALITY SCHEME

April 2007- March 2010

### 1. Introduction

At the Leeds Teaching Hospitals Trust we provide acute hospital services to the people of Leeds, the West Yorkshire area and beyond. Patients from all over the country may be treated in one of our hospitals, which are, St James' University Hospital, The Leeds General Infirmary, Cookridge (which will move to a new wing at St. James' in December 2007), Seacroft, Chapel Allerton, Wharfedale, the Chest clinic (shortly to move to the LGI) and the Leeds Dental Institute. We also provide community midwifery services and services at satellite kidney dialysis units.

The Trust serves a very diverse population with overall slightly more females 369,570 (51.67%) than males 345,834 (48.33%). The experiences of and opportunities for males and females is not only affected by gender but by other issues such as culture, race, religion, sexual orientation, disability, age, employment status etc. For example the proportion of women to men in the older population increases with age so that over the age of ninety there are almost three times more women than men. Women are much more likely to be in part time work than men because of their caring and domestic roles. Men are more likely than women to die prematurely from work related injuries and diseases.

#### 1.1. Purpose Of the Gender Equality Scheme (GES)

Equality legislation is a tool that can help us to do three things. The first is to deliver patient centred services that are accessible to everyone who needs them. The second is to become a model employer that attracts and retains the best employees. The third is to contribute to the reduction in health inequalities overall.

It is a legal requirement under the Equality Act 2006 (which amends the Sex Discrimination Act 1976) for all public authorities to develop and implement a Gender Equality Scheme (GES). Its purpose is to set out how public authorities will meet the **statutory general duty (or gender equality duty)**, which is in three parts:

- To eliminate unlawful sex discrimination including discrimination against Transgendered people (often known as Transsexuals<sup>1</sup>) who intend to undergo, are undergoing, or who have undergone gender reassignment).
- To eliminate sexual harassment.
- To promote equality between men and women (and boys and girls).

We also need to meet **specific statutory duties** which are:

- To prepare, publish and implement a Gender Equality Scheme reporting annually on progress on the three year plan.
- To gather information including disaggregated gender data and assess the impact on gender equality of our policies and practices in employment, service delivery and other functions.

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<sup>1</sup> Transsexuals are people who experience Gender Disphoria, a recognised medical condition in which people perceive their gender to be the opposite of their biological body. They may choose to undergo gender reassignment treatment which will include hormone treatments and, for some people, surgery that will lead to development of either male or female physical and emotional characteristics.

- To involve and consult relevant employees, patients and public in the planning and development of gender equality objectives.
- Address the gender pay gap.

## **1.2. Values And Principles**

The Trust vision states, "We will ensure the Leeds Teaching Hospitals NHS Trust is a locally, nationally and internationally renowned centre of excellence for patient care, education and research. We will deliver this vision by ensuring we attract the best possible staff and invest in their development." In the Trust statement of its values, attention is drawn to the fact that:

- Services are to be provided in response to patient needs and expectations and that they will be cared for on the basis of equality.
- All staff are valued whatever their function and are the key to our success.

We cannot provide excellence in patient care, education and research, or attract the best staff without taking into account the different needs of men and women. Our status and reputation both as an employer and as a service provider will be determined in part by how well we implement, and are seen to implement, the equality agenda

### **1.2.1. Mainstreaming**

The Gender Equality Duty aims to ensure that gender equality is embedded in all that public sector organisations do including policy and decision making.

This means that staff at all levels, whatever their function must think about how the way that they carry out their role will affect gender equality either directly or indirectly. Staff must not only take steps to make sure that neither men nor women (boys nor girls) are disadvantaged because of their gender by what they do and how they do it, but they must also aim to actively promote gender equality.

In implementing our GES our aims are:

- To integrate gender equality into our mainstream business.
- To create a climate in which sex discrimination is unacceptable and where positive relations and respect between male and female will flourish.
- To put patients at the centre of their care respecting them as individuals, and maintaining their dignity.
- To ensure that the different needs of men and women as carers are taken into account.
- To develop a workforce which includes men and women proportionate to the population at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion.
- To ensure that staff are treated with respect and dignity.
- To ensure that in carrying out our functions none of our staff or service users is disadvantaged because of their sex including transgendered people.

## **2. Service Provision**

Biological, societal and economic differences between men and women and differences in their attitudes to health can have a significant impact on their health status and on their experience as patients and carers.

The average life expectancy at birth of females born in 2004 in the UK was 81.07 years, compared with 76.82 years for males. (Health Statistics Quarterly – Winter 2006 ONS). However, whilst women may live longer than men they are also more likely to live for more years in poor health and/or with a disability.

Many differences can be associated with additional factors such as age, racial origins disability or religion. For example:

- Asian women over the age of sixty five have a proportionately higher incidence of long term life limiting conditions than the rest of the population.
- Coronary heart disease affects more men than women at younger ages with men developing heart disease roughly ten years earlier than women (Wizeman and Pardue 2001 in Doyal 2003)
- Women of African Caribbean origin have a higher incidence of endometriosis and polycystic ovaries than their white counterparts.
- Diabetes is more prevalent in people of Asian (6x) or African Caribbean origin (3x) than in the general population but diabetes related death rates for women of African Caribbean origin are six times that of the general population.
- Smoking and lung cancer are increasing in younger women.
- Men are twice as likely to develop and die from the top ten cancers which affect both men and women. (Mens Health Forum)
- Sexually transmitted infections have risen significantly in young women and alcohol related illnesses are increasingly seen in this group.
- Uptake for breast screening is 76% for all women in the UK, but just 17% (family care) and 52% (formal care) for women with learning disabilities (Band 1998)
- Lesbian women are more likely to report violence and bullying than heterosexual women.
- Childhood obesity is an increasing problem.
- Different religions have particular requirements or expectations in relation to men and women in terms of modesty and dress code which need to be taken into account.

These and other differences point to the need to look at who is accessing our services and whether we should be doing anything differently either now or for the future to ensure gender equality in service provision and patient centered services.

### **3. Employment**

On average men still earn more than women. Across the economy as a whole, the pay gap between men and women stands at 18.3% for full time workers and 43.2% for part time workers. (Annual Survey of Hours and Earnings 2004 ONS) In our Trust the figures are a 25% gap for full time workers (higher than the national average) and a 33% gap for part time staff (lower than the national average)

The Trust collects gender data on all job applicants. It will continue to develop corporate procedures for the collection, analysis and use of this data in workforce planning and in assessing impact on gender equality.

This includes collection of the necessary data to inform the following strategic direction:

- ensuring fair recruitment processes
- avoiding concentration of women and men into particular areas of work and addressing it where it already exists ('occupational segregation')
- promoting and managing flexible working
- ensuring high-level part-time work and supporting part-time workers
- managing leave for parents and carers
- managing pregnancy and return from maternity leave
- eliminating harassment including sexual harassment
- eliminating discrimination against, and harassment of, transsexual staff and potential staff
- grievance and disciplinary procedures
- redundancy
- retirement
- equal pay
- work-based training opportunities

#### **4. Staff Training**

If the Trust is to be successful in implementing the GES it will need to ensure that staff are properly informed and trained in order to fulfil their responsibilities. Training on diversity is available as part of the corporate induction process and diversity training to the standard of the Knowledge and Skills Framework level 2 (see URL) is provided through the NHS Core Learning Unit to all staff. Board development on equality and diversity is scheduled for April 2007.

At the time of writing, the Trust is awaiting the appointment of a new Head of Training and Development. It is hoped to have someone in post by summer 2007. A set of required learning outcomes at KSF levels 3 and 4 has already been produced and that postholder will develop a roll-out plan to ensure that all staff are adequately trained on this and all equality strands.

#### **5. Involving and Consulting**

There is a specific duty to involve and consult both men and women about the Gender Equality Scheme. The Trust is already committed to staff and patient and public involvement as a key element in service planning and development. We will continue to work to ensure robust, representative and transparent involvement and consultation with both male and female staff, patients, carers and the public as an integral part of planning and development.

Some discussion has taken place with a small number of voluntary sector organisations that work specifically with women or men and with carers organisations. Discussions have also taken place with the Gender Reassignment Service in Leeds Mental Health Trust and a person who is a transsexual has agreed to work with the Trust to improve services.

Comments, suggestions and involvement have been invited on the Trust's website and the document has been circulated to staff and a range of external groups and

organisations. It is important to recognise that this is not a static document and the action plan will change and develop over time.

Key issues identified include:

- Mixed sex wards.
- A perception that it is assumed that women will automatically be carers.
- Choice of clinic times to meet family commitments.
- Option to have a doctor of the same gender for some services e.g. gynaecology
- Play facilities for children.
- Staff expectations of lone parents when one of their children is in hospital.
- Choice of ward for Transsexual people.
- Forms of address for transsexual people.
- General questions about whether there are different outcomes for women and men.

As part of the process, there has been a preliminary analysis by gender of the last two national inpatient surveys. These surveys are distributed to a randomised sample of patients which ensures that men and women are fairly represented. This has highlighted that generally men report a better experience of Trust services than do women and this will need further investigation.

## **6. Gender Equality Impact Assessment**

The Trust guidance on Equality Impact Assessment has recently been amended and simplified and includes gender equality as an element to be considered. The Trust performance framework includes the requirement for Directorates and Clinical Management Teams to carry out inclusive equality impact assessments of Trust policies procedures and functions.

## **7. Monitoring**

Monitoring will be included as part of the mainstream monitoring of the Performance framework and will form part of the self declaration process against the NHS Standards.

## **8. Reporting**

A report will be made to the Trust Board Annually to coincide with the Trust annual report. In addition the Board will receive reports as part of the progress reporting on compliance with the NHS Standards.

## **9. Dissemination**

There will be articles in the Trust Bulletin, e-bulletin and staff briefings will be held.

## **References**

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5. Equality and Human Rights in the NHS: A Guide for Boards (Dec 2006) DoH

6. Mens Health Forum website [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)
7. "The Health of Minority Ethnic Groups", *Health Survey for England, 1999*, National Statistics
8. King, M. and McKeown, E. , (2003) *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales*, MIND