NHS BORDERS

EQUALITY MAINSTREAMING REPORT

2021

Executive Summary

Welcome to NHS Borders 2021 Equality and Diversity mainstreaming report.

NHS Borders is an organisation which values diversity and equality. This report provides an overview as to the progress made to deliver this vision. Each NHS Board in Scotland has a duty to comply with the three aims of the Public Sector General Duty, the Equality Act 2010, and Specific Duties Scotland Regulations 2012, for NHS Borders this report serves as a valuable tool for the organisation in developing continuous improvement planning to embed mainstreaming now and into the future.

The purpose of the Public Sector General Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

The following list provides the specific duties which are intended to support public bodies, including health boards, in their delivery of the General Equality Duty:

1. Report progress on mainstreaming the public sector equality duty
2. Publish equality outcomes and report progress
3. Assess and review policies and practices (impact assessment)
4. Gather and use employee information
5. Publish statements on equal pay
6. Consider award criteria and conditions in relation to public procurement
7. Publish in a manner that is accessible

This report includes routinely collected information as well as case studies to illustrate how NHS Borders is working towards mainstreaming as well as examining areas that require further improvement and development.

NHS Borders recognises the impacts Covid-19 has had on our patients, families, carers, staff and members of the wider Scottish Borders community and how this has increased equality challenges.

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1 INTRODUCTION

NHS Borders exists to serve all within the Scottish Borders, making efforts to prevent ill health, promote healthy living and treat those in need. The Health Board respects and responds to the multitude of different communities it serves and seeks to make people's engagement with Health & Care a positive and fair experience. The NHS Borders workforce is made up from people from both similar and different backgrounds and the Health Board strives to be inclusive and not treat any groups less favorably than others.

NHS Borders aims to value the different communities that make the organisation what it is, respect its diversity, promote equality as well as challenge prejudice and discrimination. Mainstreaming is the systematic integration of an equality perspective into our daily work and involves policy makers across a broad range of departments, as well as equality specialists and external partners.

Mainstreaming is a long-term method with the aim to ensure that the decisions made within NHS Borders are sensitive to the diverse requirements and experiences of patients, families, carers, staff and members of the wider Scottish Borders community. This report provides transparency and openness alongside evidence and information which plays a part in improving the decision making and improvement processes. Importantly, this report provides actions to be taken further in embedding Mainstreaming within NHS Borders.

NHS Borders first Equality Mainstreaming Report 2013-17 set out its approach in working towards mainstreaming to reduce inequalities, including a set of Equality Outcomes which it aimed to achieve. Progress of these outcomes was monitored in updated report in 2015 through a self-evaluation and action plan approach:

http://www.nhsborders.scot.nhs.uk/media/286394/mainstreaming-report2015.pdf

Following the 2015 report, a further update on NHS Borders progress was provided in the Equality Mainstreaming Report 2017-2021:

http://www.nhsborders.scot.nhs.uk/media/488226/mainstreaming-2017-2021-version-1.pdf

To better understand the demographic profile of the Scottish Borders population the following tables are presented; Table 1.1 provides a brief statistical overview of distribution of demographics of the Scottish Borders population; Table 1.2 details the languages used in the household amongst those aged Table 1.3 and over; and Table 3 covers declared ethnic groups in the Scottish Borders.

Table 1.1 - Demographic Overview of Scottish Borders Population	
Population of Scottish Borders (2019)	**115,510** (National Record of Scotland, 2019).
Age Structures	16% of the Scottish Borders population is under the age of 15. 58% of the Scottish Borders population is aged 15 – 64 years old and 25% of the Scottish Borders population is over the age of 65 (National Records of Scotland 2020).
Birth rate	**916 births** in the Scottish Borders (birth rate of **10.8 per 1,000** compared to 9.1 for Scotland) (National Records of Scotland, 2019).
Death rate	**1,299 deaths** in the Scottish Borders (death rate of **9.1 per 1,000** compared to 10.6 for Scotland) (National Records of Scotland, 2019).
Disability	**30%** of the Scottish Borders population have a long-term health condition (2011 census Scotland).
LGBT	**67%**of young people in the Scottish Borders said they knew someone who is **Lesbian, Gay, Bisexual or Transgender. 2.8% of Scottish Borders residents** (2.2% Scotland) identified **as LGB/ other** (SBC).
Child Poverty	**12.6%** of children in the Scottish Borders live in **low-income** families however there are **10 areas** with **more than 15%** of children living in poverty (Scottish Borders Anti-Poverty Strategy 2021).
Fuel Poverty	Around **29%** of all Scottish Borders Households are **fuel poor** (25% Scotland). This equates to roughly **16,000 households** (Scottish Borders Anti-Poverty Strategy 2021).
Religion in the Scottish Borders	**39.4%** Church of Scotland **6.3%** Roman Catholic **7.6%** Other Christian **0.2%** Muslim **0.7%** Other religion **37.8%** No religion **8%** Not stated (2011 census Scotland)

Table 1.2 - Scottish Borders Population Aged 3 and over Languages used at Home (2011 census Scotland)			
	Scottish Borders		Scotland
	Number	%	%
English only	105,456	95.42	92.62
Gaelic	40	0.04	0.49
Scots	1,219	1.10	1.09
British Sign Language	228	0.21	0.24
Polish	1.161	1.05	1.06
Other	2,410	2.18	4.50

Table 1.3 - Declared Ethnic Groups in Scottish Borders (2011 census Scotland)			
	Scottish Borders		Scotland
	Number	%	%
TOTAL	**113,870**	**100**	**100**
White	112,400	98.71	96.02
White - Scottish	89,741	78.81	83.95
White – Other British	18,624	16.36	7.88
White - Irish	767	0.67	1.02
White – Gypsy/Traveller	64	0.06	0.08
White - Polish	1,302	1.14	1.16
White - Other	1,902	1.67	1.93
Mixed or Multiple Ethnic Groups	316	0.28	0.37
Asian, Asian Scottish or Asian British	733	0.64	2.66
African	207	0.18	0.56
Caribbean or Black	91	0.08	0.12
Other ethnic groups	123	0.11	0.27

2 PROFILE DISTRIBUTION OF NHS BORDERS WORKFORCE COMPARED TO SCOTTISH WORKFORCE AND SCOTTISH BORDERS POPULATION

2.1 NHS Borders Workforce & Scottish Workforce (all Scotland workforce)

The age demographic of the NHS Borders workforce is in line with that of the Scottish workforce. A similar distribution of the majority of workers aged between 30 and 59 years is seen in both NHS Borders and Scottish workforces. Similarly to the Scottish workforce, the majority of NHS Borders workforce is white.

In 2020, the Scottish median hourly wage was £14.05 (excluding overtime for all employees) whilst the male and female median hourly wages of NHS Borders were £13.00 and £15.00, respectively. The median hourly wage for Scotland lies between the median hourly wage of NHS Borders' male and female employees.

2.2 NHS Borders Workforce & Scottish Borders Population

Our available Census data is 10 years old but seems to make a case to say that the NHS Borders workforce is broadly representative of the population it serves, with some notable exceptions such as the percentage of workers from a disclosed ethnic minority background being higher than what is recorded in the surrounding population and also Health & Care having a majority female workforce at around 80% of all workers. Discussions are underway locally and nationally about increasing interest in Health & Care roles from individuals who identify other than female.

3 LEGISLATIVE AND POLICY BACKGROUND

All health boards across NHS Scotland have a moral, ethical and legal duty to treat everyone fairly and without discrimination. In order to achieve this, NHS Scotland is required to meet the aims of the Equality Act (2010) as well as the Fairer Scotland Duty.

3.1 The Equality Act (2010) and Public Sector General Equality Duty

The Equality Act (2010) was implemented in order to protect those in the workplace and the wider society from discrimination. The Equality Act (2010) provides specific protection for people who fall under the nine “protected characteristics”- a set of defined characteristics for which people might face discrimination. These characteristics include, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The three aims of the 2010 Act's Public Sector General Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.

2. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not.

3. Foster good relations between people who share a protected characteristic and those who do not.

The Public Sector General Equality Duty replaces the previous Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

3.2 Fairer Scotland Duty

The Fairer Scotland Duty, Part 1 of the Equality Act (2010), came into effect in April 2018. It holds public bodies in Scotland legally responsible for taking into consideration ways in which inequalities caused by socioeconomic disadvantage can be reduced.

To meet the obligations of the Duty, public bodies must achieve the key requirements:

1. to actively consider how they could reduce inequalities of outcome in any major strategic decision they make; and

2. to publish a written assessment, showing how they've done this.

4 IMPORTANCE OF EQUALITY TO HEALTH

Equality is an extremely important aspect of healthcare and is vital to ensure that the needs of everyone are met. In healthcare, equality is about treating people alike according to their requirements in order to provide a common standard of care that does not discriminate. In addition to equality, it is important to maintain a holistic approach to healthcare. A holistic approach takes into account all aspects of a person's identity and how these aspects integrate with and affect each other. The combination of equality and a holistic approach helps to provide an intersectional, person-centered approach to care.

5 NHS BORDERS PROGRESS TO MAINSTREAM EQUALITY

NHS Borders is committed to ensuring that equality is mainstreamed into working practices and policies to achieve a more inclusive workplace and to ensure NHS Borders is a provider of equitable public services. This section of the report provides some key examples of action that NHS Borders has undertaken, including:

NHS Borders commitment to Equality and Diversity is highlighted on our website which recognises these as essential components of healthcare and provides useful links for members of the public.

NHS Borders' Equality and Diversity micro site on the Staff Intranet enables staff to access useful information, policies and processes including interpretation and translation guidelines and advice on carrying out Health Inequalities Impact Assessments (HIIAs) as well as useful materials and templates. The micro site contains links to national and local equality materials, including a local demographic profile and the national Equality Evidence Finder.

Equality and diversity e-learning is mandatory for all staff and despite the disruption caused by Covid-19 over the last 18 months, remains an important aspect of corporate induction and continuous professional development.

A domestic abuse awareness session is delivered to all staff at corporate induction which includes showing a DVD made by local women who have experienced domestic abuse.

Domestic abuse and other forms of Violence Against Women are covered in the Health Care Support Workers training programme.

Equality and diversity issues are integrated into other corporate training packages e.g. Managing Sickness Absence, Child Protection and First Line Manager training.

NHS Borders works in partnership with other agencies to protect children and adults from harm and also has staff based in the co-located Public Protection Unit alongside staff from Police Scotland and Scottish Borders Council. Tackling Hate Crime is a priority and the unit also co-ordinates child and adult protection. There is comprehensive guidance available online which includes information on trafficking, Female Genital Mutilation, Honour Based Violence, Child Prostitution and Children with Disabilities among others.

The Joint Health Improvement Team (JHIT) has been involved in the co-ordination of the Scottish Borders Violence Against Women Training Calendar which includes courses delivered by both partner agencies and NHS Borders staff depending on the subject matter and areas of expertise. The courses are as follows:

1. Domestic Abuse Basic Awareness
2. Why Doesn't She Just Leave
3. "My Family Hurts" What Borders Children Tell Us About Domestic Abuse
4. Raising Awareness of Rape & Sexual Abuse
5. Raising Awareness of Commercial Sexual Exploitation
6. Domestic Abuse & Substance Use
7. Older Women's Experiences of Domestic Abuse
8. Raising Awareness of Trafficking
9. The Forgotten Survivors
10. Raising Awareness of Safe Contact Issues
11. Stalking Workshop
12. Understanding Perpetrator Behaviour

Health Inequalities Impact Assessment (HIIA) examines the impact on the community when applying a proposed, new or revised policy or practice. HIIA goes beyond the public sector's legal duty of the Equality Act 2020 to assess impact (EQIA) by assessing the impact on:

1. Health inequalities
2. People with protected characteristics
3. Human rights
4. Socioeconomic circumstances

6 PROGRESS AGAINST EQUALITY OUTCOMES

Outcome 1 - We are seen as an inclusive and equal opportunities employer where all members of staff feel valued and respected and our workforce reflects our community.

6.1 Workforce Demographic

A general demographic breakdown of the NHS Borders workforce and average wage is shown in the following tables. The overall number of staff within the workforce has remained comparatively stable with very little variation from the year 2019 to 2020. During the pandemic response (March 2020-ongoing, at time of writing) the workforce has increased in size as additional resource has been required to cope with the added pressure in the system.

Table 6.1a shows the distribution of workforce by gender for the years 2019 and 2020. The majority of our workforce is female (81.89%). This proportion has remained approximately the same from 2019 to 2020.

Table 6.1a – Workforce by Gender				
Gender	**2019**		**2020**	
	Number of staff	**% of staff**	**Number of staff**	**% of staff**
Female	2,627	81.89%	2,621	81.78%
Male	581	18.11%	584	18.22%
Total	**3,208**	**100.00%**	**3,205**	**100.00%**

Table 6.1b shows that the age distribution profile of the workforce was comparable for both years. The majority of our workforce is aged over 35 years old and this did not change from 2019 to 2020. There is a reliance upon, and historical trend of females going into the caring professions/healthcare roles. Conversations are taking place and action plans are being devised to increase interest in caring professions/roles from males and of course, those who might identify as non-binary.

Table 6.1b – Workforce Age Profile				
Age Band	**2019**		**2020**	
	Number of Staff	**% of Staff**	**% of Staff**	**Number of Staff**
19 and under	22	0.69%	23	0.72%
20 - 34	667	20.79%	634	19.78%
35 - 49	1,114	34.73%	1,099	34.29%
50 - 64	1,358	42.33%	1,389	43.34%
65 and over	47	1.47%	60	1.87%
Total	**3208**	**100%**	**3205**	**100%**

Table 6.1c shows the ethnic origin profile for both years, with the majority of the workforce identifying as White. In 2019, 73.94% of the workforce identified as white, with a 1% point increase observed in 2020 (74.95%). The next largest ethnic group is Asian (2019; 1.15%; 2020 1.28%). Almost a quarter of the workforce preferred not to provide their ethnicity. This, while a legal right, does restrict the interpretation of

these data which are crucial to recognizing need to take positive action to increase minority ethnic representation within the workforce. Furthermore it suggests that more work may be needed to understand why this characteristic is not well reported and/or recorded.

Table 6.1c – Workforce Ethnic Origin Profile		
Ethnic Group	**Year**	
	2019	**2020**
African/Caribbean – all sub-groups	0.31%	0.25%
Asian – all sub-groups	1.15%	1.28%
White - Irish	1.03%	1.28%
White – Scottish	58.39%	59.00%
White – Other British	11.22%	11.33%
White - Other	3.30%	3.34%
Mixed/multiple ethnic groups	0.22%	0.19%
Other ethnic group	0.65%	0.66%
Prefer not to say	23.41%	22.31%
No information	0.31%	0.37%
Total	100%	100%

Table 6.1d shows that the proportion of the workforce with a medical condition remained remarkably similar between 2019 and 2020. It is reported that 18% of the working age population have a disability, as defined by the Equality Act 2010 (St Andrews University). On that basis, there appears to be under-reporting within the workforce. Management and staff-side colleagues are planning to engage the workforce in 2022 and invite employees to disclose whether they believe they have a disability, so that employee records may be updated.

Table 6.1d – Workforce Disability Profile		
Self-disclosed disability	**2019**	**2020**
Yes	0.94%	0.81%
No	97.69%	97.94%
Prefer not to say	1.15%	1.06%
No information	0.22%	0.19%
Total	100%	100%

Table 6.1e shows very little variation in the distribution of sexual orientation of the workforce profile remains similar from 2019-2020. The majority of the NHSB workforce identifies as heterosexual. During 2022, the Health Board's Equality, Diversity & Inclusion in Employment Group will explore the 18% 'No information' figure and see if this figure may be converted into other categories.

Table 6.1e – Workforce Sexual Orientation Profile		
Orientation	**2019**	**2020**
Bisexual	0.44%	0.50%
Gay	0.37%	0.41%
Heterosexual	70.64%	71.89%
Lesbian	0.31%	0.28%
Other	0.16%	0.22%
Prefer not to say	8.23%	8.17%
No information	19.86%	18.53%
Total	100%	100%

Table 6.1f shows that the largest proportion (33.73%) of our workforce has no religious affiliation and this remained the case from 2019 to 2020. Almost a quarter of the workforce preferred not to provide this information.

Table 6.1f - Workforce Religion Profile		
Religion	**2019**	**2020**
Buddhist	0.19%	0.16%
Christian – Other	7.14%	7.08%
Church of Scotland	22.23%	21.56%
Hindu	0.50%	0.47%
Muslim	0.25%	0.41%
Sikh	0.16%	0.09%
Roman Catholic	4.93%	4.99%
Other	2.65%	2.56%
No religion	31.70%	33.73%
Prefer not to say	26.62%	25.46%
No information	3.65%	3.49%
Total	100%	100%

6.2 *NHS Borders Workforce Income*

The following tables provide the distribution income by gender and staff group role, there is no difference seen between the average basic hourly rate and gender for AFC workforce grouping from 2019-2020. However, when considering medical and dental staff grouping, the average basic hourly rate for those identified as male is higher than female by £5 in 2019 with a reduction in the gap to £3 in 2020. Comparison of all staff average of basic hourly rate by gender remained the same for both years. An increase of £1 in the overall basic average rate per hour for all staff grouping was seen in 2020.

Table 6.2a - AFC Staff 2019/2020 - Average of Basic Hourly Rate (£) by Gender					
		2019	**Number of Staff**	**2020**	**Number of Staff**
Gender	Female	£14	2503	£15	2541
	Male	£14	482	£15	489
Grand Total		**£14**	**2985**	**£15**	**3030**

Table 6.2b - Medical & Dental Staff 2019/2020 - Average of Basic Hourly Rate (£) by Gender					
		2019	**Number of Staff**	**2020**	**Number of Staff**
Gender	Female	£38	122	£40	117
	Male	£43	94	£43	94
Grand Total		**£40**	**216**	**£41**	**211**

Table 6.2c - All Staff 2019/2020 - Average of Basic Hourly Rate (£) by Gender					
		2019	**Number of Staff**	**2020**	**Number of Staff**
Gender	Female	£16	2625	£16	2658
	Male	£19	576	£19	583
Grand Total		**£16**	**3201**	**£17**	**3241**

6.3 Policy

NHS Borders has a number of progressive Once for Scotland policies which support equality, diversity and inclusion in the workplace. These policies have anti-discrimination elements to them but it should be noted that a number of these policies are subject to national review at this time.
These policies include:

- Adoption & Fostering Leave
- Annual Leave
- Appraisal, PDP & Review
- Embracing Equality, Diversity & Human Rights Equal Opportunities
- Facilities Agreement
- Fixed-term Contracts
- Flexible Working Requests
- Grievance
- Induction
- Managing Employee Capability
- Managing Employee Conduct
- Maternity and Paternity Leave
- Parental Leave
- Recruitment and Selection
- Redeployment
- Retirement
- Sickness Absence
- Special Leave

- Substance and Alcohol Misuse
- Tackling Workplace Bullying and Harassment
- Whistle Blowing

6.4 Disability Confident Employer

NHS Borders is a Disability Confident (formerly Two Ticks) employer, meaning that all job candidates who declare that they have a disability and who meet the minimum essential criteria for the role will be offered an interview.

When being invited to interview candidates are asked if they require any modification to the interview location/process to accommodate any need the individual may have. NHS Borders is regularly audited by Department for Work & Pensions to make sure that it is fulfilling its Disability Confident accreditation/obligations.

6.5 Equality, Diversity and Inclusion (EDI) in Employment Group

NHS Borders is committed to providing equal opportunities and fair treatment for all. The Equality, Diversity and Inclusion in Employment Group have a number of important roles for maintaining this commitment in the field of employment, including:

- Monitoring culture/behaviour and whether employees, students, volunteers and applicants believe the organisation treats people in a fair, consistent manner regardless of background

- Building in a sense that NHS Borders is on a positive journey of constant improvement in the field of equality, diversity and inclusion

- Having an action and outcome-focused outlook, investing in awareness/education, recognizing non-optimal performances and taking steps to change for the better

- Encouraging harmony between different groups in the wider system

- Collecting, collating and reporting on useful data to inform the equality agenda

- Working to an annual work plan.

Good Practice Example - NHS Scotland Pride Pledge & Badge

I. ***NHS Borders has recently launched the NHS Scotland Pride Pledge and Badge initiative to show support for people with LGBTQ+ backgrounds. NHS Scotland designed the badge as a visual symbol which identifies its wearer as someone that people in the LGBTQ+ community (including those from a minority ethnic background) can feel comfortable approaching. The Pride Badge was created with the aim to promote a message of inclusion as well as acknowledge and raise awareness of the issues that members of the LGBTQ+ community can face when accessing healthcare.***

Outcome 2 - Our services meet the needs of and are accessible to all members of our community

6.6 Covid-19 Tracing Service

The Covid-19 Tracing Team was created in response to the Coronavirus pandemic. The service was developed in the span of one week in order to help the public meet the government safety requirements to protect against the rapidly spreading virus.
The team is multidisciplinary, made up of health protection nurses and contract tracing practitioners from all across NHS Borders. The contact tracing practitioners primarily consist of NHS Borders employees that are shielding and employees that have been redeployed due to their core work being non-essential.
The Covid-19 Tracing Service aims to ensure that all those in need of help during this time have access to it. This help can include:

- Access to Coronavirus tests if required.
- Access to financial assistance if required- the team liaises with Community Assistance Hubs to ensure that support can be found if needed.
- Calling or sending SMS alerts to inform those that must self-isolate.
- Providing hard copies of information that is otherwise shared online, by email or through SMS messaging. This is done as NHS Borders recognises that some groups may be excluded and unable to access a phone or computer.
- Accessing translation services when English is not the first language in an outbreak setting.
- Providing those in need of it with resources on mental health and wellbeing which include the signposting of relevant services.
- Providing support for people isolating in an abusive environment- the team took part in training around domestic abuse in order to provide effective support. Additionally with SBC colleagues safe spaces to self-isolate were

identified for those who needed them.

- Liaising with Borders Addiction Service (BAS) to work out appropriate routes for support and to ensure that methadone prescriptions are delivered to people that are isolating whilst struggling with substance abuse.

Good Practice Example - Interpretation and Translation Service

NHS Borders is committed to providing an excellent healthcare service which is accessible to all patients and members of the public. In order to achieve this, the Interpretation and Translation Service is used to try and overcome communication barriers which can be a major barrier to accessing healthcare.

The Interpretation and Translation Service has been running within the Public Health directorate for approximately 11 years following the disbandment of the Equality & Diversity Team. A portion of the Equality & Diversity budget remains within Public Health and is used for paying for the Interpretation and Translation Service. This service provides interpreters and the translation of documents where there is a clinical need relating to a patient or to support staff.

A set of guidelines were drawn up to aid NHS Borders staff on the use of this service. The guiding principles of the Interpretation and Translation Service are detailed below:

- ***Where there are communication difficulties, patients and staff have a right to communication support***
- ***The responsibility to ensure effective communication lies with healthcare staff. Staff must establish if a patient or service user requires an interpreter***

- they must not decide themselves whether a person's English is adequate.

- ***Communication support should be provided using approved interpreters and translators***
- ***Interpreting and translation services should be provided to the patient free of charge***

Outcome 3 - Our staff treat all service users, clients and colleagues with dignity and respect.

6.7 Tackling Bullying and Harassment Policy

NHS Borders is committed to uphold a workplace that is free of bullying, harassment or intimidation of any nature. All employees have a responsibility and a right to treat and be treated by colleagues with dignity and respect irrespective of their gender, race or ethnicity, relationship or health status, pregnancy/maternity status, age, disability, sexual orientation, religion or belief system.

The policy is intended to support managers when dealing with bullying and harassment in the workplace by:

- Raising awareness in staff that a policy/procedure exists and how it works
- Encouraging management and staff to raise genuine concerns using the policy/procedure
- Achieving a position whereby management and staff are confident in the policy/procedure and feel comfortable when using it
- Improving the reporting and handling of such incidents
- Facilitating open discussion on the efficacy of the policy/procedure
- Providing, where appropriate, access to confidential counselling, advice and support for victims of bullying/harassment at work
- Providing a programme for the communication of the policy, monitoring its effectiveness and training for those involved in applying the policy
- Raising awareness that all staff, patients and visitors have a responsibility to ensure that their actions, attitudes or behaviours are not distressing or upsetting to others. Additionally, managers and supervisors have a specific responsibility to be vigilant about identifying and dealing with bullying/harassment at work, ensuring implementation of and adherence to this policy.
- Providing access to responsive Occupational Health & Safety services.

6.8 *Equal Opportunities Policy Statement*

NHS Borders is committed to ensuring the elimination of all forms of discrimination on the basis of age, culture, disability, employment status, ethnic origin, faith, gender, gender reassignment, HIV status, marital status, nationality, offending record, political affiliation or trade union membership, race, religion, sexual orientation or social background.

It is important to recognise that 'equal opportunities' means ensuring that there is a 'level playing field' for all existing and potential employees by providing protection from unlawful discrimination. It does not mean treating everybody the same. The concept of 'equal opportunities' may therefore involve positive action. Examples of positive action may include:

- Targeted staff training and development schemes
- The use of specialist press for job advertising; and
- Encouraging people of a particular race, gender or disability to apply for jobs wherever they are underrepresented in the current workforce
- As part of implementing this policy, regular reviews of practices and procedures will be undertaken in partnership to ensure that:
- They are consistent with the principles and aims of equal opportunities in employment
- There is consistent and objective application across the whole employment field with individuals being selected, trained and promoted entirely on the basis of their abilities / potential and the requirements of the job
- NHS Borders undertake Impact Assessments to ensure that equality and diversity measures have been considered and appropriate actions taken

6.9 *Equality, Diversity and Human Rights Policy*

This policy sets out NHS Borders's commitment to the principles, as defined below, of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met.

The aims of this policy are as follows:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 and less favourable treatment of other categories of worker as set out within other relevant legislation
- Advance equality of opportunity between people who share a protected characteristic (i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation) and those who do not
- Foster good relations between people who share a protected characteristic and those who do not; and
- Ensure that the organisation has due regard for the European Convention of Human Rights (ECHR) in the discharge of its function.

The following principles and values are key to the achievement of these aims:

- Equality, diversity and human rights must be at the heart of NHS Borders and everything it does
- Disadvantages suffered by people due to their protected characteristics will be removed or minimised in order to create an environment in which individual differences and the contributions of all staff are recognised and valued
- Steps will be taken to meet the needs of people from protected groups where these are different from the needs of other people
- Steps will be taken to reduce underrepresentation of people with particular protected characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles
- A zero tolerance approach will be taken to intimidation, bullying or harassment, recognising that all staff are entitled to a working environment that promotes dignity and respect for all
- NHS Borders will act as an agent for change within local communities by positioning equality, diversity and human rights at the heart of local delivery plans
- While this will be achieved in part by being championed at a senior level, it can only be fully achieved through all those working within NHS Borders recognising and adhering to their own personal responsibilities in this regard, and NHS Borders will therefore take steps to ensure that everyone in the organisation understands their rights and responsibilities under the policy
- NHS Borders will ensure that arrangements are in place to support staff who have equality, diversity and human rights issues GB-HR – 2014-01-16 5
- Equality and diversity monitoring will be undertaken on a regular basis, with resulting improvement actions being identified and achieved; and
- This policy will be subject to ongoing monitoring to ensure that it is being fairly and consistently applied and that the stated principles and values are being met. The policy will be subject to regular review, in partnership, to ensure that it remains fit for purpose.

6.10 Maternity and Paternity Policy

NHS Borders is committed to ensuring consistent and equitable treatment for its employees in the matter of maternity leave and pay. This policy and protocol takes into account current employment legislation, associated codes of practice, Agenda for Change Regulations and progressive employment practice.

This policy and protocol is designed to answer the questions employees will have regarding maternity and paternity leave and pay and guides employees and managers through this complex and detailed subject. It includes detail of the criteria that have to be met to qualify for maternity and paternity leave and pay and the employees obligation to NHS Borders, for example the relevant timescales that have to be met and forms that have to be completed.

6.11 Parental Leave Policy

NHS Borders is committed to ensuring consistent and equitable treatment for its employees in the matter of parental leave. This policy takes into account current employment legislation, associated codes of practice, Agenda for Change Regulations and progressive employment practice.

This policy is designed to answer the questions employees will have regarding parental leave and pay and guides employees and managers through this complex and detailed subject. It includes detail of the criteria that have to be met to qualify for parental leave and pay and the employees obligation to NHS Borders, for example the relevant timescales that have to be met and the forms that have to be completed.

6.12 Flexible Working Policy

Flexible working opportunities benefit everyone: employers, employees and their families. NHS Borders knows that it makes good business sense to be open to flexible working requests from its employees; accommodating requests can help to retain skilled staff and reduce recruitment costs; to raise staff morale and decrease absenteeism; and, can help the organisation to react to changing service provisions. For employees, changes to working patterns can greatly improve the ability to balance home and work responsibilities

To be eligible to make a flexible working request in line with this policy, the employee must:

- Not be an agency worker; and
- Not have made another application to work flexibly during the previous 12 months. This does not prevent a manager agreeing with an employee that their request can be approved within that time period if the request was originally refused, but the work environment can now sustain the change requested.
- Eligible employees are able to request:
- A change to the hours they work e.g. voluntary reduced hours; job sharing
- A change to the times when they are required to work e.g. flexi-time
- A change to the place they are required to work

6.13 NHS Borders Behavioural Framework

The framework defines the behaviours that NHS Borders staff must demonstrate for our organisation to perform effectively. Everything that NHS Borders does relies on individuals and teams working interdependently, with our patients at the heart of everything we do. This framework is a statement of who NHS Borders is: what our patients can expect from us and what we expect from each other.

6.14 Values Based Recruitment (VBR)

NHS Borders uses a Values based approach to recruitment. VBR is an approach to help attract and select employees whose personal values and behaviours align with those of NHS Borders.

The values that are shared across Scotland's Health Service are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork.

NHS Borders recognises that staff who are valued and treated well improve patient care and overall performance and these values were developed as part of the 2020 Workforce Vision which aims to ensure that the health service has the workforce needed for the future.

NHS Borders adopted those values when the Corporate Objectives were developed. Whilst it is recognised the values are core values of the majority of our staff, NHS Borders aims to ensure that these are embedded explicitly, and are a core element in how staff is recruited.

Good Practice Example- Covid-19 and Risk Assessment

NHS Borders was recently praised during a Healthcare Improvement Scotland inspection for instructing managers to risk assess minority ethnic staff for their greater susceptibility to adverse outcomes if they contracted COVID-19.

Outcome 4 - We work in partnership with other agencies and stakeholders to ensure everyone has the opportunity to participate in public life and the democratic process

6.15 Co-production Charter (2019)

In 2019, the Co-production Charter was implemented between Borders Care Voice and the Scottish Borders Health and Social Care Partnership and produced by the Scottish Borders Mental Health and Wellbeing Forum. This document ensures that the national standards of engagement with all mental health services in the Scottish Borders are applied. This means that those with experience of mental ill health, their carers, as well as people who use the services are all involved with any commissioning, change or redesign processes from beginning to end, including evaluation and review. The involvement of these groups ensures that their voices are heard and that their knowledge and experiences are valued.

6.16 Borders Older People's Planning Partnership (2020)

In 2020, NHS Borders public involvement team worked alongside the Borders Older People's Planning Partnership in order to gain an understanding of how the lives of the older population were affected by the Coronavirus pandemic. An online survey and a telephone consultation took place to collect the feedback and lived experiences of older people in the Scottish Borders. The information gathered is to be used to support the region's ongoing recovery efforts, as well as transformation programmes being taken forward by the Scottish Borders Council, NHS Borders and the Health and Social Care Partnership. The Borders Older People's Planning Partnership is one of the Scottish Borders Health and Social Care Partnership's engagement and planning groups. The group consists of representatives from the Scottish Borders Council, NHS Borders, the third sector and local older people.

Good Practice Example - Money Worries App

Good financial health has a positive impact on overall health and wellbeing. The Money Worries App was developed in order to mitigate the effects of ongoing welfare reform as well as the wider impact of COVID-19. The App is intended to aid people by providing access to quality assured information, as well as giving support to prevent escalating money worries. The Money Worries app is a digital directory with links to help with money, health, housing and work.

Co-developed by NHS Borders, Scottish Borders Council, Citizen's Advice Bureau, TD1 Youth Hub and Early Steps Parent's Group, the Money Worries App reflects the voices of much of the Scottish Borders' community.

The App is a timely resource considering the changes projected for 2020 due to welfare reform which include:

- ***Universal Credit – Managed Migration of existing claimants***
- ***Pension Credit into Universal Credit***
- ***Abolition of Housing Benefits – housing costs within universal credit***
- ***Full rollout of Scottish Devolved Benefits***
- ***Scottish Child Payment***
- ***Potential to increase access to unclaimed benefits***

Against this economic backdrop, it is evident that the there is a need for continued support in the Scottish Borders to reduce poverty and inequality as well as improve health and wellbeing. Systems currently in place that convey the reality of poverty in the Scottish Borders include:

- ***The use of food banks***
- ***Experiences with benefits systems***
- ***Summer food programmes***
- ***Income before and after housing costs***

The Money Worries App could support an early intervention and prevention approach by ensuring people can access the correct information and support at the right time. This could reduce further ill effects on the mental health of people who are experiencing uncertain economic circumstances.

Outcome 5 - We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced.

6.17 Early Years Pathway Pilot Project

An Early Years Pathway Pilot project has run in partnership with the Scottish Borders Council Financial Inclusion Team as part of a pathway initiative. The project aims to improve access to benefits information, advice and support for early years families. Midwives and health visitors can refer new and expectant mothers to advisors form the project for assistance.

6.18 Community Food Growing Strategy – The Greenhouse Project

The Community Food Growing Strategy aims to support and facilitate all members of the community that wish to take part in growing produce. Scottish Borders Council has consulted with communities and groups already involved in Community Food Growing initiatives to help with the development of this strategy. The key objectives of the Food Growing Strategy are:

- To provide a central resource for community growing information
- To raise awareness around community growing in the Scottish Borders
- To show you how to get growing: where, how and who can help you/your community group
- To help you get your community growing project off the ground
- To help identify potential allotment sites and growing spaces

The Greenhouse Project was developed for the Community Food Growing Strategy. The Joint Health Improvement Team works in partnership with Scottish Borders Council's Community Justice Team to grow a wide range of seasonal produce at a Greenhouse site in Galashiels. Produce is distributed back into the community through service settings and activities that support children and families.

The project has developed incrementally to offer new activities:

- REHIS training & cooking classes with Community Justice Clients
- Live cookery classes in early years settings
- Recipe bags to support home cooking and healthier meals
- Welfare boxes & food distribution during COVID
- Distribution of plants to encourage home growing

Good Practice Example - Eat Well Age Well Delivery Group

1 in 10 older people are either at risk of or are suffering from malnutrition. The Eat Well Age Well (EWAW) group is a national delivery project and part of the Food Train charity. The group focuses on preventing, detecting and treating malnutrition in amongst older people living at home as well as promoting healthy ageing.

In addition to preventing malnutrition, it is important to anticipate those that are likely to become malnourished. The first steps to accomplish this are the screening and identification if malnutrition. The Malnutrition Universal Screening Tool (MUST) is the most commonly used tool in UK hospitals, care homes and/or communities. MUST requires the height and weight of the patient to be taken and includes weight change, recent intake and an at-risk score. Whilst these guidelines and standards have made progress, there are still many older people living at home in the community with malnutrition and at risk of malnutrition.

Recently, new tools have been developed for the early identification of preventable malnutrition. Community-level solutions are necessary to identify at-risk individuals at an earlier stage. These new tools include the Patients Association Nutrition Checklist and the Paperweight Armband. The tools aim to:

- ***Start conversations about eating, drinking, appetite and weight-loss***
- ***Identify risk of malnutrition and offer guidance on next steps***
- ***Raise awareness of potential risk of malnutrition***

Outcome 6 - We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from underrepresented groups is improved

6.19 JobTrain Recruitment System

The JobTrain recruitment system, which is used for employee recruitment by NHS Scotland, has built-in anti-discrimination measures. Shortlisting managers are not provided with applicant data such as names, addresses and demographic information in order to eliminate unconscious bias.

Good Practice Policy - Recruitment and Selection Policy

NHS Borders aims to recruit and select the most suitable person available for each authorised vacancy that arises, to help us to provide a high quality service.

Values Based Recruitment is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviors align with the values of NHS Scotland. The purpose of Values Based Recruitment is to ensure that the future and current NHS Workforce is selected against these values so that we recruit the right workforce, not only with the right skills and in the right numbers but with the right values to support effective team working in delivering excellent patient care and experience. Values Based Recruitment can be delivered in a number of ways: through pre-screening assessments, to values based interviewing techniques, role play, written responses to scenarios, and assessment centre approaches amongst others.

Jobtrain (above), the new online recruitment tool, provides a streamlined job application and candidate management process and will help to ensure a consistent approach to recruitment across the NHS in Scotland.

NHS Borders aims to encourage a diverse workforce representative of the local communities and may consider taking positive action to encourage applications from under-represented groups. It aims to provide a working environment where staff are valued and respected, and where discrimination, bullying and harassment are not tolerated. It is the responsibility of everyone involved in the recruitment process within NHS Borders to ensure no job applicant receives less favourable treatment than any other job applicant.

Outcome 7 - We work in partnership with other agencies and stakeholders to ensure the difference in educational attainment between those who are from an equality group and those who are not is improved

Good Practice Example - Integrated Children and Young People's Plan

As part of the Integrated Children and Young People's Plan, NHS Borders and the Scottish Borders Council are committed to reducing the poverty-related attainment gap. NHS Borders works alongside colleagues from Education Scotland, SEIC and the Scottish Government in order to support schools with the development of the Scottish Attainment Challenge. Progress and the key strengths in the first five years of the programme include:

- *Schools working together to supplement Pupil Equity Fund plans across clusters*
- *Working with Community Learning and Development (CLD) and third-sector partners to help schools deliver successful programmes for the most disadvantaged children and young people, and their families*
- *Improvements in outcomes for care experienced children and young people, for example:*
- *An increase in attendance and a reduction in exclusion rates*
- *Increasing attainment in literacy for school leavers*
- *A higher proportion of Looked After young people in the Scottish Borders achieving qualifications in the Senior Phase than the national average*
- *An improving trend in the percentage of school leavers entering a sustainable positive destination*
- *Improvements in attainment for children and young people living within SIMD quintile 1 (Q1), for example:*
- *A higher attainment in literacy than the national average at third and fourth level*
- *An increased attainment in numeracy at level early level*
- *An increase in overall attainment at SCQF levels 5 and 6 in the Senior Phase*

Progress in closing the poverty-related attainment gap, for example:

- *In literacy, at the first level the attainment gap has been reduced and at first, third and fourth level, the gap is below the national average*

Outcome 8 - We work in partnership with other agencies and stakeholders to ensure we have appropriate housing which meets the requirements of our diverse community

6.20 Affordable Warmth & Home Energy Efficiency Strategy (AWHEES)

Scottish Borders Council and NHS Borders are committed to creating an equal and fair environment, providing everyone with a chance to succed. A key step in achieving this is tackling fuel poverty which is why the Affordable Warmth & Home Energy Efficiency Strategy (AWHEES) was created. The aim of the Strategy is to provide affordable warmth and healthy homes for everyone living in the Borders. An overarching priority for the AWHEES is that the co-benefits of the Strategy are maximised and any unintended impacts of installing energy efficiency measures are minimised. It should be ensured that appropriate means to mitigate any unintended effects are put in place. All actions and interventions within this Strategy are based around the particular needs of homeowners and not just the house and tenure type, as well as being outcome focused, rather than just target compliance based.

The Priorities that work towards fulfilling the AWHEES:

- To work collectively with our partners to improve affordable warmth and energy efficiency in homes.
- To explore wider measures to better manage energy and increase warmth in the home.
- To ensure the AWHEES provides opportunities for all in the Scottish Borders.
- A diverse range of partners, stakeholders and housing experts participated in developing the AWHEEs. The programme of engagement activity included the following:
- Consultation across the Strategic Housing Services and wider services at SBC.
- Engagement with the Borders Home Energy Forum focusing on the technical elements of the Actions, and the advice and support elements.
- An online public consultation.
- A series of semi-structured interviews, face-to-face or over the phone, with members of the Borders Home Energy Forum and their relative colleagues.
- Engagement with community representatives, NHS Borders and Health and Social Care.
- Engagement with the Energy Efficient Scotland Change Works in Peebles Working group and academics working on the monitoring and evaluation programme at the University of Edinburgh.

Good Practice Example - Strategic Group for Clinical and Care Oversight of Care Homes

The Strategic Group for CCOCH is a multi-disciplinary team made up of professional key leaders across Scottish Borders Council and NHS Borders. The group was formed in response to the Coronavirus pandemic. It aims to ensure appropriate clinical and care professionals across the Health and Social Care Partnership (HSCP) take direct responsibility for the clinical support required for each care home in the Scottish Borders, as set out in the requirements given by the Cabinet Secretary for Health and Sport Committee.

Core membership of the group is proposed as follows:

- ***Director of Nursing, Midwifery & Acute Services (Chair)***
- ***Chief Operating Officer Adult Social Work and Social Care (Vice Chair)***
- ***Chief Officer Health & Social Care***
- ***Chief Social Work & Public Protection Officer***
- ***Medical Director***
- ***Joint Director of Public Health***

7 AREAS FOR DEVELOPMENT

The following are points we intend to focus on developing during the next years:

7.1 Proposed Programme: Addressing Health Inequalities

NHS Borders recognises that the most marginalized members our society have the poorest health outcomes, placing a significant demand on health services. Evidence shows that persistent health inequalities remain in both health outcomes and service experience in NHS Scotland. However, health inequalities are avoidable and can be mitigated on both an individual and structural level. Action taken by NHS Borders and its staff can directly and positively impact health inequalities.

The aim of this programme is to maximise the impact of NHS Borders in reducing health inequalities in the Borders. In order to achieve this:

- Services should be designed and changed to minimize disadvantage and health inequality using a data driven approach
- All staff should have an awareness of health inequalities and opportunities to reduce them
- Organizational processes should be reviewed and changed to maximize their impact in reducing health inequalities

- There should be a more equitable use of services
- People experiencing health inequalities should be more able to influence services
- The programme will have five workstreams:
- Data: where we are now, what we have achieved, and how we will measure and evaluate going forward
- Engaging with communities and individuals
- Service change
- Role of NHS Borders as an 'anchor' organisation
- Working with partners

8 IMPACT OF COVID-19

The emergence of pneumonia cases in December 2019 later became known to the world as the and a pandemic was declared by the World Health Organisation in March 2020.beginning of the spread of Covid-19. Cases of Covid-19 developed rapidly across the globe .

8.1 Inequalities as a result of COVID-19

The pandemic has had a number of consequences, resulting in several groups becoming particularly vulnerable. A few of these groups, as explained by Douglas et al., are listed below:

- Older people - highest direct risk of severe Covid-19, more likely to live alone, less likely to use online communications, at risk of social isolation
- Young people - affected by disrupted education at critical time; in longer term most at risk of poor employment and associated health outcomes in economic downturn
- People of East Asian ethnicity - may be at increased risk of discrimination and harassment because the pandemic is associated with China
- People with mental ill health - may be at greater risk from social isolation
- People who use substances or are in recovery - risk of relapse or withdrawal
- People with reduced communication abilities (eg, learning disabilities, limited literacy or English language ability) - may not receive key governmental communications
- Homeless people - may be unable to self-isolate or affected by disrupted support services
- People on low income - effects could be particularly severe as they are more likely to be in insecure work without financial reserves

8.2 NHS Borders Support for Vulnerable Groups

Many of NHS Borders' policies and groups mentioned in this report can be used to help ease the effects that the COVID-19 pandemic may have on the community and its vulnerable groups.

Support for older people:

- Borders Older People's Planning Partnership (see Outcome 4)
- Eat Well Age Well Group (see Outcome 5)

Support for young people:

- Integrated Children and Young People's Plan (see Outcome 7)
- Scottish Borders Council Child Poverty Indicator (CPI) Tool (see Outcome 7)

Support for people of East Asian ethnicity:

- Tackling Bullying and Harassment Policy (see Outcome 3)
- Equality, Diversity and Human Rights Policy (see Outcome 3)
- Whistleblowing Standards (see Outcome 3)

Support for people with mental ill health:

- Measures taken by Covid-19 Tracing team (see Outcome 2)

Support for people who use substances or are in recovery:

- Measures taken by Covid-19 Tracing team (see Outcome 2)

Support for people with reduced communication abilities:

- Interpretation and Translation Service (see Outcome 2)
- Measures taken by Covid-19 Tracing team (see Outcome 2)

Support for homeless people:

- Housing First Service (see Outcome 8)

Support for people on low income:

- Money Worries App (see Outcome 4)
- Early Years Pathway Pilot Project (see Outcome 5)
- Community Food Growing Strategy (see Outcome 5)
- Affordable Warmth and Home Energy Efficiency Strategy (see Outcome 8).

9 Workforce Data

9.1 Introduction

This document provides detailed analysis of Workforce data required to report its performance against the nine protected characteristics, as well as pay gap information.

9.2 Context

Listed public authorities in Scotland are required by the public sector equality duty to publish information on their gender pay gap, and occupational segregation within their organisation. They are also required to report the steps that they are taking to proactively address the inequalities that are faced by their female workforce. "Close the Gap" has produced guidance for Scottish public authorities on the gender and employment aspects of the public sector equality and this report follows that advice.

The employee data has been obtained mostly from the HR Workforce system (the electronic Employee Support System, eESS) and the Finance system, cross-referencing data as necessary.

9.3 Workforce Analysis - The Nine Protected Characteristics

The data in each section is presented in the following order:

- Gender
- Disability
- Ethnicity
- Religion
- Gender reassignment
- Sexual orientation
- Age
- Marital/Civil partnership status

Data for pregnancy and maternity is not available at this time of publishing this report.

Table 9.3a shows that the workforce gender split remains statistically consistent with no large fluctuations in number of male and female employees between 2019 and 2020.

Table 9.3a - Total Number of Staff	
Year	Head Count
2019	3,208
2020	3,205

Table 9.3b - Workforce by Gender				
Gender	**2019**		**2020**	
	Number of staff	**% of staff**	**Number of staff**	**% of staff**
Female	2,627	81.89%	2,621	81.78%
Male	581	18.11%	584	18.22%
Total	**3,208**	**100.00%**	**3,205**	**100.00%**

Table 9.3c shows the workforce shows a small decrease in employees with a disability between 2019 and 2020. This difference is remarkably small and will not represent a statistically significant difference.

Table 9.3c – Workforce Disability Profile		
Medical condition in past 12 months	**2019**	**2020**
Yes	0.94%	0.81%
No	97.69%	97.94%
Prefer not to say	1.15%	1.06%
No information	0.22%	0.19%
Total	100%	100%

Table 9.3d shows workforce ethnicity ratios remain similar, with slight decreases in employees of African/Caribbean and mixed/multiple ethnic groups.

Table 9.3d – Workforce Ethnic Origin Profile		
Ethnic Group	**Year**	
	2019	**2020**
African/Caribbean – all sub-groups	0.31%	0.25%
Asian – all sub-groups	1.15%	1.28%
White - Irish	1.03%	1.28%
White – Scottish	58.39%	59.00%
White – Other British	11.22%	11.33%
White - Other	3.30%	3.34%
Mixed/multiple ethnic groups	0.22%	0.19%
Other ethnic group	0.65%	0.66%
Prefer not to say	23.41%	22.31%
No information	0.31%	0.37%

Table 9.3e shows a slight increase in Muslim, Roman Catholic and no religious affiliation employees. Data trend remains similar between years. Almost a quarter of the workforce preferred not to provide this information.

Table 9.3e - Workforce Religion Profile		
Religion	**2019**	**2020**
Buddhist	0.19%	0.16%
Christian – Other	7.14%	7.08%
Church of Scotland	22.23%	21.56%
Hindu	0.50%	0.47%
Muslim	0.25%	0.41%
Sikh	0.16%	0.09%
Roman Catholic	4.93%	4.99%
Other	2.65%	2.56%
No religion	31.70%	33.73%

Prefer not to say	26.62%	25.46%
No information	3.65%	3.49%

Table 9.3f shows that gender reassignment figures remain much the same although there was a slight increase in the percentage of people who chose to disclose gender reassignment status between 2019 and 2020.

Table 9.3f – Workforce Gender Reassignment Profile		
Gender Assignment	**2019**	**2020**
No	96.60%	96.88%
Yes	0.09%	0.12%
Prefer not to say	1.40%	1.28%
No information	1.90%	1.71%

Table 9.3g shows that Sexual orientation figures remain much the same although there has a slight increase in the percentage of the workforce who chose to disclose their sexual orientation between 2019 and 2020.

Table 9.3g – Workforce Sexual Orientation Profile		
Orientation	**2019**	**2020**
Bisexual	0.44%	0.50%
Gay	0.37%	0.41%
Heterosexual	70.64%	71.89%
Lesbian	0.31%	0.28%
Other	0.16%	0.22%
Prefer not to say	8.23%	8.17%
No information	19.86%	18.53%

Table 9.3h shows the number of employees aged 50 and over has increased from 2019 to 2020 whilst the number of employees aged between 20 and 49 years old has decreased.

Table 9.3h – Workforce Age Profile				
Age Band	**2019**		**2020**	
	Number of Staff	**% of Staff**	**% of Staff**	**Number of Staff**
19 and under	22	0.69%	23	0.72%
20 - 34	667	20.79%	634	19.78%
35 - 49	1,114	34.73%	1,099	34.29%
50 - 64	1,358	42.33%	1,389	43.34%
65 and over	47	1.47%	60	1.87%
Total	**3208**	**100%**	**3205**	**100%**

Table 9.3i shows marital status stayed relatively similar from 2019 to 2020 however more people chose to disclose their marital status in this time period.

Table 9.3i – Workforce Marital Status Profile		
Marital Status	2019	2020
Civil partnership	0.09%	0.09%
Divorced	5.11%	4.46%
Married	59.66%	61.84%
Single	32.08%	31.29%
Widowed	0.81%	0.75%
No information	2.15%	1.56%

9.4 Disability Pay Gap

The figures for 2019 are as follows:

Table 9.4a – Average of Basic Hourly Rate 2019		
Disability	**Average of basic hourly rate**	**Count of Staff**
Yes	16	29
No	16	3131
Prefer not to say	19	36
No information	36	5
Grand Total	**16**	**3201**
Disability Pay Gap	**1.90%**	

Table 9.4b Distribution of medical conditions in last 12 months and Pay Quarter							
Hourly Pay Quartile	**Count of Medical Conditions In 12 Months**					**Quartile percentage**	
	Yes	**No**	**Prefer not to say**	**No information**	**Grand Total**	**Yes**	**No**
Lower	13	782	5		800	1.6	98.4
Middle	7	785	8		800	0.9	99.1
Upper Middle	2	790	8		800	0.3	99.7
Upper	7	774	15	5	801	0.9	99.1

Median pay	£/hr
Middle Medical Condition	11
Middle No Medical Condition	14
Median Medical Condition Pay gap	**17.8%**

The figures for 2020 are as follows:

Table 9.4c – Average of Basic Hourly Rate 2020		
Disability	**Average of basic hourly rate**	**Count of Staff**
Yes	16	25
No	17	3178
Prefer not to say	20	33
No information	42	5
Grand Total	**16.78**	**3241**
Disability Pay Gap ('No' baseline)	**4.0%**	

Table 9.4b Distribution of medical conditions in last 12 months and Pay Quarter							
Hourly Pay Quartile	**Count of Medical Conditions In 12 Months**					**Quartile percentage**	
	Yes	**No**	**Prefer not to say**	**No information**	**Grand Total**	**Yes**	**No**
Lower	13	790	7		810	1.6	98.4
Lower Middle	5	798	7		810	0.6	99.4
Upper Middle	2	801	7		810	0.2	99.8
Upper	5	789	12	5	811	0.6	99.4
Grand Total	**25**	**3178**	**33**	**5**	**3241**	**0.8**	**99.2**

Median pay (no info excluded)	£/hr
Middle Medical Condition	11
Middle No Medical Condition	14
Median Medical Condition gap	**26.2%**

9.5 Gender Pay Gap

Notes:

The overall figure is skewed in favour of males because of the larger ratio of male employees in the higher paid medical scales. This is a known issue and the national policy is to encourage more females into medical training. As highlighted in previous reports it will take many years to filter through the higher paid posts due to the length of time it takes to train, then reach a senior level as well as the fact that we no longer report on Doctors in the Training Grades (DiT). However, we can say that the Pay Gap is reducing. This is evidenced by previous overall pay gap of approx. 20%.

Note that Doctors in the training grades (DiTs) are not included in the mainstreaming report as their employment from 1 August 2018; transferred to NHS Lothian and NHS Education for Scotland as part of a national initiative to establish a single employer throughout training. Doctors in the training grades rotate from East of Scotland Hospitals to work, be trained and locally managed in NHS Borders Hospitals whilst on placement.

We have utilised basic hourly pay rather than aggregate pay therefore the figures reflect basic guaranteed earnings rather than overall earnings which are variable. Most out of hours AFC staff are female therefore their average aggregate pay will be boosted by unsocial shift allowances. No comment can be made overall as shift pay for higher paid medical staff (and males are more prevalent in this profession) as their average aggregate pay will also be boosted by unsocial shift allowances.

Hourly pay rates are rounded to nearest Pound however; the calculation of the Gender Pay Gap is based on the original basic pay figure which explains the presence of a Pay Gap even though the Average of Basic Hourly Rate is noted as the same for male and female employees in the report.

There was no entitlement to bonuses during this time period; therefore no requirement to include bonus pay in these calculations.

As at 31st March 2019

Table 9.5a - AFC Staff Gender Pay Gap 2019		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	14	2503
Male	14	482
Grand Total	14	**2985**
Gender Pay Gap	**-3.0%**	

Table 9.5b - Medical & Dental Staff Pay Gap 2019		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	38	122
Male	43	94
Grand Total	40	**216**
Gender Pay Gap	**11.4%**	

Table 9.5c – All Staff Pay Gap 2019		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	16	2625
Male	19	576
Grand Total	16	**3201**
Gender Pay Gap	**17%**	

Table 9.5d Distribution of Staff Pay by Gender and Quartile 2019					
Hourly Pay Quartile	**Count of Gender**			**Quartile Percentage**	
	Female	**Male**	**Grand**	**%Female**	**%Male**

			Total		
Lower	613	187	800	76.6	23.4
Lower middle	691	109	800	86.4	13.6
Upper middle	704	96	800	88.0	12.0
Upper	617	184	801	77.0	23.0
Grand Total	**2625**	**576**	**3201**	**82.0**	**18.0**

Median pay	**£/hr**
Middle female	14
Middle male	13
Median Gender Pay gap	**-12.6%**

As at March 31st 2020

Table 9.5e - AFC Staff Gender Pay Gap 2020		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	15	2541
Male	15	489
Grand Total	15	**3030**
Gender Pay Gap	**-4.2%**	

Table 9.5f - Medical & Dental Staff Pay Gap 2020		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	40	117
Male	43	94
Grand Total	41	**211**
Gender Pay Gap	**7.4%**	

Table 9.5g – All Staff Pay Gap 2020		
Gender	**Average of basic hourly rate (£)**	**Count**
Female	16	2658
Male	19	583
Grand Total	17	**3241**
Gender Pay Gap	**15%**	

Median pay	**£/hr**
Middle female	15
Middle male	13
Median Gender Pay gap	**-15.7%**

Table 9.5h Distribution of Staff Pay by Gender and Quartile 2020					
Hourly Pay Quartile	**Count of Gender**			**Quartile Percentage**	
	Female	**Male**	**Grand Total**	**%Female**	**%Male**
Lower	611	199	810	75.4	24.6
Lower middle	707	103	810	87.3	12.7
Upper middle	693	117	810	85.6	14.4
Upper	647	164	811	79.8	20.2
Grand Total	**2658**	**583**	**3241**	**82.0**	**18.0**

10 Data Sources

2019 Scottish borders population

https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.

Age structures

https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.

Birth/death rate

https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.

Life expectancy

https://www.scotborders.gov.uk/downloads/file/7859/scottish_borders_insights_heathy_life_expectancy_2017-19

Average weekly earnings

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/placeofresidencebylocalauthorityashetable8

Disability

https://www.scotlandscensus.gov.uk/search-the-census#/

LGBT

https://www.scotborders.gov.uk/download/downloads/id/2972/equality_mainstreaming_report_and_equality_outcomes_2017_%E2%80%93_2021.pdf (SBC People Dept.)

Child poverty

https://www.scotborders.gov.uk/download/downloads/id/7818/scottish_borders_anti-poverty_strategy_2021.pdf

Fuel poverty

https://www.scotborders.gov.uk/download/downloads/id/7818/scottish_borders_anti-poverty_strategy_2021.pdf

Religion

https://www.scotlandscensus.gov.uk/search-the-census#/

Languages

https://www.scotlandscensus.gov.uk/search-the-census#/

Declared ethnic groups

https://www.scotlandscensus.gov.uk/search-the-census#/