



Gender Equality Scheme

April 2007

Version 1

Version History

Version	Date Issued	Brief Summary of Change	Owners Name
1	April 2007	Version 1 for Trust Board	Sandra Adams Emral Ahmet

For more information on the status of this document, please contact:	<p>Seta Perez Moorfields Eye Hospital NHS Foundation Trust City Road London EC1V 2PD</p> <p>Email: seta.perez@moorfields.nhs.uk</p> <p>Tel: 020 7566 2427</p>
Author	Seta Perez
Department	Corporate Governance
Accountable director	Director of Corporate Governance
Date of issue	27 April 2007
Reference number	CG/0006
Last update	19 April 2007
Next update	30 April 2008
Approved by	Board of Directors
Audience	All relevant stakeholders

Foreword by the Chair and Chief Executive

In this, the European Year of Equal Opportunities for All we are proud to welcome you to Moorfields Eye Hospital NHS Foundation Trust's first Gender Equality Scheme (GES) and action plan.

At Moorfields we are committed to equality and diversity for our staff and our patients. We recognise and embrace the challenge associated with the national and European equality programme. Not only are the moral and ethical reasons undeniable, but the business case for achieving equality and maximising diversity is also compelling. We believe that creating a level playing field enabling staff to flourish is key to a successful organisation and will help to make sure that Moorfields continues to be an employer and provider of choice and a centre of excellence.

Some health problems are known to be associated with particular ethnic backgrounds, but social behaviours and culture can have an impact as well. Many of these are around gender. It is therefore essential that we take steps to identify and tackle any health inequalities that seem to be affecting our patients.

This Gender Equality Scheme will provide the platform for us to do this.

Sir Thomas Boyd-Carpenter
Chairman

Ian Balmer
Chief Executive

Contents

Introduction.....	5
Legal background.....	7
What we mean by discrimination and harassment	8
About us	9
Key facts	10
Staff	10
Patients	12
Transgender issues.....	12
Our equality values, principles and standards.....	13
Results of consultation.....	14
Staff	14
Patients / Public.....	14
Collection of information	15
Contracting and procurement	15
Equality Impact Assessments.....	15
Conclusion	16

Introduction

Moorfields Eye Hospital NHS Foundation Trust is committed to providing equality of opportunity to both its staff and service users. Gender equality legislation dates back to 1970, but despite this, women are still discriminated against. Women make up approximately three-quarters of NHS employees in England, yet the majority of senior posts are still held by men. This pattern is reflected at Moorfields; 65% of staff are women, while only 2 of the 11 Trust Board members are women. These patterns can be seen across Europe, as well as Britain, and the new gender equality duty is intended to try to eradicate it. As Vladimir Spidla, Member of the European Commission responsible for Employment, Social Affairs and Equal Opportunities, said in his speech on International Women's Day on 8 March 2007, "We must act collectively to bring about improvements. We must give impetus to policy on gender equality. This is an ethical, economic and social imperative". This imperative applies equally to the Trust; along with the ethical basis there is also a strong business case to actively pursuing equality and diversity.

There are three broad reasons why organisations introduce diversity policies; people issues, market competitiveness, and corporate reputation. At the heart of any successful organisation is a talented committed workforce, and this is as true for Moorfields as anywhere else. The profile of society is changing; the population is aging and the traditional labour market is shrinking. We will increasingly have to recruit from alternative groups as well as ensure that we retain our staff. Evidence also indicates that organisations that are serious about diversity show better overall financial performance¹. For us success comes in the form of maintaining our position as an eye care provider of choice and attracting patients from across Britain and the world.

The Equality Act 2006 is part of a raft of European-derived equality legislation which all member states of the European Union are now bound to. The idea of mainstreaming gender equality is at the heart of this new legislation and ensures that public sector organisations become more pro-active in tackling discrimination. Similar to the Race and Disability Equality Duties, under the Gender Equality Duty public bodies must make a commitment to eliminate unlawful discrimination and harassment of women, men and transsexual

¹ CIPD Diversity Factsheet June 2006

people, and promote equality of opportunity for women and men. This is known as the general duty and comes into force on 6 April 2007.

In addition to this there is a specific duty which requires all public authorities to create and publish a Gender Equality Scheme (GES) by 30 April 2007. Our GES explains how we intend to meet the general duty as well as the following:

- consult employees, service users and others, take into account any information we have gathered or consider relevant and to consider the need to have objectives to address the gender pay gap
- ensure the Scheme sets out the actions we have taken or intend to take to gather information, use the information, assess the impact of current and future policies, consult employees, service users and others, and ensure implementation of the objectives
- implement the scheme and actions for gathering and using information

The Act says that we must review the action plan at least every 3 years and publish a report annually on the progress we have made. The Trust's Equality and diversity steering group will be reviewing the progress made against the action plan. We will ensure that this information is made available to the public in a variety of formats.

Legal background

There is a raft of legislation around gender equality which has been instrumental in improving equality however progress has slowed. The new Equality Act 2006 builds on and supports legislation which already exists, it does not replace it. By amending the Sex Discrimination Act 1975 and creating the Gender Equality Duty which requires us to go further than previous legislation by being more proactive in dealing with issues, and by promoting equality between men and women.

The following gives a summary of the main legislation which has been in force since the 1970s.

Equal Pay Act 1970

The Equal Pay Act gives protection in one of three ways, ensuring women receive equal pay for:

- same work,
- like work, and
- work of equal value.

Sex Discrimination Act 1975

This Act applies to women, men and children of any age. Under the Act it is illegal to discriminate in employment, education, and in the provision of goods and services on the grounds of sex.

Sex Discrimination Act (Gender Reassignment) Regulations 1999

These Regulations basically extended the Sex Discrimination Act 1975 to include people undergoing, intending to undergo or who have undergone gender reassignment. This protection only applied in employment and vocational training.

Gender Recognition Act 2004

This Act came into force on 4 April 2005 and entitles transsexual, or transgender, people to legal recognition of their acquired gender. This means that people are entitled to obtain new birth certificates and can marry. There are strict criteria which people must meet, and those who are successful are issued with a Gender Recognition Certificate.

What we mean by discrimination and harassment

Direct Discrimination

Discrimination is said to occur if one group of people is deliberately treated less favourably than another in the same or similar circumstances. Unlawful direct discrimination cannot be justified.

Harassment is said to occur where an intimidating, hostile, degrading or offensive environment is created. This is a form of direct discrimination, and so if proved to exist it cannot be justified.

Indirect Discrimination

Indirect discrimination is where an apparently neutral requirement or condition which is applied to everyone is found to have a discriminatory effect on a particular group. Indirect discrimination may be justifiable if it can be shown to be a proportionate means of achieving a legitimate aim.

Victimisation

This protects anyone involved in making a complaint under one of the equality laws, preventing them from being treated less favourably because of it, ie being victimised. The protection exists if someone

- has made a complaint about being discriminated against or harassed,
- intends to make a complaint about discrimination or harassment, or
- has or intends to act as a witness or give evidence in support of another person(s) relating to a complaint about discrimination or harassment.

About us

Moorfields Eye Hospital NHS Foundation Trust's mission is to continue as a centre of international excellence for the treatment of eye disease and to be a leader in research and teaching.

The Trust has been serving the community for over 200 years, and celebrated its bicentenary in 2005. We became an NHS Foundation Trust on 1 April 2004. The Trust has developed a unique reputation for high quality patient care, research into eye disease and teaching eye health professionals.

We have developed services to meet the needs of today's community, and we provide care to patients at 11 sites in and around Greater London. Services are organised and provided on a sub-specialty basis, for example specific services for cataract or glaucoma, which ensures that each patient receives the most appropriate care as soon as possible. We have more than 284,000 outpatient attendances every year and nearly 50,000 patients attend our Accident & Emergency department, which is open 24 hours a day, 365 days a year.

Most patients are now seen as day cases. We have five beds for overnight stays on the City Road site which are used for observation on a 23 hour basis, and a small in-patient service at St George's Hospital, Tooting. St George's takes approximately 100 patients per year; these are patients who have additional health problems not associated with their eyes which require the facilities of a general hospital. At City Road we provide overnight hostel accommodation for patients and carers following discharge where there are social reasons which make it impossible for them to return home the same day.

The equality & diversity agenda is led at Board level by a Non-executive director and by the Director of corporate governance. They are supported by a steering group that comprises of representatives from a range of professions and departments across the Trust. The equality and diversity steering group was set up to support the Trust Board by overseeing implementation of the equality and diversity strategy. The scheme will form part of the Trust's equality and diversity strategy, and the steering group will oversee the progress made against the gender equality scheme action plan, providing regular reports to the Trust Board.

Key facts

Staff

The national pay gap is currently reported by the EOC as 18%, comparing full time employed men and women. This means nationally women earn 82% of the earnings of men. According to the EOC this gap exists for two main reasons. The first is that men are more likely to be in senior positions in organisations, which is known as vertical segregation. The second is due to occupational, or horizontal, segregation, which occurs because men and women traditionally do different types of work. The EOC reports that work which is traditionally done by women tends to command lower pay, even when a similar level of qualification is required.

Using payroll data from February 2007, the pay gap in the Trust was found to be 24%, when comparing full time employees. Initial analysis also indicates significant differentials between medical and non-medical staff pay, which will require further investigation and analysis. This appears, in part, to be linked to the Trust gender pay gap being greater than the national average.

Horizontal segregation

The health sector has historically been segregated according to occupational group, and this is no different at Moorfields. The medical staff is predominantly male, and tend to be in higher paid posts, while women dominate in nursing and administrative posts. The EOC states that $\frac{3}{4}$ of women are still found in just five occupational groups, known as the five c's, and this pattern can be seen within the Trust.

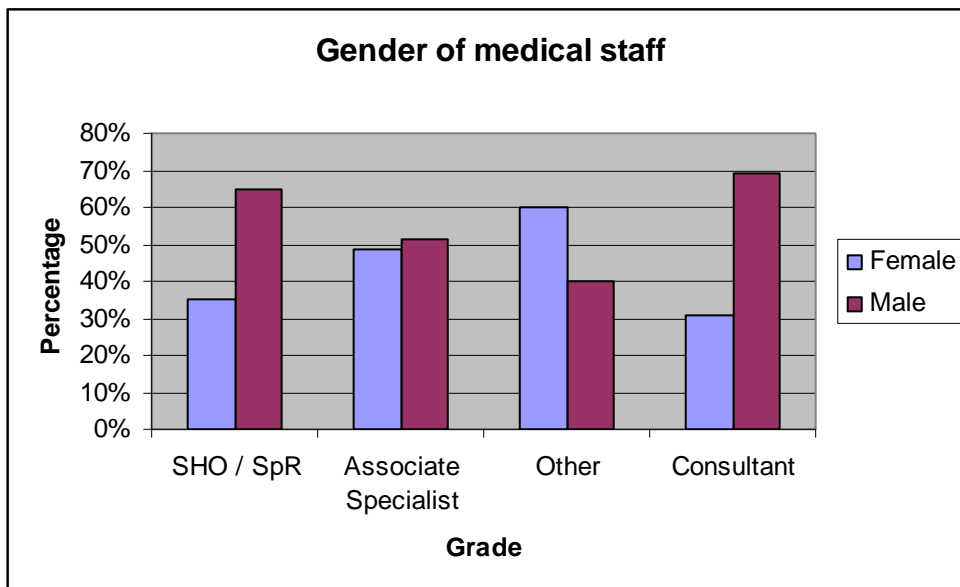
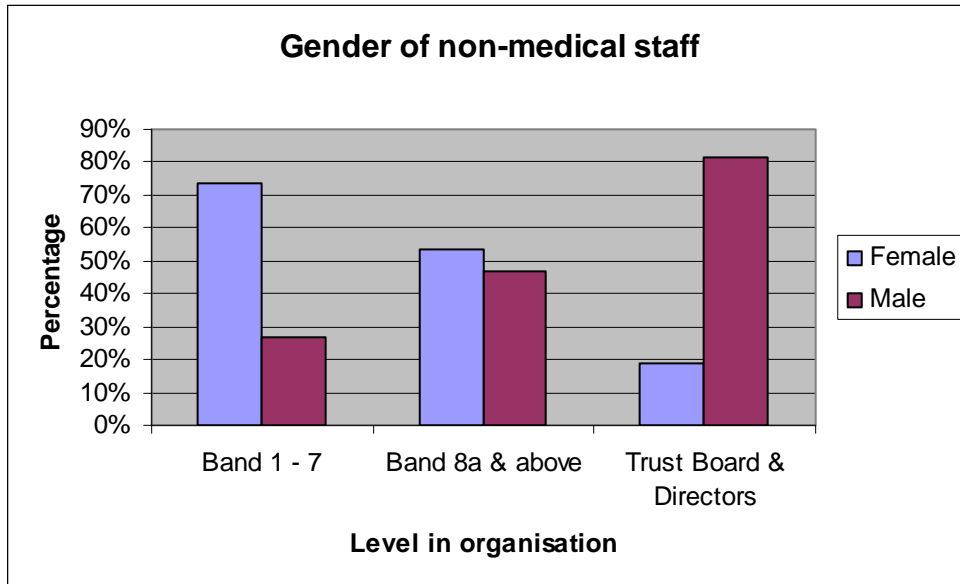
The five c's are:

- Cleaning
- Caring
- Catering
- Clerical
- Cashiering

Vertical segregation

Analysis of staff gender by grade has also identified vertical segregation; female staff make-up the majority in pay bands up to Band 7. This changes, however, at Band 8a where the average falls from more than 70% to just over 50%. This downward trend

continues at the most senior levels in the organisation. The table below is a graphic representation of this.



The patterns are less clear for medical staff. As with nursing there may be issues experienced nationally which therefore cannot be easily dealt with locally.

Flexible working

We have limited data available on flexible working. We are able to extract from the personnel database the numbers of staff working part time, but information on other forms of flexible working, such as flexi-

time, shorter working week (eg 5 days in 4), are not held centrally. There are 254 staff working part time in the Trust (as at Feb 2007) of which 70% are women.

Patients

There is a limitation to the useful data available because we are a specialist trust. While there are ophthalmology services all over Britain these are part of larger acute services. Moorfields is therefore in a unique position as a dedicated eye-care provider. We are currently carrying out a high level analysis of our services in terms of gender, along with more in-depth work around ethnicity. We will be building on the results of these to inform on what further information or possibly studies we may need to carry out to identify any health inequalities. This work will be led by the Trusts Public Health Consultant in conjunction with the Clinical Effectiveness Committee.

Transgender issues

A survey cited in the government report 'Fairness and Freedom' stated that "more than one in four [transgender people] felt that being transgender adversely affected the way they were treated by healthcare professionals". The report also identified the lack of "robust data" around transgender issues.

We are not aware of any transgender staff in the Trust because we do not collect data on this, nevertheless this is an opportunity to start dealing with the issues faced by transgender people, raising awareness of the amongst staff.

We are already in the process of reviewing our Equal Opportunities policy, which will cover transgender staff and patients. We will be including transgender issues as a key element of all gender awareness training and we plan to create a policy to guide managers in responding to transgender staff and patients.

Our equality values, principles and standards

- The Trust aims to protect and enhance the dignity of employees and service users by employing good management practice and providing a safe working environment that is free from discrimination and harassment.
- The Trust will ensure that no service user, current or future employee receives less favourable treatment on the grounds of gender.
- The Trust is committed to taking positive action to promote diversity in the workplace.
- The Trust will ensure that all employees are recruited and promoted on the basis of their ability to do the job and the need to provide efficient, effective and appropriate services.
- Complaints of discrimination are taken seriously by the Trust and are dealt with accordingly. Victimisation of any employee who is making, or is helping someone to make, a complaint will not be tolerated.

These commitments are supported by a range of policies and strategies, including

- Equality and diversity strategy,
- Bullying, harassment and discrimination policy,
- Equal opportunities policy,
- Disabled persons employment policy,
- Grievances and collective disputes policy,
- Carers' leave policy,
- Flexible working policy,
- Paternity and maternity policies,
- Parental, Special and Adoption leave policies,
- Whistleblowing policy.

Results of consultation

Staff

Very few problems were identified; most felt that outcomes for men and women are fair. One problem which has been identified in studies is that girls often limit their choice of career to those traditionally done by women (hence the 5 cs). It is possible therefore that gender segregation, such as between professions, would not be seen as an issue by many staff. In addition, as discussed, there may be reasons which explain the vertical segregation, at least in part, other than discrimination. This will require further exploration.

The main area identified as being a problem was around women returning from maternity leave and flexible working for parents. Comments made reflected a general stereotype that flexible working for parents affects women. Some felt that there is a perception that women returning from maternity leave are not as reliable or able to fulfil their jobs because of their caring responsibilities. It was felt by many that because of this these women were not encouraged to apply for promotional jobs. It was also pointed out that there are limited part time opportunities advertised by the Trust, and part time or job share are not generally encouraged at the recruitment stage.

The issues raised will be followed up in the coming year, and the action plan will reflect activities to enable us to investigate further into these issues.

Patients / Public

Although the response was limited, most of the feedback was very positive and none of the respondents felt they had personally experienced any gender discrimination. There were however some positive suggestions about how things could be improved, in particular around staff training. Most of the suggestions did not relate specifically to gender equality and although not relevant to this scheme will be used to help service improvements.

The issue of segregation of the sexes on the ward at St Georges has been raised. The unit is very small, with 2 single person rooms and a 4 bedded bay. The way the service is provided has been reviewed and, in general, patients are now kept in hospital for shorter periods of time. One of the added benefits of this is that it is easier to manage the issue of keeping male and female patients separate, and since

January 2007 there has been no need for male and female patients to share space. There are plans to address the issue in the longer term by changing the physical layout of the unit, however this is dependent on funding.

Potentially there are issues around access, specifically in relation to patients who do not actively seek medical attention early on. For this reason the action plan will focus on the need for greater analysis and engagement with commissioning PCTs to assess what action can feasibly be taken by the Trust.

Collection of information

Gender data is already collected on patients and staff. Transgender information is not collected. As this is an incredibly sensitive area we will not be recording information related to this on patients or staff records unless it is essential and then only with the explicit permission of the individual concerned.

Contracting and procurement

The Trust has a legal and moral duty to ensure that services that the Trust buys also meet standards of equality. All contracts for services, such as cleaning and transport, are already being reviewed to ensure that this is an explicit requirement. We are working closely with our contractors to ensure that they meet the requirements of the Duty while acting on behalf of the Trust. Equality issues are already a standing item on the cleaning and non-emergency transport contract monitoring meetings and the Gender Equality Duty will be incorporated into existing contracts and the procurement process.

Equality Impact Assessments

An impact assessment process is being developed according to best practice and all relevant guidance. All policies and systems will be screened for their relevance to the gender equality duty along with the 5 other strands of equality; disability, race, sexual orientation, age and religion / belief. This will be monitored by the Equality and Diversity Steering Group.

Conclusion

The following are core areas of our activities which will be covered by the action plan. They reflect the principles and standards that we will be working towards.

Procurement

The contracting and procurement of all services must now reflect the new equality duty on gender.

Patient care

It is essential that all staff, especially those who have direct patient contact, are non-discriminatory in their behaviour towards patients.

Employment issues

There is clear gender segregation across the Trust in terms of the type of jobs which women and men do as well as the distribution at each level of the organisation.

Access for patients

Access to services is one of the main gender issues for eye services. As this is a complex area more work will need to be done to identify areas where improvements are within the scope of the Trust.

Monitoring

Progress against the action plan will be monitored on a quarterly basis.

Governance / responsibility

Overall responsibility for the Scheme lies with the Trust Board. The Equality and Diversity Steering Group will monitor the progress made on behalf of the Trust Board. The Steering Group will report to the Trust Board on a regular basis. Responsibility for individual action points will rest with those named on the action plan detailed below.

Consultation / Publishing

Patients and staff were consulted in the creation of this scheme. Consultation will be part of the ongoing process to ensure that the Trust is working towards goals which our patients and staff also think are important. The Scheme will be published on the website, staff intranet and in various accessible formats.

Review

A full review will take place every three years, and a new Scheme and action plan created.

Appendix 1

Gender Equality Scheme Action Plan

Strategic aim 1

Improve access to services and reduce inequalities

Objective	Action	Measurable Outcomes	Lead responsibility	Deadline	Core area
1. Leadership and corporate development	Deliver training to the Trust Board to ensure they fully understand gender equality issues and the gender equality duty.	Records show all Board members have attended training.	Director of personnel	August 2007	Employment Governance
	The Trust Board embraces gender equality as core business function, and ownership is taken of the gender equality scheme.	Minutes reflect gender equality is part of discussions and that members are able to apply principles to all Board activities.	Trust Board	April 2007	Governance

	Update the business plan, 2 – 5 year strategy and service / departmental plans to reflect the duty.	Documents include gender duty	Trust Board Service directors Heads of department	May 2007	Clinical care Employment Access Governance
2. Procurement and contracts	Review the contracts for non-emergency transport and domestic services to ensure gender equality is included as a requirement	Contracts all include clear requirements of contractors under the Duty.	Director of Operations / Facilities manager	June 2007	Procurement
	Review the procurement process and other contracts to ensure gender equality is included as a requirement	The Duty is included in policies, procedures and guidance material	Director of Finance	June 2007	Procurement
	To build gender equality issues into the contract monitoring process.	Minutes show that equality is a regularly agenda item.	Director of Planning	June 2007	Procurement
3. Ensure the workforce understands gender equality issues and has	Develop training on gender equality, the gender equality duty and awareness of transgender issues.	Training is designed that meets the requirements of the gender equality duty	Director of personnel	March 2008	Employment Patient Access

the relevant knowledge and skills to meet the gender equality duty.	Review staff appraisals to ensure the equality and diversity element of job outlines is fully understood and is being effectively assessed.	Managers report that this action has been met	All managers	March 2008	Employment Patient care Access
	Ensure all directly employed staff, contract staff, volunteers, and PP forum members receive training on the gender equality duty.	Training records reflect that relevant staff has attended.	Director of personnel	March 2008	Employment Patient care Access
	Implement a policy on transgender staff and patients.	The policy is published and staff are made aware through a variety of methods. The policy is incorporated into gender awareness training	Director of personnel / Director of Operations	July 2007	Employment Access Patient care
4. Ensure that services are, or are working towards, full	Create a framework to screen and assess the impact of all relevant policies and systems.	Equality impact assessment procedure is formally agreed.	Director of corporate governance	July 2007	Access Employment Patient care

accessibility	Screen all service policies and systems to identify priority for impact assessment, and ensure that staff who will do this have first attended relevant equality training.	Documentation is published which demonstrates that screening has been done.	Service managers Information governance	December 2007	Access Employment Patient care
	Carry out impact assessment on all service policies identified as high priority	Documentation is published which demonstrates that a full impact assessment has been carried out.	Managers	March 2008 and ongoing	Access Employment Patient care
	Develop awareness training and support for all staff involved in the development of policies or services.	Training and support is available to all relevant staff	Information governance Personnel manager E&D facilitator	September 2007	Access Employment Patient care
	To work with commissioning PCTs to identify local health inequalities and collaborate on finding and implementing solutions.	Contact is made with relevant PCTs to initiate work. Documents exist to verify this.	Director of planning	Ongoing 2007/08	Access Patient care

	Carry out data analysis to identify whether there seem to be any access problems for either gender. Identify any shortfalls in information and take appropriate action to remedy	Analysis is done and conclusions are reported to the Clinical Effectiveness Committee. Additional work is initiated, as necessary, to cover any gaps in data or information	Public Health Consultant Head of contracts and information	September 2007	Access Patient care
5. Communication and involvement	Review the possibility of improving the flexibility of the Trust website to enable the creation of a dedicated equality section.	A decision is made on the creation of a dedicated equality page.	Web and intranet manager	May 07	Access Patient care

Strategic aim 2

Develop a workforce fit to meet the NHS Plan

Objectives	Action	Measurable outcomes	Lead Person Department / Team	Deadline	Core area
1. Recruit and support a skilled and knowledgeable workforce	To run focus groups for staff to further explore some of the issues which were raised in the development of the scheme	At least 3 focus groups are run. The results are used in future questionnaires and on how the action plan should be amended. Results are reported to the Equality and Diversity Steering Group.	Director of personnel	March 2008	Employment
	To include questions in the 2007/08 staff survey to see how many staff are affected by issues identified in the preparation of the scheme	Additional questions are included in the 2007/08 staff survey	Director of personnel	October 2007	Employment

	Review recruitment processes and practices and consider changes, such as positive action statements, to encourage applications from underrepresented groups.	Report produced identifying areas where equality can be promoted	Director of personnel	July 2007 / ongoing	Employment
	Develop a system to monitor external training for staff and ensure has functionality to record monitoring data (gender, race, gender etc)	Programme is approved to develop this system.	Director of personnel	March 2008	Employment
	Review and report to the Equality and Diversity Steering Group those who are successful at internal interviews, analysed by gender.	Reports are compiled and submitted to the Equality and Diversity Steering Group	Director of personnel	Quarterly	Employment

	Monitor and report to the Equality and Diversity Steering Group the numbers of staff who take out grievances / appeals or report harassment on the basis of their gender or gender identity.	Reports are compiled and submitted to the Equality and Diversity Steering Group	Director of personnel	Quarterly	Employment
	Monitor and report to the Equality and Diversity Steering Group the number of disciplinaries, dismissals and appeals, analysed on the basis of gender.	Reports are compiled and submitted to the Equality and Diversity Steering Group	Director of personnel	Quarterly	Employment
	Monitor and report to the Equality and Diversity Steering Group the number of redundancies, analysed on the basis of gender.	Reports are compiled and submitted to the Equality and Diversity Steering Group	Director of personnel	Quarterly	Employment

	Monitor and report to the Equality and Diversity Steering Group the number of requests to work beyond the statutory retirement age, analysed on the basis of gender.	Reports are compiled and submitted to the Equality and Diversity Steering Group	Director of personnel	Quarterly	Employment
	To develop the staff mentoring scheme, and encourage women to take up the opportunity.	The mentoring scheme is formally launched and advertised to all staff through a variety of methods. Messages targeted at women will be used to encourage women to take up the opportunity if necessary.	Director of personnel	March 2008	Employment
2. Ensure that staff and managers are working towards	Screen all personnel policies and systems to identify priority for equality impact assessments.	Screening results are published for all personnel policies.	Director of personnel	August 2007	Employment

achieving a Trust which is fully inclusive, accessible and supportive of staff	Carry out impact assessment on all personnel policies identified as high priority.	Results of full impact assessments are published	Director of personnel	December 2008	Employment
	Implement a system to monitor staff appraisals with respect to the equality and diversity dimension of the knowledge and skills framework. Report findings to the Equality and Diversity Steering Group,	<p>Process is created to monitor whether managers are fully assessing the equality element of staff appraisals.</p> <p>The process is implemented and reports are submitted to the Equality and Diversity Steering Group.</p>	Director of personnel	March 2008	Employment

