Borders NHS Board

EQUALITIES MAINSTREAMING REPORT 2017-2021

Aim

To update the Board on NHS Borders Mainstreaming Report published as agreed at 6th April meeting.

Background

All Health Boards across NHS Scotland are required to comply with the aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012. The implementation of these legal duties will be monitored by the Equality and Human Rights Commission in Scotland, the Mainstreaming Report enables monitoring by the Equality and Human Rights Commission and review by the public as it is posted on The Board website.

This is our second Mainstreaming Report and builds on experience from the initial publication.

Summary

The report highlights the alignment of Outcomes with SBC and our close working as well as specific NHS examples of practice.

As part of the equalities Mainstreaming report there is significant additional information on workforce, including gender pay gap in Annex A. The overall Gender Paygap within NHS Borders is in favour of males, but within A4C grades is in favour of females, this is offset by Medical and dental though there has been a move in favour of females in the past year:

	Female Employments		**Female Employments % of row**		**Male Employments**		**Male Employments % of row**		**Gender Pay Gap Male to Female % (Negative [green/bold] favours female)**	
	2015	**2016**	**2015**	**2016**	**2015**	**2016**	**2015**	**2016**	**2015**	**2016**
Total	2883	2945	82.63%	82.87%	606	609	17.37%	17.13%	20.87%	19.64%
A4C and Senior Managers	2739	2792	85.09%	85.3%	480	481	14.91%	14.7%	**-3.27%**	**-2.37%**
Medical &Dental	144	153	53.33%	54.45%	126	128	46.67%	45.55%	15.96%	11.39%

There are a range of areas where we should focus our improvement effort over the next year as our “Next Steps”:

1. Although broadly reflective of our local population our workforce does not reflect national diversity and we need to remain alert to opportunities to increase our diversity.
2. We have taken an initiative with developing International day into a "Diversity Week" October 15-21 where we will have a wide range of events for both community and staff around the Borders. This is a co-production project with significant 3rd sector involvement and there will be representatives of various organisations in the BGH during the week to broaden experience and understanding of issues facing groups sharing protected characteristics within a health setting.
3. We will continue to work in partnership with SBC and other partners to ensure under-represented groups are supported and that we use the Health Equality work stream to best effect.
4. We will be using the Stonewall Workplace Equality Index assessment process as one of the tools to review our policies and processes and improve communication with and understanding by staff.

Recommendation

The Board is asked to **note:**

- The Mainstreaming Report
- The publication of the Mainstreaming Report
- The "Next Steps" proposed

Policy/Strategy Implications	None, consistent with SG Policy and Legislative requirements.
Consultation	The report has been agreed by the Equalities Group. There has been discussion
Consultation with Professional Committees	Partnership and Scottish Borders Council, as well as all Clinical Boards are represented at the Equalities Group.
Risk Assessment	All NHS Boards are required to post a Mainstreaming Report online by May 2017. This will comply with the requirements of the 2010 legislation and subsequent Scottish Government direction.
Compliance with Board Policy requirements on Equality and Diversity	The Mainstreaming Report gives evidence of initiatives and progress in delivering the obligations of NHS Borders Board, there is also significant statistical evidence of workforce composition, gender pay and recruitment matters, as such this provides evidence of areas where further focus may be beneficial in meeting the Public Sector Equality Duty.
Resource/Staffing Implications	There are no direct resource or staffing implications but the resource devoted to Equalities is quite stretched. The Translation and Interpreting Budget is also under pressure.

Approved

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Author(s)

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NHS BORDERS

EQUALITY MAINSTREAMING REPORT

2017

NHS Borders aims to ensure that all of our information is accessible.

Information can be made available in large print, Braille, on tape, easy read (with pictures), and in different languages.

If you would like this information in any of these formats please contact:

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EXECUTIVE SUMMARY

This report provides a view of how NHS Borders is progressing in the delivery of its vision of itself as an organisation which values diversity and promotes equality. It also presents an update against NHS Borders Equality Outcomes, set in 2013. It is a valuable tool for the organisation to continue to assess progress and plan further action and a legislative requirement to report progress on mainstreaming the Public Sector Equality Duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012,

Mainstreaming is a long term strategy that aims to make sure that the decisions we make are fully sensitive to the diverse needs and experiences of patients, carers, staff and members of the wider Scottish Borders community. It will improve decision making processes through providing better evidence and information and offers greater transparency and openness.

All health boards across NHS Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012, outlined below. The implementation of these legal duties will be monitored by the Equality and Human Rights Commission in Scotland.

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 Specific Duties listed below are intended to support public bodies, including Health Boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the Public Sector General Equality Duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment).
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

In order to gather evidence to inform the report, we looked at the local results of the NHS staff survey and identified where they

resonated with our Equality Outcomes.

Information has also been gathered in the form of case studies to illustrate in a snapshot the progress NHS Borders is making to meet our equality outcomes as evidenced throughout this report.

NHS Borders is working ensure that equality is mainstreamed into working practices and policies. The information within this report details work that is going on across the organisation and offers good practice examples. Areas that require further development in order to ensure that NHS Borders continues to provide a better service to all includes are identified and new equality outcomes for 2017 onwards stated.

INTRODUCTION

NHS Borders aims to be an organisation which values its different communities, fosters respect for diversity, challenges prejudice and discrimination and promotes equality. Mainstreaming equality is the process by which we hope to achieve this goal. Mainstreaming is the systematic integration of an equality perspective into our everyday work, involving policy makers across all departments, as well as equality specialists and external partners.

Mainstreaming is a long term strategy that aims to make sure that the decisions we make are fully sensitive to the diverse needs and experiences of patients, carers, staff and members of the wider Scottish Borders community. It will improve our decision making process through providing better evidence and information and offers greater transparency and openness.

This is considered against the nine protected characteristics in the Equality Act 2010:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

NHS Borders first Equality Mainstreaming Report 2013-17 set out its approach to equalities. This included a set of Equality Outcomes which it aimed to achieve.

An update report was provided in 2015 with a self-evaluation and action plan approach:
http://www.nhsborders.scot.nhs.uk/media/286394/mainstreaming-report-2015.pdf

This new Equality Mainstreaming Report 2017- 21 replaces the previous Equality Mainstreaming report (2013-17) and serves to meet NHS Borders statutory duty to produce a report.

The development of the Report takes account of the work NHS Borders has

undertaken on equalities locally and the national context. It has involved dialogue and consultation with staff together with public Involvement and involvement with local groups and Scottish Borders Council.

This mainstreaming report provides background information on equalities in the Borders and describes the legal context. An assessment is given of progress in mainstreaming equalities within NHS Borders. It sets out what further changes can be considered. The report concludes with initiatives to be taken to further embed Mainstreaming within the period 2017 to 2021.

The next 2 pages give a brief statistical overview of the Borders population.

Equality and Diversity in the Scottish Borders - Statistics

2015 population of Scottish Borders - **114,030 (National Records of Scotland Vital Events 2015)**

1,037 **births** in the Scottish Borders (9.1 per 1,000 compared to 10.3 for Scotland)

1,389 **deaths** in the Scottish Borders (12.2 per 1,000 compared to 10.7 for Scotland)

Age **(Population (2015, National Records of Scotland))**
15.5% of the Scottish Borders population is under the age of 15 (15.9% Scotland)
53.9% of the Scottish Borders population is aged 15 to 60 (59.9% Scotland)
30.5% of the Scottish Borders Population is aged **60 or older (**24.2% Scotland)

Gender	Male	Female
Age 0 to 15	51%	49%
Aged 15 to 60	49%	51%
60+	47%	53%
Total	48%	52%

Life Expectancy 2013-2015 **(National Records of Scotland)**

	Scottish Borders		Scotland	
	Male	Female	Male	Female
At Birth	79.3	82.5	77.1	81.1
Age 65	18.1	20.5	17.3	19.6

Workplace Earnings in the Scottish Borders **(Office of National Statistics ASHE)**
Gross Weekly Pay 2016
Male Full-Time Workers **= £472.3** (Scotland = £568.0) Female Full-Time Workers = **£409.7** (Scotland = £482.6)

Disability: (**Population 2015 National Records of Scotland) 30%** of Scottish Borders population have a long term health condition (**2011 Census, Scotland = 30%)**
Learning Disability: In 2011, 612 people resident in Scottish Borders were identified, as having a Learning Disability (LD). As at March 2014, 599 people aged over 16 with learning disabilities were known to the Scottish Borders services, of which 555 had confirmed addresses in the area.

Ethnicity **(Scottish Survey Core Questions 2014)**

Ethnicity	Scottish Borders	Scotland
White: Scottish	73.6%	77.9%
White: Other British	22.3%	13.1%
White: Polish	0.9%	1.7%
Asian	0.3%	2.3%
Other Ethnic Group	0.3%	1.1%

LGBT (Scottish Borders Council – People Dept.) 67% of young people in the Borders said they know someone who is either: Lesbian, Gay, Bisexual or Transgender.

2.6% of adults identify as "LGB & Other" (Lesbian, Gay, Bisexual or Other) (Scotland = 1.6%) **(Scottish Survey Core Questions 2014)**

Religion **(Scottish Survey Core Questions 2014)**

Religion	Scottish Borders	Scotlan
None	47%	45%
Church of	38%	29%
Roman Catholic	6%	15%
Other Christian	9%	8%
Other Religion	1%	3%

Child Poverty (HMRC August 2014)
14.0% of Scottish Borders live in low income households; within the Scottish Borders there are 8 areas where 30% or more of the children live in low income households.

Fuel Poverty **(Scottish Household Survey 2015)**

43% of households in the Scottish Borders are in Fuel Poverty (12% are in extreme fuel poverty).

Languages in Schools **(SBC Information System for Education SEEMIS)**
Over **40** different languages are spoken by children within Scottish Borders Schools

Scottish Borders Population – Declared Ethnic Groups

	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
Africa	207	0.18	0.56
Caribbean or Black	91	0.08	0.12
Other ethnic groups	123	0.11	0.27

2011 Population aged 3 and over - Language used at home

	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

From 2011 Census data

LEGISLATIVE CONTEXT

All health boards across NHS Scotland are required to comply with the three aims of the Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012, outlined below. The implementation of these legal duties will be monitored by the Equality and Human Rights Commission in Scotland.

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

The Equality Act (2010) is the law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society. This single Act replaces previous anti- discrimination laws to make the legislation simpler, to remove inconsistencies and to provide specific protection to people who are discriminated against on the basis of a defined set of nine "protected characteristics".

These characteristics cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the Act protects everyone against unfair treatment.

The three aims of the 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).

Purpose of the Public Sector General Equality Duty

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.

Specific Duties

In Scotland, an additional set of Specific Duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The Specific Duties listed below are intended to support public bodies, including health boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the Public Sector Equality Duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
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  Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

HEALTH CONTEXT

The challenge for the NHS is to translate these legislative requirements into an approach to mainstream equality into health policy and practice, which aims in turn to tackle health inequalities and improve health outcomes.

Actions to deliver on equality and address health inequalities are intrinsically linked - health inequalities reflect the systematic differences in health associated with people's unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, for example socio-economic; gender; ethnicity and disability.

In order to address health inequalities effectively, consideration has to be given to the associated implications for people with equality characteristics and the often complex intersections between these. NHS Borders and its Community Planning Partners have endeavoured to address health and social inequalities through a local partnership approach.

OVERARCHING POLICY CONTEXT

Scottish Government: We live longer, healthier lives and have tackled significant inequalities in Scottish society

↑

National NHS policy priorities:
Quality Strategy, Equally Well, Staff Governance Standards CELs, Christie Report, HEAT Targets/SOAs
(Equality integrated)

↑

NHS Board Corporate Strategies
(Equality integrated)

It makes sense to ensure that the equality agenda is aligned explicitly with existing NHS and Scottish Government (SG) policy priorities and is integrated into internal board performance management systems where possible.

Health Boards have a role to work in partnership with patients, carers, the public,

and cross sector partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

NHS Borders is a member of the Scottish Borders Community Planning Partnership. This Partnership is underpinned by equality and diversity considerations; acknowledgment of the strategic priorities / corporate objectives of partnership agencies and the comprehensive strategic integration of these.

WHAT NHS BORDERS HAS ALREADY DONE TO MAINSTREAM EQUALITY

NHS Borders is working hard to ensure that equality is mainstreamed into working practices and policies. As a result much activity has taken place and is demonstrated throughout this report. This section of the report provides an indication of the key actions that have taken place. This includes:

- Setting 9 equality outcomes for NHS Borders the details of which are in the 2013 mainstreaming report, updated in the 2015 report and reported on in this Mainstreaming report.

- The main NHS Borders website has a section on Equality and Diversity which outlines our commitment and provides useful links for members of the public.

- NHS Borders has developed an Equality and Diversity microsite on the Staff Intranet which enables staff to access useful information, policies and processes including interpretation and translation guidelines and Health Inequalities Impact Assessment (HIIA) templates. The microsite contains links to national and local equality evidence, including a local demographic profile and the national Equality Evidence Finder.

- An Equality Steering Group with representation from across the organisation has been established to drive forward mainstreaming equality and diversity, the group is Chaired by the Executive Lead for Equalities and attended by the non-Executive Lead for Equalities who provides cross representation to the Board's Public Governance Committee.

- Equality and diversity e-learning is mandatory for all staff and is completed at corporate induction.

- A domestic abuse and other form of Violence Against Women awareness session is delivered to all staff at corporate induction which includes showing a DVD made by local women who have experienced domestic abuse.

- Equality and diversity issues are considered in other corporate training for example Managing Sickness Absence, Child Protection and First Line Manager.

- NHS Borders continues to embed routine enquiry about domestic abuse in the priority areas of mental health, sexual & reproductive health, A&E, primary care, addictions and maternity services as set out in Chief Executive's Letter 41.

- NHS Borders works in partnership with other agencies to protect children and adults from harm and has staff based in the co-located Public Protection Unit alongside staff from Police Scotland and Scottish Borders Council. 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 previously been involved in the co-ordination of the Scottish Borders Violence Against Women Training Calendar which includes the following courses delivered by both partner agencies and NHS *Borders staff depending on the subject matter and areas of expertise.*
    - *Domestic Abuse Basic Awareness*
    - *Why Doesn't She Just Leave*
    - *"My Family Hurts" What Borders Children Tell Us About Domestic Abuse*
    - *Raising Awareness of Rape & Sexual Abuse*
    - *Raising Awareness of Commercial Sexual Exploitation*
    - *Domestic Abuse & Substance Use*
    - *Older Women's Experiences Of Domestic Abuse*
    - *Raising Awareness of Trafficking*
    - *The Forgotten Survivors*
    - *Raising Awareness of Safe Contact Issues*
    - *Stalking Workshop*
    - *Understanding Perpetrator Behaviour*

HOW NHS BORDERS IS CONTINUING TO MAINSTREAM EQUALITY

In order to gather evidence to inform this section of the report, we looked at the local results of the NHS staff survey and identified where they resonated with our Equality Outcomes. We have also liaised with interested groups in Scottish Borders, NHS Borders Public Governance Group and with Scottish Borders Council.

Further evidence has also been gathered in the form of case studies to illustrate in a snapshot the progress NHS Borders is making to meet our equality outcomes as evidenced throughout this report.

NHS Borders Board and the Board Executive Team are committed to mainstreaming equality and a full day's training on EQUALITIES IMPACT ASSESSMENT and its importance was provided to them by colleagues from Health Scotland in 2014. A follow up session is to be provided by NES during 2017 when new members of the Executive Team and Board are in-post.

The membership of the Equality Steering Group continues to be strengthened with appropriate membership, and amended Terms of Reference which more accurately reflects its role and remit. It is chaired by the Head of Delivery Support who is the executive lead for Equality and Diversity within NHS Borders.

All of NHS Borders policies are Equality Impact Assessed during their development (Health Equalities Impact Assessed from 2017). This assessment details the aims and purpose of the policy and identifies which groups or individuals have been involved or consulted with.

If English is not the first language of a member of staff or patient then, if required, NHS Borders will arrange interpretation and translation services. This can be either face to

face or via telephone.

To make sure all information is accessible and that we communicate effectively with our patients/staff members, documents can be made available in different formats, for example; Braille, large print, BSL, audio tape or CD, Easy Read and different community languages.

NHS Borders and Scottish Borders Council are working through a Joint action plan following the QIS and Care Inspectorate Inspection of Children's Services. The Action Plan is of relevance to all NHS and Scottish Borders Council services providing care to women, babies, children, young people and their families.

A model for locality based Early Years Networks has been developed in order to ensure that more integrated early years services are delivered in Borders and that the needs of children and families are met.

NHS Borders continues to work in partnership with other community planning partners, in particular Scottish Borders Council, to meet our duties under the Equality Act (2010). Support is provided through an agreement with Scottish Borders Council which provides some additional capacity to take forward equality and diversity mainstreaming.

NHS Borders is represented on the Scottish Borders Migrant Support Group and has been comprehensively involved in the support of Syrian Refugees in Borders.

NHS Borders maintains close links with Scottish Borders LGBT Equality (SCIO) and recently supported the group to secure charitable status.

NHS Borders is a member of the Stonewall Good Practice Programme whereby Stonewall Scotland supports effective organisational collaboration and partnership working to drive excellence in the provision of public service to LGBT communities in Scotland. During 2017 NHS Borders will enter the Stonewall Workplace Equality Index and an initial scoping meeting with Stonewall took place in March 2017.

Procurement and the Equality Duties under the Equality Act

In broad terms, procurement is the acquisition of goods, services or works from an outside external source. It is necessary that the goods, services or works are appropriate and that they are procured at the best possible cost to meet the needs of the organisation in terms of quality and quantity, time, and location. Public Sector organisations have a set of defined processes which promote fair and open competition to ensure that fraud and collusion are minimised (NHS Borders use Public Contracts Scotland Portal for advertising all contracts over £50k and contracts over £15k require 3 quotations).

Inclusion of Equality Criteria needs to be proportionate to the requirement and in general do not apply to sub EU Threshold procurements (less than £113k).

Within the Procurement Department we have not awarded any contracts that require or are proportionate for the inclusion of equality duties. Most of NHS Borders procurement is done via National Procurement Contracts.

The inclusion of equality duties within contract awards is more appropriate to the procurement of care services and large construction projects (see Commissioning good practice example below). NHS Borders continue to procure services from the 3rd sector including The Bridge and Veterans 1st Point; the inclusion of equality duties is reflected in contracts with them.

Commissioning and Estates who procure on behalf of NHS Borders are aware of this requirement and therefore this is a standing item on the Agenda of the Local Procurement Steering Group. A key role of this Group is to monitor and ensure adherence to NHS Borders procurement policies and practices.

The Duty under the Act requires NHS Borders to *'consider Award Criteria and contract performance conditions in relation to public procurement which will help us to better perform the general equality duty.'* This means that NHS Borders must take equality and diversity into account when procuring goods, works, or services from external providers.

NHS Borders does this by ensuring that staff with a procurement remit must assess whether Equality and Diversity legislation is necessary and appropriate in terms of value, scale and potential impact (proportionate), and whether specifications should be included within the contract. The degree to which equality and diversity requirements are specified and incorporated within procurement documentation will vary according to the goods, services or works being purchased and will be assessed on a case by case basis. This will ensure that full consideration is given to the needs of, and the likely impact on, all users and others who are affected by the contract.

Currently within NHS Borders we work hard to ensure that:

- Contracted services are fully aware of their duties and responsibilities for Equality and Diversity performance.
  All contract Awards have Standard NHS Terms and Conditions embedded. These Terms and Conditions include a clause related to Diversity. The new Standard Pre Qualifying Questionnaire (PQQ) is used for all appropriate local contracting activity. This gives the Board an opportunity to assess a potential supplier's track record on equality and whether they will be able to comply with the general equality duty. The PQQ requests information about:
  -Equality performance and compliance with the Equality Act 2010.
  -Equal employment opportunities and compliance with Employment Law.
  -Supporting evidence such as copies of policies and procedures.
  It is not mandatory to score or include this section and the requirement to include will be assessed on a case by case basis.

- All commissioned services embed equality diversity and human rights in policies and practice
  The majority (90%) of NHS Borders procurement is from nationally awarded contracts. These include National Procurement contracts/frameworks and Frameworks Scotland (Construction) and as such National Procurement has the responsibility of Contract Award and monitoring. The relevance of applying Equality to Award Criteria within local contracting for services will be reviewed as part of a new process for creating and maintaining a Contract Register. The Contract Register will be publicly available via the NHS Borders External Website.

Reserved Contracts
Every Public Body should aim to have at least one contract with a supported business (a service where more than 50% of the workers are disabled persons who by reason of the nature or severity of their disability are unable to take up work in the open labour market). NHS Borders has an embedded policy within Procurement guidelines to ensure inclusion of Supported Businesses within tendering/quotation processes.

Community Benefit requirement in major contracts
Community Benefits are only applicable where a contract has an estimated value of >£4m. We are duty bound to consider whether to impose Community Benefits on contracts of this size. Contracts of this value are usually Construction projects and we utilise National Frameworks and hub (Scottish Futures Trust) for contracts of this nature and are mandated to use the National Framework.

A new Framework for Medium Value Construction Projects was awarded in April 2015 and all Boards are required to use this Framework (for Construction Projects between £50k and £1m). This Framework focuses on delivery of Community Benefits and these will be stated at time of award to a successful contractor. A current example of a local contract where we have included the provision of Community Benefits is the joint NHS Borders/Scottish Borders Council tender for transport provision (Sustainable Transport Provision). We have requested that the individual tender applicants advise if they will offer Community Benefits as part of their submission. They are then asked to provide a method plan or statement detailing the benefits that might be delivered. Upon Award a statement of the benefits expected to be derived from the contract will be made.

Mainstreaming the Equality Duty as an Employer

NHS Borders is committed to promoting equality and diversity and a culture that actively values difference. It is recognised that people with different backgrounds and experiences can bring valuable insight and skills to the workplace which enhance the way we work.

NHS Borders aims to be an inclusive organisation where diversity is valued, respected and built upon. This will help us to recruit and retain a diverse workforce that reflects the communities we serve.

The following policies and practices help us to do this:

Tackling Bullying & Harassment at Work (Previously Dignity at Work) Policy
NHS Borders is committed to provide a working environment which is free from harassment, bullying or intimidation of any nature. Every employee of the organisation has a responsibility to treat colleagues with dignity and respect irrespective of their gender, race or ethnicity, relationship or health status, age, disability, sexual orientation, religion, political conviction, membership or non-membership of a staff-side/professional organisation.

Equality, Diversity & Human Rights Policy
This policy sets out NHS Borders's commitment to the principles 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.

NHS Borders recognises that it also has a unique opportunity to influence the practice of those other organisations with which it engages and to champion equality, diversity and human rights within society more generally. As such, equality, diversity and human rights must be at the heart of NHS Borders and everything it does.

Sickness Absence Policy
The aim of this policy is to make sure that all those working within NHS Borders adopt a fair, consistent and supportive approach. NHS Borders aims to secure the attendance of all staff, but recognise that a certain level of absence due to sickness may occur and that the sensitive management of health problems and the promotion of good health contribute to the retention of our staff. NHS Borders recognises that there will be occasions where, after consideration, staff who cannot attend work due to their health problems may not be able to continue working. In accordance with the Equalities Act 2010, a person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities; all reasonable efforts will be made to enable the person to remain in the workplace.

Management of Employee Capability Policy
The aim of this policy is to ensure that all employees are treated in a fair and equitable manner. Employees are required to perform the duties of their post to an acceptable standard. Where the standard is not met, employees will be offered support, encouragement, guidance and if necessary training to improve their work performance. A distinction is be drawn between inherent incapacity (for example, this might include an ongoing/serious illness, or if the person has not received the training they need) and a lack of performance that is attributable to a wilful refusal to work satisfactorily (for example, persistent failure to meet agreed deadlines, or unauthorised absence from work).

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 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.

Current legislation gives parents of children under the age of 17 (18 where the child is disabled) who have parental responsibility for the child the right to apply to work flexibly. Employees who have caring responsibilities for an adult aged 18 or over who is their spouse, partner or civil partner; a relative; or someone who lives at the same address also have the right to request flexible working. However; NHS Borders will consider requests from all employees who meet the eligibility criteria.

Training in the Workplace – Mandatory modules – Equality and Diversity
Within the Statutory and Mandatory training NHS Borders require staff members to complete an equality and diversity module annually. This training module aims to ensure that all staff are aware of equality and diversity and of NHS Borders' duty to eliminate discrimination and promote equality across all services.

Recruitment and Selection
NHS Borders recruitment and selection processes are based on the principles of fairness and equality of opportunities. NHS Borders is committed to ensuring that no job applicant (whether internal or external) receives less favourable treatment on the grounds of sex, race, colour, creed, religion, marital status, disability, sexual orientation, age, nationality, or ethnic origin, or is disadvantaged by job conditions or requirements which cannot be shown to be justifiable. NHS is in the process of revising their recruitment policy to include more stringent pre-employment checks.

NHS Borders advertises all external vacancies within the local job centres. Vacancy and application forms display the "Two Tick" disability symbol; in due course this will be replaced by the "Disability Confident" symbol. Employers who use the disability symbol make five commitments regarding recruitment, training, retention, consultation and disability awareness. The five commitments are:

- To interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities.
- To discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- To review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

NHS Borders was "Positive About Disabled People", and as such we provide job opportunities for people with disabilities. We have now applied for the "Disability Confident" symbol. NHS Borders operates a Job Interview Guarantee, which means that if applicants have a disability and meet the minimum criteria outlined within the person specification, they will be guaranteed an interview. However, some disabled people prefer not to take this option, so applicants are asked to tick a preference if they are a disabled candidate. Where disabled candidates are invited to interview the interview invite letter will ask for any modifications required.

Human Resources System
NHS Borders has implemented the new NHS Scotland national electronic *Human Resources* (HR) system electronic Employee Support System (eESS). This system enables us to maintain the employment records of all employees and bank workers including details of the protected characteristics of the staff. This system has been equality impact assessed at national level.

Carer Positive Employers Kitemark
Carers Scotland, on behalf of the Scottish Government is operating a new kitemark scheme to recognise employers in Scotland who support carers in their workforce. The aim of Carer Positive is to:

- Raise awareness of the growing numbers of people who juggle work and caring responsibilities
- Encourage employers to understand the business case for supporting carers in

the workplace
- Encourage and provide recognition to those employers who currently have, or who develop policies and practices which support carers in their workforce

In addition to being recognised as good practice in employment terms, this also responds to changes in the population which will result in many more people of working age having caring responsibilities.

Supporting carers in the workplace is important to both families and employers. Increasingly recognised as a key workforce management issue, 'carer friendly' policies and practices can deliver benefits in terms of recruitment and retention, equality and diversity, and employee health and well-being.

The kitemark incorporates 3 levels or stages, from 'engaged' to 'established' through to 'exemplary'. This enables progress from one stage to the next, building from an initial level of commitment to embedding a culture of support for carers within the organisation. NHS Borders completed the assessment for 'engaged' status in early 2015 and is now working towards 'exemplary'.

Partnership Working
The purpose of partnership is to improve healthcare services and the wellbeing of the people of Scotland through engaging staff and their representatives at all levels in the early stages of the decision-making process in order to have improved and informed decision making, through achieving and maintaining a positive and stable employee relations culture and gaining commitment, ownership and consensus to decisions through joint problem solving.

Staff Governance Action Plan
Staff Governance is defined as "*a system of corporate accountability for the fair and effective management of all staff.*" Every year NHS Borders develops and maintains a Staff Governance Action Plan in order to meet the following standards:

1. Well informed
2. Appropriately trained
3. Involved in decisions which affect them
4. Treated fairly and consistently, and
5. Provided with an improved and safe working environment

NHS Borders also completes a self-assessment audit tool each year. This tool includes both qualitative and quantitative evidence by which employers can measure their progress in relation to Staff Governance, as well as a number of mandatory statistics that NHS employers must submit as part of the annual Performance Assessment Framework.

Staff Questionnaire
NHS Borders asks staff to complete an online staff survey annually. The purpose of the survey is to assess staff perceptions of the performance of NHS Scotland and NHS Borders against the NHSS Staff Governance Standards.

More specific work is ongoing to ensure that NHS Borders makes progress against its Equality Outcomes as detailed below.

PROGRESS AGAINST EQUALITY OUTCOMES

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.

The following tables show the basic breakdown of equality characteristics in the workplace, as well as a general increase in staff numbers the inclusion of rotational Medical Staff in the numbers and analysis accounts for the jump in total staff numbers. Further details and analysis is available in Annexe A. Also see outcome 7 for information regarding training & development opportunities for staff.

Figure 1 – Workforce Gender Balance (All Staff)

	Staff %	Number	Staff %	Number
Gender	**2014**	**2014**	**2016**	**2016**
Female	82.32%	2505	82.87%	2945
Male	17.68%	538	17.13%	609
Totals	100.00%	3043	100.00%	3554

Figure 2 – Workforce Age Profile

	All Staff	AFC Staff	Medical Staff
Age	**2014**	**2016**	**2016**
16-29	9.99%	13.5%	23.49%
30-44	30.99%	31.23%	38.96%
45-59	52.81%	49.92%	33.10%
over 60	6.21%	5.35%	3.56%

Figure 3 - Workforce Ethnic Origin Profile

Ethnicity	2014	2016	
		AFC	Medical
African/Caribbean – all sub-groups	<1%	<1%	<1%
Asian – all sub-groups	<1%	<1%	9.6%
Don't know	<1%	<1%	1.8%
Other/Mixed Ethnic Group	1.32%	1.1%	2.8%
Prefer not to say	47.42%	30.2%	14.9%
White - Irish	<1%	<1%	3.9%
White - British	6.77%	2.8%	27.4%
White Other/Polish	2.07%	8.6%	9.3%
White - Scottish	40.58%	55.8%	30.2%

Figure 4 - Workforce Disability Profile

Medical Condition in Last 12 months	2014	2016	
		AFC	Medical
Not recorded	<1%	<1%	1.4%
No	96.68%	97.89%	94.7%
Prefer not to say	2.27%	<1%	2.5%
Yes	<1%	1.25%	1.4%

Figure 5 - Workforce Sexual Orientation Profile

		Numbers	AFC		Medical	
	2014	2014	2015	2016	2015	2016
Bisexual	<1%	6	<1%	<1%	<1%	<1%
Not recorded	50.28%	1530	33.21%	29.03%	15.56%	12.46%
Gay/Lesbian	<1%	6	<1%	<1%	<1%	<1%
Heterosexual	35.13%	1069	51.35%	55.58%	67.04%	73.31%
Other	<1%	5	<1%	<1%	<1%	<1%
Prefer not to say	14.03%	427	14.75%	14.54%	17.04%	13.88%

Figure 6 – Workforce Religion Profile

			AFC		Medical	
Religion	2014		2015	2016	2015	2016
Buddhist	<1%	5	<1.0%	<1.0%	0.7%	<1.0%
Christian - Other	4.04%	123	5.3%	48.4%	54.8%	44.5%
Church of Scotland	13.87%	422	22.8%	24.4%	14.1%	14.6%
Not recorded	13.44%	409	6.3%	<1.0%	<1.0%	1.8%
Hindu	<1%	7	<1.0%	<1.0%	3.3%	3.6%
Muslim	<1%	6	<1.0%	<1.0%	3.3%	2.1%
No Religion	9.99%	304	21.9%	18.5%	20.0%	22.4%
Other	3.58%	109	3.5%	3.2%	2.2%	1.8%
Prefer not to say	51.56%	1569	35.6%	1.5%	<1.0%	3.9%
Roman Catholic	2.89%	88	4.3%	3.3%	<1.0%	4.3%
Sikh	<1%	<5	<1.0%	<1.0%	<1.0%	<1.0%
Grand Total		3043				

Figure 7 – Overall Average Rates of Pay by Gender 2015 and 2016

Overall Average Rates of Pay by Gender 2015 and 2016					
Ave Hourly Rate (NHS Borders)	£	Ave Hourly rate (med/dent)	£	Ave Hourly rate (AFC &Snr Mgr)	£
2016					
Female	14.50	Female	32.01	Female	13:53
Male	18.03	Male	36.12	Male	13:22
Overall	15.10	Overall (Med/dent)	33.88	Overall (AFC&SM)	13:48
2015					
Female	14.29	Female	31.50	Female	13.39
Male	18.06	Male	37.48	Male	12.96
Overall	14.95	Overall (Med/dent)	34.29	Overall (AFC&SM)	13.32

NHS Scotland Staff Survey
NHS Borders undertake the staff survey and develop and maintain an action plan in relation to this. The data emerging from the survey informs our action planning in relation to workforce and staff governance. Managers are expected to encourage staff to take part in the survey and allow them the time to do so.

Data from the most recent NHS Scotland Staff Survey indicates that there has been an improvement in staff feeling that they are treated fairly and consistently, with dignity and respect in an environment where diversity is valued. In response to the statement "*NHS Borders acts fairly and offers equality of opportunity with regard to career progression/promotion" 58%* of staff had a positive perception of this statement in 2015 (most recent survey) compared to 44% in 2013, showing an overall 14 percentage point increase across the years.

The percentage of staff saying they have experienced unfair discrimination from their manager in the last 12 months has risen from 5% in 2013 to 4% in 2014 to 7% in 2015; in relation to unfair discrimination from other colleagues the percentage also increased from 7% to 9%. Though these figures are at National average they are disappointing and worrying negative changes and we shall work with colleagues from HR to issue guidance and offer training.

In 2013, 16% of staff said they had experienced bullying/harassment from other colleagues, but in 2014 this shows a positive change, with the percentage at 14% in both 2014 and 2015. There is a one percentage point decrease in the percentage of staff indicating they have experienced harassment or bullying from their manager i.e. from 7% in 2013 to 8% in 2014 back to 7% in 2015.

Policy
NHS Borders has a range of policies addressing inclusion. 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

As part of the Tackling Workplace Bullying and Harassment policy, NHS Borders Confidential Contacts provide confidential advice to staff who feel that they are being bullied or harassed. Although they are not counsellors, they are fully trained to listen, to help staff members explore possible ways forward and to outline options.

We are developing a policy & guidelines for Transgender Staff and their managers.

NHS Borders managers and staff make good use of flexible working time policy for childcare needs and workplace adjustments to enable staff to continue in or to access employment.

Several areas reported that reasonable adjustments have been made under Department of Work and Pensions (DWP) Access to Work Scheme. This is a grant scheme to offer practical support should staff have a disability, health or mental health condition to ensure reasonable adjustments can be made to help people stay in work, start working or move into self-employment to start a business.

VALUES BASED RECRUITMENT
NHS Borders has introduced Values Based Recruitment, which means that whilst we recruit employees based on their qualifications and experience we recruit individuals who possess (and are able to demonstrate) the behaviours which underpin the core values of our organization. Broadly these values include such attributes as dedication, practicing the highest levels of care, showing courage and embracing innovation. Patients are at the centre of everything that we do and our priority is to ensure that they are safe, cared for efficiently and effectively by suitably experienced and qualified staff. We can bring our values to life in our everyday tasks by giving a smile; making time for people; challenging others and ourselves to being open to new ideas.

A behavioural framework is under development, which includes the expectation that staff and patients will be considered as individuals and that diversity will be acknowledged.

PROJECT SEARCH
This is a joint venture employment programme with Borders College

and Scottish Borders Council. It provides real life work opportunities for young people with additional needs, aged between 17 and 24, who are nearing the end of their time in education and who are committed and ready to progress into paid employment after the course. The course is based at Borders General Hospital where the participants get "hands on" experience in the workplace combined with daily classroom sessions. Participants spend 2 hours each day in the classroom, the rest of the time is spent in the workplace. On the job support is provided and there is the opportunity to try three different job roles, currently the areas participating are:

- Mail room
- Catering
- Porter
- Warehouse and Stores
- Administration
- Sterile Unit

Participants are supported full-time by a College tutor and a job coach. The course lasts for an academic year; the first course is nearing completion and having been very successful the second year (August 2017 to June 2018) is being planned. The 8 students on the course study and learn many employability skills such as:

- Customer service
- Communication
- Job search skills
- Interview skills
- Health and Safety in the workplace
- Maintaining a healthy working lifestyle.

The course can lead to paid employment or a modern apprenticeship.

Staff Engagement

Service areas report that consultation with staff takes place on NHS Borders wide policies and other, service specific, issues that may affect them e.g. workforce planning. This has been improved and formalised through the planned iMatter rollout - a staff engagement tool that is being introduced to enable staff to influence changes not just within NHS Borders and all departments.

"Ask the Board" is an intranet forum available to all NHS Borders staff. This forum is anonymous and offers staff the opportunity to ask the Board questions about what is happening in the organisation and to discuss any issues or challenges. The topics are wide ranging and there are no boundaries. This forum gives all staff at every level the opportunity to feel comfortable about asking difficult or contentious questions without identification and in the knowledge that a reply will be posted.

GOOD PRACTICE EXAMPLE

REASONABLE ADJUSTMENTS

Parking

A process has been established and publicised so that any members of staff can submit either directly or via their Line Management permission to park in appropriately placed parking spaces closer to the main entrance to BGH since the introduction of our new Car Park Management regime. This permission can be time-bound or permanent.

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

Recent partnership projects between the Joint Learning Disability Service and the Joint Health Improvement Team (JHIT) aim to ensure that people with Learning Disabilities (LD) have equitable access to information and interventions. People with learning disabilities have:

- a higher number of health needs
- more complex health needs than the rest of the population.
- a higher level of unmet health needs compared with the rest of the population.
- a different pattern of health need compared with the rest of the population.

The projects:

- *A Healthier Me*

This project is aimed at providing information and support through an awareness training programme that will help people with learning disabilities to make practical lifestyle changes to assist their health and wellbeing, including maintaining a healthy weight. This is delivered through a partnership approach by Scottish Borders Learning Disability Service, JHIT and Brothers of Charity Services (Scotland).

- *Sexual Health Project*

This project supports people with learning disabilities to have greater control in making informed choices about their lifestyle, their relationships and the risks they may take. It ensures that such people have access to the same information and services in a way that is appropriate for them.

- *iMuse*

A one year project focusing on communication needs of people with LD has been run around Intensive interaction and iMuse with a focus on improving wellbeing of people with learning disabilities. iMuse is a programme to enhance enjoyment and educational value of museums for people with communications disabilities It aims to allow everyone, especially with communication difficulties, to increase their enjoyment of, learn from and interact with museums and other visitors. The Joint Learning Disability Service is working with museums and visitors to try out various types of mobile device such as smartphones and iPads.

- *Community Health Flats*

There have been two community health flats in Burnfoot in Hawick and in Langlee in Galashiels which ensured health services are accessible to a community who may not otherwise access them. In 2017, the Hawick flat was relocated within the Burnfoot Community Hub, where

HLN is collocated with the Community Trust. This provides a setting for the delivery of selected health services to the local community.

The JHIT reported that accessibility was an area they wished to consider for development after a comprehensive Equalities Impact Assessment of their work streams. The majority of JHIT programmes are run in accessible venues however where accessibility is a barrier other venues or solutions are explored –in this case accessibility is an umbrella term for the barriers facing people who want to access JHIT services. People may have a physical disability; be mothers who are breastfeeding; parents who require a crèche facility to participate in activities or people who live in a remote and rural area where public transport is an issue.

The current Child Health Strategy includes an improvement framework with consultation across all services and parent/carers and young people.

Where community services are offered, the aim is to provide them as near to peoples home as possible, in accessible premises. The strengthening of community based services is a key theme in the refreshed NHS Borders Clinical Strategy in development in 2017. Home services are available for those meeting the required criteria. All of our Estate has been assessed for physical accessibility and where possible and required changes have been made to configuration, signage and décor to improve accessibility. New builds and modernisation projects are assessed at the design stage and subject to a Health Equalities Impact Assessment; we ensure a number of wide doors are provided for those with larger wheelchairs.

GOOD PRACTICE EXAMPLE

BORDERS INTERNATIONAL FAMILY FUN DAY

In 2013, consultation in the Langlee area of Galashiels identified concerns about the integration of migrant families in the local area. Further feedback through health channels also raised concerns over the access to information that was important to promote health and wellbeing of the migrant population in the Scottish Borders raising fears that there was a health inequality gap. This feedback was taken forward through the Langlee Health Action Group, a group of local residents and representatives from health and other agencies, and it was decided that the issue should be explored in partnership with the local multi-agency Migrant Support Group and Borders Equality Forum. The decision was made to try and gauge local need and build evidence that would inform the planning of a Langlee event in the first instance.

Led by a representative from the JHIT (Public Health) with support from the other members of the Migrant Support Group, a consultation questionnaire was developed in Spring 2014. Nearly 70 responses were received and showed an overwhelming need to plan an event that was fun for families, where information could be accessed and where people could meet representatives from the various services. It also showed the need for the event to take place either during an evening or weekend. Despite the fact that many migrant people said they had lived in the Scottish Borders for a number of years, they indicated they would still be keen to attend such an event to access information and meet new people within their local community.

The First Borders International Family Fun Day was held on Sunday 2nd November 2014 in Langlee Community Centre. The aim of the event was to improve health and wellbeing by:

- Engaging with local BME and Migrant people to establish issues
- Improving access to local services
- Breaking down social isolation for BME and Migrant Groups through meeting new people.

Evaluation
More than 170 people took part in the event and this included local agencies, people from Migrant Communities and visitors to the event. A crèche facility was organised and 14 children accessed it. Visitor evaluations have shown that the event was very much enjoyed and offered an invaluable opportunity for people to showcase their countries of origin which gave them a feeling of pride as well as the opportunity to meet new people. Visitors enjoyed learning about other cultures and realising how many different nationalities were represented across the Scottish Borders.

Renewals
The success of the initial event has led to renewals in 2015 in Eyemouth and last year in Hawick. Planning is underway for 2017 and that is being used as a major focus for work with the wider community, NHS staff and more characteristics will be included this year and the event spread over a week in October. The following organisations have committed to the week: Safer Communities, CEDAR, Violence Against Women Partnership, Scottish Borders LGBT Equality, Live Borders, SBC, local religious groups, LGBT Youth, Youth Borders, The Beaumont Society, Schools, The Polish School, The Islamic Society, and Volunteer Centre Borders.

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

NHS Borders Corporate Objectives have been developed to ensure high quality healthcare for all service users that is sustainable, equitable and fit for purpose. These principles have been developed following wide consultation with a variety of stakeholders. We have made a commitment to strive to reduce health inequalities by working in partnership with all independent contractors and community planning partners. The key principles place the patient at the centre of their care: there will be clear communication with patients at all stages of the patient journey and between those involved in their treatment and care.

NHS Borders has a comprehensive complaints procedure in line with the 2012 Charter of Patient Rights and Responsibilities. This informs patients what they can complain about, how to make a complaint and what will happen once the complaint has been received.

Additional Support Guidelines are currently being developed to ensure that staff are aware of what kind of support may be required for patients who have additional support needs for example people who are deaf or hard of hearing, blind or partially sighted, people who have a learning disability and people who require support to communicate.

Staff undergo equality and diversity training and also dignity at work training. NHS Borders have launched the "Give Respect, Get Respect" initiative.

The "Give Respect, Get Respect" For Dignity at Work initiative exists to promote a positive working culture and behaviours, and to develop tools and behaviours that will reduce the perceived or actual levels of bullying or harassment felt across the organisation. NHS Borders is committed to creating a working environment with equality of opportunity, a diverse workforce and equal respect for each individual's contribution to the aims, values and goals of the organisation.

<u>Key Campaign Messages</u>

- Being valued, being listened to and being treated with respect are just some of the things that add up to a dignified workplace
- There is no place for negative behaviour at work. If you see exclusion, humiliation, intimidation. Don't tolerate it. Challenge it.

- Negative behaviour at work doesn't belong at work. Respect for others does. It builds a positive work attitude. And that takes patient care to a higher level.
- Everyone deserves respect. Your colleagues, your boss, your staff, patients and the public. Respect begins by treating others as you'd want to be treated yourself Everyone deserves respect. Both the person and the work they do. Whatever the job, whatever the grade. How you behave towards people matters. Everyone has the right to be respected, just like you.

GOOD PRACTICE EXAMPLE

PATIENT STORIES

NHS Borders Board has a regular presentation of Patient Stories. It has been agreed that these will include specific stories presented by people with protected characteristics. Patients attend an informal Board meeting and have the opportunity to talk about their experiences both positive and negative, of our services and discuss them directly with Board members.

A programme is being worked on with partner agencies (and we are also including a session for a Service Veteran to deepen our Community Covenant effort as well). To date a very powerful and thought provoking session on an LGBT theme has been delivered.

Tackling Bullying & Harassment at Work (Previously Dignity at Work) Policy
NHS Borders is committed to provide a working environment which is free from harassment, bullying or intimidation of any nature. Every employee of this organisation has a responsibility to treat colleagues with dignity and respect irrespective of their gender, race or ethnicity, relationship or health status, age, disability, sexual orientation, religion, political conviction, membership or non-membership of a staff-side/professional organisation.

Workplace Mediation
NHS Borders recognises that encouraging positive working relationships between individuals will have a positive impact on staff well-being and staff performance.

The organisation wishes to support staff and managers to work together to resolve disputes and conflicts at a local level, to ensure minimum disruption to the delivery of the organisations priorities and objectives, and to maintain high levels of morale and performance.

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*

NHS Borders has a robust public involvement process, in line with our statutory responsibility to involve patients and members of the public for whom health services are delivered and designed. We want our patients and the wider community to play an active part in the decisions that affect them. Consulting with our community is an essential part of the work of our Public Involvement team. By engaging patients, carers and the wider community we can:

- make our services more efficient and responsive to local needs
- prioritise services and make best use of limited resources
- highlight our commitment to be open and accountable to the Borders community to recognise that we are not always the ones who know best
- promote a greater sense of ownership and responsibility within our services
- support NHS Scotland Participation Standard

The Public Involvement Team led on the involvement of patients and the public within NHS Borders. The team aims to develop the capacity of all staff to engage with patients and the public as this can lead to better quality care for our patients and can support staff by:

- Providing specialist advice and expertise Supporting access to public involvement groups
- Advising on the use of communication tools and facilities Linking staff with voluntary sector and community groups
- Signposting to relevant academic research, guidance, policy and other sources of information
- Linking with existing projects such as the Patient Experience Programme Providing examples of good practice
- Linking into national bodies and forums

When services are considering public consultation, or identifying the appropriate level of engagement (for example when carrying out a consultation as part of an Equalities Impact Asessment) they can submit a proposal to the monthly meetings of the Scottish Health Council and the Public Involvement Team who will review the proposal and submit a response with a suggested course of action.

The Public Governance Committee was established in November 2005 to monitor, oversee and ensure that appropriate mechanisms are in place for patients and the public to be involved in NHS Borders decision making. The Public Governance Committee reports to Borders NHS Board on the range of Patient Focus Public Involvement (PFPI) activities, including the activities of the Participation Network and Public Partnership Forum.

NHS Borders values volunteers. Volunteering enhances the services we provide, it has benefits for our patients, the individuals who volunteer and helps build stronger communities. Volunteering enables people to participate in public life.

We know that the volunteers give their time for many reasons. Some are former patients wishing to give something back; others are former staff who have expertise they want to share, for others it is the first step into a career in health and social care. We want to make sure that volunteers are treated in a fair and consistent way and that they receive a high quality level of support. The Board is committed to continuing to improve our volunteering processes and support the Scottish Government's NHS Scotland Strategy on Volunteering.

To provide support to staff who engage with volunteers, we have a dedicated Volunteer Coordinator. Information regarding volunteering within the organisation can be found in our intranet section that contains the NHS Borders Volunteering Policy and all the associated resources needed to engage volunteers.

Learning Disability Service
As an integral part of the governance structure of the Joint Learning Disability Service there are citizen's panels in five localities throughout the Borders. Adults with a Learning Disability and family carers are supported to attend the panels and work through a range of local issues as well as discussing and providing input to ongoing issues for people with a learning disability in the whole of the Borders.

Members of the citizens' panel's sit on the Learning Disability Partnership Board and the Policy and Strategy Group where information is exchanged and decisions are made affecting people with a learning disability. People with LD are supported by a staff member before, during and after the meetings.

Local Area Co-ordination is a partnership initiative which provides support to individuals with a learning disability so they can play an active role in their local communities. A Local Area Co-ordinator is a single, local, accessible contact within each community who work alongside individuals and their families/carers, using a person-centred approach to help people access opportunities in their local communities. Through early interventions, we focus on enabling the individual to be involved in their local community and, where possible, avoid becoming dependent on statutory services. The service we provide is flexible and responsive to the needs of clients.

Local Area Co-ordination is fundamentally based on helping individuals improve their own quality of life and become valued and

active members of their local communities.

The Joint Learning Disability Service has a Scottish Borders Action Plan derived from the national strategy, 'The Keys to Life'. As well as engaging directly with the citizen panels, specific events are held to facilitate more in-depth discussions and gather information to form action plans. Provision of accessible information is key to ensuring that people are able to engage at the events. As part of this work, the Learning Disability Service engaged with service users, carers, service providers and other key stakeholders in developing and writing their 2016-2019 Strategic Commissioning Plan

Joint Health Improvement Team
A core function of the JHIT is to identify and address local health improvement priorities in partnership with local communities including those groups who share a protected characteristic. This enables people to directly influence the decisions made by NHS Borders that impact upon them locally.

Mental Health
Mental Health Services work closely with the Scottish Recovery Network to ensure that service users are enabled to influence service delivery. The Scottish Recovery Indicator (SRI) is a service development tool that is used to provide services with a practical tool to review, develop and improve how they supporting recovery, we have set indicators as a set of qualitative measures to describe the impact of services on individuals who experience mental health issues. There is a year on year audit to establish person-centred information and delivery of services which are relevant to people who need them. It underpins the "Passport to Care" a facility for people to use when accessing services which describes their needs in their own words.

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*

Joint Health Improvement Team
Part of the JHIT, The Borders Healthy Living Network (HLN) takes a lead in supporting communities to address health inequalities by building individual and community capacity using a Community Development approach to health improvement and through consultation and working in partnership with other agencies. HLN now operates in 3 regeneration areas in the Borders namely: Eyemouth, Langlee and Burnfoot. The long-term aims of HLN are:

- To reduce inequalities in health
- To empower communities to identify and address health issues.

HLN's approach to achieving these aims has been to work within localities to provide health improvement programmes based on local need. Using a community development approach local priorities are identified with community members and partner agencies and locality programmes initiated to address these priorities.

Although the programmes delivered across the local areas of work differ in their detail they follow the same themes as follows:

- Delivery of health improvement programmes such as cooking skills, living with parents courses
- Provision of no/reduced cost physical activity opportunities
- Developing opportunities for people to increase their connections within their community, for example, drop-in lunches, reminiscence groups
- Taking local actions to address poverty, for example, carbon saving workshops, budget cooking work
- Supporting local initiatives to produce home grown fruit and vegetables Developing volunteering opportunities.

The HLN team is also available to act as a link for other projects within the community, for example, with the support of volunteers helped deliver community based clinics for the Keep Well programme, enabling people who may otherwise not have attended to participate in a valuable health check.

The JHIT works in partnership with a number of agencies locally and nationally in order to reduce health inequalities and where required it targets interventions at people who share a protected characteristic in order to address specific health inequalities. Examples include the two Learning Disability projects outlined in Outcome 2; work to address the health needs of men who have sex with men (MSM) in partnership with ROAM, a team focussed on outreach work for MSM; and continuing partnership work to achieve the UNICEF Stage 3 Baby Friendly Initiative.

GOOD PRACTICE EXAMPLES

UNICEF BABY FRIENDLY INITIATIVE STAGE 3

In 2014, NHS Borders received the UNICEF Stage 3 Baby Friendly Initiative (BFI) for Hospital and Community Accreditation. The assessment is comprehensive and involves gathering information from women about antenatal and postnatal care they received. Of particular importance is the advice and guidance offered to parents on breast feeding, forming a close and loving relationship with their baby and being recognised as valued partners in the care of their baby whilst in hospital.

Assessors found NHS Borders achieved all of the required elements for both Hospital and Community, with high pass rates in all areas, and within two years compared to the five which are normally allocated. The overview of the UNICEF UK Baby Friendly Initiative Standards is detailed below:

Stage 1: Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education to allow staff to implement the standards according to role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any staff.

Stage 2: An educated workforce

Educate staff to implement standards according to role and service.

Stage 3: Parents' experiences of maternity services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Support mothers & babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Stage 3: Parents' experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Stage 3: Parents' experiences of health-visiting/public health nursing services 1 Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2 Enable mothers to continue breastfeeding for as long as they wish.
3 Support to make informed decisions about food or fluids other than breastmilk.
4 Support parents to have a close and loving relationship with their baby.

Stage 3: Parents' experiences of children's centres or equivalent early years settings

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Encouraging mothers to breastfeed, to give their babies the best possible start in life, is

supported by Volunteer Breastfeeding Peer Supporters.

Community Transport Hub

A Scottish Borders Community Planning Partnership project provides a single point of contact for people who need to arrange transport provided by a variety of volunteer provided schemes (Wheels organisations, RVS, Red Cross). This is aimed at people who cannot use or communities where there isn't, conventional public transport. The scheme has been given pump priming funding from the Integrated Joint Board and won an award for accessibility at the Scottish Transport Awards in 2016.

Financial help in early years

NHS Borders secured funding from the Scottish Government Health and Welfare programme to develop support for families on low income with welfare benefits issues in partnership with Citizens Advice Bureaux & Welfare Benefits. Working within two of the Borders new Early Years Centres, the project aimed to develop effective approaches and tools to support income maximisation for families with young children (pre-birth to eight years of age). It offered screening, information, action planning and signposting on welfare benefits and money advice. After the project concluded we continued to use information gathered to develop programmes to address health inequalities, for delivery through integrated mainstream early years services, including maternity and health visiting. This included a workshop session for multiagency staff in early 2017 to provide a briefing on the impact of child poverty and on tools and resources to support practitioners in working with families on a low income.

We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens This is a major role for Public Health which focuses on promoting the health and well-being of people living in the Scottish Borders and protecting people from becoming ill.

Public Health:

- Provide programs to help children and families stay at a healthy weight Offer "Stop Smoking" clinics to help people quit smoking
- Provide "Keep Well" health checks and support to help people change their lifestyle and reduce their risk of ill health.
  - Investigate outbreaks of food borne infection as well as other kinds of infection to prevent them happening again or getting worse.
  - Provide general advice on communicable diseases and infection control in various community settings.
- Invite people to take part in various national immunisation and screening programmes. Contribute to ensuring that communities have effective, accessible healthcare services. Provides information about drug and alcohol use in the Scottish Borders, and advice on where and how to get help for those with drug

and alcohol problems.

The Borders General Hospital Pharmacy supports the work of community pharmacies to deliver public health messages and support reduction of the health inequality gap through smoking cessation, access to Emergency Hormonal Contraception, "take home" naloxone, opioid replacement therapies and "Healthy Start" vitamins.

NHS Borders is starting a campaign focusing on the safe and effective use of medicines to encourage and empower the public to ask more about the medicines they take and to make choices about what they take.

GOOD PRACTICE EXAMPLE

SYRIAN REFUGEE RESETTLEMENT PROGRAMME

The Scottish Borders is currently hosting 4 refugee families as part of the Syrian Vulnerable Persons Relocation Scheme and this is expected to increase to 10 over the next 4 years. In common with other areas significant effort and resource has gone into housing, education, and general support and health inputs.

NHS Borders is working in partnership with Scottish Borders Council, local Registered Social Landlords, Borders College and Police Scotland to ensure that these families who have suffered significant trauma are properly settled and supported and given the assistance they need.

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

Staff Survey and iMatter discussion responses indicate that service areas make good use of flexible working times for childcare needs and workplace adjustments to enable staff to continue in or access employment. Several areas reported that reasonable adjustments have been made under Department of Work and Pensions Access to Work Scheme - a grant scheme to offer practical support should staff have a disability, health or mental health condition to ensure reasonable adjustments can be made to help people stay in work, start working or move into self-employment to start a business. DWP carry out an assessment and recommend items to be purchased, some of which are refundable in part.

The Joint Learning Disability Service works with the Employment Support Service in Scottish Borders Council to find placements for people with a Learning Disability. Following this and other work the "Project Search" initiative reported earlier was established.

Mental Health services work with the Employment Support Service to support mental health service users who are returning to the workplace.

Volunteering (see previous examples, Outcome 4) also aids with work readiness by enabling people to develop transferable skills.

Adult learning (see Outcome 8) also enables people to develop skills which will enhance their employment opportunities.

NHS Borders is working in Partnership with Borders College, recently accredited to offer the "certificate of work readiness" programmes, offering placements. Previous placements have included one within the Planning & Performance Team for 10 weeks. During this time the student was supported to gain employability skills and experience. We aim to offer this student a Modern Apprenticeship. The JHIT are also looking to provide a Modern Apprenticeship in 2015.

GOOD PRACTICE EXAMPLE

KEEP SAFE

NHS Borders is actively involved in the coordination of the local Keep Safe scheme to provide people with Learning Disabilities safe havens should they feel unsafe for any reason. The aim is to create safe places for people to go if they are lost, scared, need help or are the victim of crime. People that use the scheme have a card that has information about their health, how they communicate and details of people who can help them. There is interest in expanding the scheme to include older people and Mental Health Service users. Partners with Police Scotland include Scottish Borders Safer Communities Team and third sector.

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

We have an SVQ scheme for support workers to ensure that these staff have access to workplace qualifications. In the HR department we have supported people from the community in the "Get Ready for Work" scheme.

HLN is involved in provision of adult learning that has a largely negotiated course content which includes certificated courses where the course content is adapted in response to learner need. Between April and June 2014 HLN delivered 84 sessions to groups including women offenders, people with learning disabilities, men with mental ill health, older men and people with visual impairments.

The Children and Young People's Services Plan
This states the vision and values local partners have for children, young people and their families in the region. In addition, the plan details the key priority areas of work on which the Children and Young People's Leadership group (CYPLG) will focus resources over the next three years with a strong focus on early intervention. The priority areas for the CYPLG include:

- Getting It Right For Every Child (GIRFEC)
- Early Years
- Promoting Children's Rights
- Keeping Children Safe
- Looked After and Accommodated Children and Young People
- Support for parents
- Improved attainment and achievement for all our children and young people
- Improved health and wellbeing for children and young people
- Workforce Planning and Development

GOOD PRACTICE EXAMPLE

Health Champions

The project was based around the training of people with a learning disability as role models, the role would be to meet peer groups (plus staff and family carers) in a range of community settings where they would tell people about changes they'd made to live healthier lifestyles, and speak about the benefits of healthy eating (5 a day, nutrition, portions, healthy food plate) and regular physical activity. Events often feature interactive sessions where the audience were invited to guess the amount of sugar or salt in foods, and a Health Champions quiz. The Champions explain the connection between healthy eating, physical exercise and better health.

A group from Borders College and Joint Learning Disability Team designed a 6 week course which was awarded SCQF accreditation. The course title was "An introduction to Health Champions" and it was accredited at SCQF level 2, with graduates awarded three credits towards further learning at Borders College in Galashiels. The course contained a number of key learning outcomes with the following criteria:

- Demonstrate a basic understanding of the role of Health Champions talk to people about the things they can do to improve their own health work with others to show what it means to be a role model demonstrate and ability to communicate with peers and support staff present basic information correctly using simple facts
- Use equipment (e.g. food models, healthy food plate) appropriately
- Be able to understand and talk to others about different kinds of health checks that are carried out
- Demonstrate basic knowledge of the human body and how it works; share knowledge by talking about your own experiences

The course was 6 Tuesdays (all day) (expanded to 8 weeks in 2013). Capacity was set at 10 students. The course was delivered by a combination of college tutors and Learning Disability Service staff. On completion, students attended an awards ceremony where they were presented with their qualification certificate.

<u>Examples of Health Champions in action</u>

- Presentation to 30 peers and staff at Selkirk Rugby Club
- working with the Border Carers Learning Network and Borders Voluntary Care Voice, delivery of healthy living sessions to audiences at The Hive in Galashiels (and at the new Cornerstone service in Gala and Garvald, West Linton, in September)
- Healthy Living sessions at Lanark Lodge, Duns, Katharine Elliot Centre, Hawick, Victoria Park, Peebles & Rutherford Square, Kelso to day centre clients and support staff
- Working with Borders Sports & Leisure Trust to provide healthy living information sessions at local boccia groups
- Programme of healthy living information sessions at 9 RVS social centres across Borders
- Having a health champions stall at various information events in Borders

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

NHS Borders is a member of the Scottish Borders Violence Against Women Partnership, safe and appropriate housing is a priority for women experiencing domestic abuse. Staff from the JHIT have been involved in delivering domestic abuse awareness raising sessions to staff working for Registered Social Landlords in the region. Children's services have a close working relationship with housing specifically with regard to high risk domestic abuse cases and MARAC.

The work of the JHIT addresses poverty in local communities which also contributes to this outcome.

Mental Health offer supported accommodation in the Rehabilitation Service where individual needs are addressed by workers and works with partners in the voluntary sector to ensure that service users are able to maintain tenancies through supported living services.

GOOD PRACTICE EXAMPLE

Learning Disability Housing Needs Assessment

A needs assessment was carried out in 2012 by Public Health identifying the housing and support needs of people with learning disabilities (LD).

Specific projects have been commissioned to support the development of models of housing and support.

There are very few people with learning disabilities living in Care Homes in the Scottish Borders now following re-provisioning projects to support people to move on into supported living models.

One of the action plans identified through the 'The Keys to Life' action planning process is for Housing to engage with people with learning disabilities and services in the writing of the next Local Housing Strategy. This includes looking at the needs of people with complex learning disabilities and physical disabilities and people with forensic needs among other harder to reach groups.

The Joint Leaning Disability Service works closely with people with learning disabilities, Housing in Scottish Borders Council, Support Provider organisations and others to identify the housing needs of people with learning disabilities. The Learning Disabilities service holds a commissioning meeting regularly to manage this.

AREAS FOR DEVELOPMENT

Here are the points that we intend to focus on developing next:

Health Inequalities Impact Assessment (HIIA)
Currently most HIIAs are completed manually and not submitted to the Boards Equality inbox. There is an Equality page on our public website where they could be published and it is intended that this will become a KPI for the organisation.

Before the change to HIIA, a low but increased number of NHS Borders employees had completed formal EQUALITIES IMPACT ASSESSMENT training. We have sought external assistance and will be delivering training to the Board and Board Executive Team and Equalities Group with help from NES.

Awareness and Understanding
During the work compiling the Update Report in 2015 50% of service areas felt that they were fully compliant with the public sector equality duties yet failed to provide any evidence to illustrate this. This situation has improved with better involvement from almost all parts of the service at the Equalities Steering Group but general frontline knowledge of responsibilities and obligations remains poor. We intend to use the planned Diversity Week in October to be the focus for this year, along with the introduction of an Equalities section in our staff updates.

Managerial responsibility
While managers are aware of responsibilities under the Equality Act, many remain unconfident and feel only partially aware. This is another issue that may be resolved by further training and the inclusion of Equalities KPIs in quarterly Performance Reviews.

Equality monitoring
A considerable number of staff still choose not to disclose protected characteristic information. As will have been seen from the tables this is improving. It is likely that the issue is that same for patient information. We collect it but people choose not to disclose it; we used to be amongst the best Boards in Scotland for completion but have slipped. The Equalities Group has arranged training of key Health Information team members in techniques to improve uptake.

Duty to consult and engage
While most service areas agreed that they consulted and engaged with the public including protected characteristic groups, there was a lack of evidence of this.

Evidence gathering
Gathering the evidence to inform this report has been challenging. The limitations of a survey have been recognised and processes to gather information and evidence for the next report in 2017 are being explored in order that more comprehensive and appropriate information can be gathered in a more timely manner with less duplication.

Ownership
Mainstreaming equality and diversity within NHS Borders had meant that there is no identified corporate lead. Leadership has now been strengthened with an Identified Executive Lead and a non-Executive lead. There is an Equality Steering Group made up of representatives from all service areas of the organisation. Public Health also provide the administrative function. Other operational and strategic leadership work within the E&D field has been taken on by individuals with an interest in it, in addition to their substantive posts, which means that much of the work is person dependent.

NEXT STEPS

For the next 4 years we shall be working to further educate our workforce and to embed the Outcomes listed below that we are adopting jointly with Scottish Borders Council for the period 2017 to 2021. The next steps for NHS Borders will take into account the areas for development outlined above and will be addressed by an action plan which will be presented to the November 2017 NHS Board Meeting along with a report on our Equalities Week.

1. We are seen as an inclusive and equal opportunities employer where all staff feel valued and respected and our workforce reflects our community. As evidenced by the following statistics our workforce is broadly reflective of the local population, even though it is predominately female. Our recruitment policies appear to be providing an accessible platform for most protected characteristics and we are continuing to invest in initiatives, such as "Project search".

2. Our services meet the needs of, and are accessible to all members of our community and our staff treat all service users, clients and colleagues with dignity and respect. Taking advantage of the relationship being developed within the planning for our Diversity Week we shall work with representatives of local organisations and individuals sharing protected characteristics to identify problems around all aspects of accessibility. *NHS Borders will revise its policies and processes to ensure that all give due weight to equalities and specifically mention the protected characteristics. After consultation we shall further revise our documentation to offer a non-binary gender status.*

3. We work in partnership with other agencies and stakeholders to ensure everyone has the opportunity to participate in public life and the democratic process. *NHS Borders will be working in partnership with SBC and will take steps to ensure that the Joint Services provided through the Joint Integration Board and separately by NHS Borders support our citizens in volunteering and other civic and democratic activities.*

4. We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive, there are fewer people living in poverty, and the health inequality gap is reduced. This is core business for the JHIT which focuses on reducing health inequalities by working with partners in third sector and statutory organisations, and with members of local communities. Examples of work include "Fit for Fun" in Primary Schools, Healthy Living Network. We shall ensure a raised awareness of the SBC Benefits Advisory Service amongst NHS frontline staff during the next year and promote the NHS Credit Union. The adoption of the Health Inequalities Impact Assessment has been made with this Outcome in mind.

5. We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent healthy lives as responsible citizens. As well as the obvious role in maintaining physical and mental health we shall educate our large workforce to be more aware, both at work and hopefully in their off duty lives of the needs of those sharing protected characteristics.

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. As previously mentioned we are committed to Project Search and have flexible working policies which support this outcome. We will try and find role-models and champions to showcase and inspire others with protected characteristics.

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. The *"Getting it Right for Every Child" (GIRFEC)* supports families and children and is being implemented by both SBC and NHS Borders. The School Health Service and Child and Adolescent Mental Health Services (CAMHS) are also important contributions to this outcome.

8. We work in partnership with other agencies and stakeholders to ensure we have appropriate accommodation which meets the requirements of our diverse community. Through the Community Planning processes, and in particular Strategic Housing and Strategic Transport groups NHS Borders Equalities input is maintained. Also by close working with our Public Governance Committee it is intended to strengthen this outcome.

WORKFORCE DATA - Annex A to NHS Borders Mainstreaming Report 2017

INTRODUCTION

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

CONTEXT

Listed public authorities in Scotland are required 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 of that advice thus the format is different to the previous (first) Mainstreaming Report. It should enable targeting of any particular areas of concern.

Bank staff were excluded from this report for the workforce element but may be considered in future reports. Last report excluded rotational doctors but these are included in this report under Medical J grade.

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

The recruitment data has been obtained from the HR Workforce system (Empower, locally known as Staff Governance Information System, SGIS) which was not replaced by eESS (as previously reported) and an alternative national system is being investigated. It should be noted there is no electronic data connection between eESS and SGIS. There is a section on recruitment with further data. To simplify the presentation NHS job families have been clustered as shown below.

2015			
Job Family	**Combined Job Families**	**Male**	**Female**
ADMINISTRATIVE SERVICES	Admin & Support Families	64	549
ALLIED HEALTH PROFESSION	Direct Healthcare Families	20	246
DENTAL SUPPORT (Dental nurses)	Direct Healthcare Families	1	60
HEALTHCARE SCIENCES	Direct Healthcare Families	27	62
MEDICAL AND DENTAL	Medical/Dental Non-AFC staff	126	144
MEDICAL SUPPORT	Direct Healthcare Families	0	2
NURSING/MIDWIFERY	Direct Healthcare Families	141	1407
OTHER THERAPEUTIC	Direct Healthcare Families	12	92
PERSONAL AND SOCIAL CARE	Direct Healthcare Families	4	34
SENIOR MANAGERS	Admin & Support Families	2	8
SUPPORT SERVICES	Admin & Support Families	207	281
Totals by Gender		604	2885
Grand Total			3489

2016			
Job Family	**Combined Job Families**	**Male**	**Female**
ADMINISTRATIVE SERVICES	Admin & Support Families	67	569
ALLIED HEALTH PROFESSION	Direct Healthcare Families	24	247
DENTAL SUPPORT (Dental nurses)	Direct Healthcare Families	1	61
HEALTHCARE SCIENCES	Direct Healthcare Families	28	61
MEDICAL AND DENTAL	Medical/Dental Non-AFC staff	128	153
MEDICAL SUPPORT	Direct Healthcare Families	2	1
NURSING/MIDWIFERY	Direct Healthcare Families	139	1429
OTHER THERAPEUTIC	Direct Healthcare Families	14	103
PERSONAL AND SOCIAL CARE	Direct Healthcare Families	5	32
SENIOR MANAGERS	Admin & Support Families	2	7
SUPPORT SERVICES	Admin & Support Families	199	282
Totals by Gender		609	2945
Grand Total			3554

All the families except Medical and Dental and some (9) senior managers are on a common banding system known as Agenda For Change (AFC). AFC aims to ensure that different job descriptions and pay are matched, regardless of gender.

The medical staff have been grouped according to the role (consultant, specialty and associate staff) or by Medical grade scale (J, which is junior doctors and dental staff and K, which is GP out of hours staff)
The grouping of the J Band was a method of aggregating statistically low numbers and preserve anonymity but it does mean there is a large difference between the top and bottom salary. Therefore the salary variation may not be as excessive as it first appears.

By using the gender pay gap as the example it will be noted that the medical grades significantly skew the organisation pay gap for each characteristic. Therefore, apart from gender, data on pay gaps will not be given for the organisation as a whole.

There is a continuing improvement in the gender pay gap in Medical staff as was predicted in the last report; the ratio of female to male junior doctors under training continues to increase and it will be noted that in many areas the gender pay gap is weighted in favour of females. This needs to be put in context as there are 3 rotations of trainees each year.

Marital Status and Carer Responsibilities have not previously been collected for the workforce and until eESS is rolled out to individual staff the data will not be available. Neither are these characteristics a feature on the national application form. Therefore this data is not available

One of the actions on the Board from the last report was to reduce the number of 'Don't Know' (not recorded) percentages. This is mostly a legacy from the population of eESS when the term was used because the data had not been collected, despite attempts by the Board to get staff to complete profomae. The

Human Resources department has been working hard to reduce this percentage and the eESS data used for the workforce has been updated from data on SGIS where current employees have applied for posts. This is reflected in the overall tables for the characteristics.

The remainder of the missing workforce data will remain until eESS is rolled out to all employees for self-completion (although experience with other self-service systems within the Board does not suggest the improvement will be marked).

WORKFORCE ANALYSIS

THE NINE PROTECTED CHARACTERISTICS

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

- Gender
- Medical Conditions
- Ethnicity
- Religion
- Gender Reassignment
- Sexual Orientation
- Age

As previously mentioned data for Marital Status and Carer Responsibilities is not available at this time.

OVERALL PERCENTAGES FOR EACH PROTECTED CHARACTERISTIC

Total Number of Staff and Employments (Contracts)

Nos / Year	Total No of Staff	Total No of Employments
2015	3220*	3489
2016	3247	3554

*Because of the inclusion of rotational medical staff this number is roughly equivalent to the 2014 figure.

The workforce gender split remains statistically fairly constant. The medical staff figures, as previously mentioned, cannot be considered a trend because of the rotational doctors:

Gender	AFC		Medical	
	2015	2016	2015	2016
Female	85.08%	85.30%	53.33%	54.45%
Male	14.92%	14.70%	46.67%	45.55%

The workforce shows a small increase in people declaring a medical condition used as a proxy for disability:

Medical Condition	AFC		Medical	
	2015	2016	2015	2016
Don't Know	<1%	<1%	<1%	1.4%
No	98.48%	97.89%	95.19%	94.7%
Prefer not to say	<1%	<1%	3.33%	2.5%
Yes	<1%	1.25%	1.11%	1.4%

The ethnicity ratios remain much the same.

Ethnicity	AFC		Medical	
	2015	2016	2015	2016
African/Caribbean- all sub-groups	<1%	<1%	<1%	<1%
Asian - all subgroups	<1%	<1%	10.00%	9.6%
Don't Know	<1%	<1%	1.48%	1.8%
Other/Mixed Ethnic Group	1.31%	1.1%	2.59%	2.8%
Prefer not to say	33.05%	30.2%	15.93%	14.9%
White - Irish	<1%	<1%	2.96%	3.9%
White - Other British	7.87%	2.8%	27.04%	27.4%
White - Other	2.40%	8.6%	7.04%	9.3%
White - Scottish	53.84%	55.8%	32.22%	30.2%

The noticeable increase in ‘Christian – Other’ is due to the switch from ‘Prefer Not to Say’

Religion	AFC		Medical	
	2015	2016	2015	2016
Buddhist	<1%	<1%	<1%	<1.0%
Christian - Other	5.3%	48.4%	54.8%	44.5%
Church of Scotland	22.8%	24.4%	14.1%	14.6%

Don't Know	6.3%	<1%	<1%	1.8%
Hindu	<1%	<1%	3.3%	3.6%
Muslim	<1%	<1%	3.3%	2.1%
No Religion	21.9%	18.5%	20.0%	22.4%
Other	3.5%	3.2%	2.2%	1.8%
Prefer not to say	35.6%	1.5%	<1%	3.9%
Roman Catholic	4.3%	3.3%	<1%	4.3%
Sikh	<1%	<1%	<1%	<1.0%
Grand Total	100.0%	100.0%	100.0%	100.0%

Gender reassignment figures remain much the same.

Gender Reassignment	**AFC**		**Medical**	
	2015	2016	2015	2016
Don't Know	2.27%	2.26%	1.85%	2.49%
No	96.64%	96.76%	96.30%	95.73%
Prefer not to say	1.09%	<1%	1.85%	1.78%
Yes	< 1%	<1%	<1%	<1%

Sexual orientation appears to be the one area where people are not reporting anything for the system, although the percentage is decreasing. The new declarations tend to be heterosexual.

Sexual Orientation	**AFC**		**Medical**	
	2015	2016	2015	2016
Bisexual	<1%	<1%	<1%	<1%
Don't Know	33.21%	29.03%	15.56%	12.46%
Gay/Lesbian	<1%	<1%	<1%	<1%
Heterosexual	51.35%	55.58%	67.04%	73.31%
Other	<1%	<1%	<1%	<1%
Prefer not to say	14.75%	14.54%	17.04%	13.88%

The age grouping has been chosen to match the national records of Scotland. The Board is fully aware of its ageing workforce and has been engaged in mitigating the risks for some time. The UK shortage of qualified healthcare staff exacerbates the problem as the Board has little problem recruiting younger staff to other posts and is participating in national and local initiatives to promote training and recruitment of young people.

Age	**AFC**		**Medical**	
	2015	2016	2015	2016
16-29	11.95%	13.50%	18.15%	23.49%
30-44	30.19%	31.23%	39.63%	39.86%
45-59	51.04%	49.92%	36.30%	33.10%
60 and over	6.82%	5.35%	5.93%	3.56%

GENDER

As mentioned previously the difference in pay between senior medical staff and the remainder of the workforce shows as a major pay gap. Despite that these 2 years show a continuing reduction in the overall gap from 2013-14. The breakdown shows that the AFC grades pay gap is weighted in favour of females.

Organisational Segregation	Female Employments		Female Employments % of row		Male Employments		Male Employments % of row		Gender Pay Gap Male to Female % (Negative [green] favours female)		Total Employments	
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
Total Organisation	2883	2945	82.63%	82.87%	606	609	17.37%	17.13%	20.87%	19.64%	3489	3554
Agenda for Change & Senior Managers	2739	2792	85.09%	85.3%	480	481	14.91%	14.7%	-3.27%	-2.37%	3219	3273
Medical &Dental	144	153	53.33%	54.45%	126	128	46.67%	45.55%	15.96%	11.39%	270	281

Medical Grade	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female % (negative [green] favours female)		£ difference (green favours female)	
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
Consultant	44	47	73	65	117	112	4.81%	4.83%	2.16	2.20
Medical & Dental J Grade	31	30	17	15	48	45	-1.42%	-0.72%	0.29	0.15
Medical K Grade	17	19	12	12	29	31	3.91%	1.15%	1.76	0.52
Specialty & Associate Specialist Dr	24	24	10	16	34	40	-4.79%	-19.81%	1.48	5.47
Specialty Registrar	28	33	14	20	42	53	-0.82%	1.36%	0.15	0.25

Total	144	153.00	126	128.00	270	281.00	15.96%	11.39%	5.98	4.12

Gender Pay Gap by Job Family

Job Family	Aggregated grades	Female Employments		Male Employments		Total Employments		Gender Pay Gap Male-Female %		£ difference (green favours female)	
		2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
ADMINISTRATIVE SERVICES	Band 1	<5	<5			<5	<5				
	Band 2	119	138	13	12	132	150	-2.73%	-2.74%	0.23	0.24
	Band 3	167	173	8	10	175	183	-12.72%	-10.37%	1.11	0.94
	Band 4	140	136	9	10	149	146	-2.64%	-2.90%	0.29	0.32
	Band 5	58	53	9	13	67	66	7.45%	0.89%	1.08	0.12
	Band 6	31	31	11	9	42	40	4.04%	5.97%	0.70	1.07
	Band 7	21	24	<5	<5	25	30	2.75%	5.78%	0.56	1.22
	Band 8a-b	9	9	8	5	17	14	-3.86%	7.45%	0.96	2.00
	Band 8c-d	<5	<5	<5	<5	5	6	0.93%	6.39%	0.33	2.28
ADMINISTRATIVE SERVICES Total		549	569	64	67	613	636	22.57%	20.51%	3.36	2.99
ALLIED HEALTH PROFESSION	Band 2				<5		<5				
	Band 3	25	26	<5	<5	28	28	-7.12%	-1.25%	0.66	0.12
	Band 4	13	15	<5	<5	14	16	-0.99%	0.94%	0.11	0.11
	Band 5	39	36	5	7	44	43	-0.26%	-2.49%	0.03	0.30
	Band 6	111	110	5	6	116	116	2.01%	-1.57%	0.35	0.27
	Band 7	50	52	<5	<5	53	56	-1.01%	0.85%	0.20	0.17
	Band 8a-b	8	7	<5	<5	11	10	11.09%	5.36%	3.09	1.42
	Band 8c-d		<5				<5				
ALLIED HEALTH PROFESSION Total		246	<250	20	24	266	<275	2.33%	-1.00%	0.39	0.16
DENTAL SUPPORT	Band 2			<5		<5					
	Band 3	9	9		<5	9	10		-5.49%		0.53
	Band 4	32	32			32	32				
	Band 5	11	11			11	11				
	Band 6	6	7			6	7				

	Band 7	<5	<5			<5	<5				
DENTAL SUPPORT Total		<65	<65	<5	<5	<65	<65	-30.80%	-28.20%	2.85	2.72
Job Family	**Aggregated grades**	**Female Employments**		**Male Employments**		**Total Employments**		**Gender Pay Gap Male-Female %**		**£ difference (green favours female)**	
		2015	**2016**	**2015**	**2016**	**2015**			**2015**	**2016**	**2015**
HEALTHCARE SCIENCES	Band 2	8	8	<5	<5	10	9	-5.50%	-18.70%	0.47	1.44
	Band 3	19	19	6	6	25	25	-5.28%	-4.29%	0.48	0.41
	Band 4	<5	<5	<5	<5	<5	<5	-2.95%	-3.85%	0.32	0.43
	Band 5	13	11	5	7	18	18	-4.61%	-1.70%	0.62	0.23
	Band 6	14	13	<5	<5	16	15	-5.04%	-0.38%	0.83	0.06
	Band 7	6	8	8	8	14	16	6.33%	8.80%	1.33	1.88
	Band 8a-b	<5	<5	<5	<5	<5	<5	-16.80%	-20.00%	4.13	4.96
HEALTHCARE SCIENCES Total		<65	<65	27	28	<95	<95	11.26%	12.57%	1.72	1.96
MEDICAL SUPPORT	Band 5		<5	<5	<5	<5	<5		0.00%		0.00
	Band 6			<5	<5	<5	<5				
MEDICAL SUPPORT Total			<5	<5	<5	<5	<5		0.00%		0.00
NURSING/ MIDWIFERY	Band 2	168	179	18	19	186	198	-2.42%	-1.59%	0.21	0.14
	Band 3	188	188	17	17	205	205	-1.26%	-2.01%	0.13	0.20
	Band 4	12	12			12	12			0.00	
	Band 5	599	608	63	63	662	671	0.77%	0.77%	0.11	0.11
	Band 6	300	305	21	19	321	324	-0.65%	1.15%	0.11	0.20
	Band 7	116	116	13	12	129	128	4.49%	4.16%	0.94	0.89
	Band 8a-b	18	16	7	8	25	24	-7.64%	-7.99%	1.79	1.89
	Band 8c-d	6	5	<5	<5	8	6	-8.52%	-5.53%	2.51	1.72
NURSING/ MIDWIFERY Total		1407	1429	<145	<145	1548	1568	2.97%	2.57%	0.43	0.38
OTHER THERAPEUTIC	Band 2	10	12		<5	10	13		-9.80%		0.81
	Band 3	<5	<5		<5	<5	<5		-11.49%		1.02
	Band 4	11	13	<5	<5	12	14	3.67%	1.75%	0.41	0.20
	Band 5	16	16	<5		17	16	-23.74%		2.65	
	Band 6	10	13	<5	<5	13	16	7.88%	7.96%	1.22	1.25
	Band 7	10	8	<5	<5	11	9	12.65%	10.51%	2.68	2.25
	Band 8a-b	30	35	<5	<5	33	39	9.54%	9.19%	2.59	2.51
	Band 8c-d	<5	5	<5	<5	7	8	11.63%	11.79%	4.67	4.79

OTHER THERAPEUTIC Total		92	<105	12	14	<110	<120	26.59%	22.22%	6.47	5.20
Job Family	**Aggregated grades**	**Female Employments**		**Male Employments**		**Total Employments**		**Gender Pay Gap Male-Female %**		**£ difference (green favours female)**	
		2015	**2016**	**2015**	**2016**	**2015**	**2016**	**2016**	**2015**	**2016**	**2015**
PERSONAL AND SOCIAL CARE	Band 4	<5	<5			<5	<5				
	Band 5	16	15	<5	<5	17	17	1.42%	-8.48%	0.21	1.11
	Band 6	11	10	<5	<5	13	11	-2.56%	6.93%	0.43	1.26
	Band 7	<5	<5	<5	<5	<5	<5	9.60%	6.50%	2.03	1.39
	Band 8a-b	<5	<5			<5	<5				
	Band 8c-d		<5				<5				
PERSONAL AND SOCIAL CARE Total		34	32	<10	<10	38	37	8.03%	8.71%	1.39	1.52
SENIOR MANAGERS	Senior Managers	8	7	2	2	10	9	-13.17%	-13.81%	4.40	4.71
SENIOR MANAGERS Total		8	7	2	2	10	9	-13.17%	-13.81%	4.40	4.71
SUPPORT SERVICES	Band 1	213	51	103	13	316	64	0.20%	1.39%	0.02	0.12
	Band 2	43	205	44	126	87	331	1.53%	1.75%	0.14	0.15
	Band 3	21	22	19	19	40	41	0.05%	0.59%	0.00	0.06
	Band 4	<5	<5	20	20	21	21	-2.88%	-2.04%	0.32	0.23
	Band 5	<5	<5	11	11	12	12	-1.07%	-2.11%	0.15	0.30
	Band 6			6	6	6	6				
	Band 7	<5	<5	<5	<5	5	5	9.44%	7.43%	2.00	1.59
	Band 8c-d			<5	<5	<5	<5				
SUPPORT SERVICES Total		<285	<285	<210	<205	<490	<485	12.91%	12.70%	1.25	1.27
Grand Total		2739	2792	480	481	3219	3273	-3.27%	-2.37	0.42	0.31

THE OTHER PROTECTED CHARACTERISTICS

Because of the low numbers in some of the protected characteristics:

1. The job families have been grouped into Administration and Support (the Administrative and Support Services job families and Senior Managers) and Direct Healthcare (all the others).

2. The bands have been grouped so that within Direct Healthcare they *generally* represent HCSW (bands 1-4), registered professionals (bands 5-6) and management grades (bands 7-8 and Senior Managers). There are some areas, e.g. Allied Health Professionals, where this banding does not quite fit the mould. The Administrative and Support group Bands 1-4 are *generally* the 'workers' and junior management, the Bands 5-6 the more technical jobs and middle management, Bands 7-8 the senior managers

3. The population is shown as a percentage rounded to 1 decimal place (consequently may not sum to 100%).

   Where the AFC percentage is less than 1.0% it is shown as <1.0% and other percentages are rounded down to prevent identification.

   Where the Medical/Dental percentage is less than 3% it is shown as <3.0% and other percentages are rounded down

4. The medical staff have been grouped according to the role (consultant, specialty and associate staff) or by Medical grade scale (J, which is junior doctors and dental staff and K, which is GP out of hours staff)

5. Even though the tables may not be warranted in some cases because of the low numbers, there was an action on the Board from the last report to reduce the number of 'Don't Know' (i.e. no data available) and 'Prefer Not to Say', the latter being largely outside the Board's control.

Average Hourly rate	Admin & Support	Direct Healthcare
2015	10.79	14.65
2016	10.98	14.80

The average hourly rates for each group is shown below and should be referred to when considering the differences shown in each table.

AFC Hourly Rates

Average Hourly rate	Bands 1-4	Bands 5-6	Bands 7-8, SM
2015	9.01	14.47	22.65
2016	9.59	15.19	22.85

Medical Staff Hourly Rates

Average Hourly rate	Consultant	Medical & Dental J Grade	Medical K Grade	Specialty & Associate Specialist Dr	Specialty Registrar
2015	44.09	20.56	43.98	31.98	17.85
2016	44.72	20.51*	45.30	35.38	18.16

*Apparent pay decrease is due to extra junior dental staff in 2016 and the relatively small group population

Overall Average Rates of Pay by Gender 2015 and 2016

Average Hourly Rate (NHS Borders)	**£**	**Average Hourly rate (med/dent)**	**£**	**Average Hourly rate (AFC &Snr Manager)**	**£**
2016					
Female	14.50	Female	32.01	Female	13:53
Male	18.03	Male	36.12	Male	13:22
Overall average	15.10	Overall average (Med/dent)	33.88	Overall average (AFC&SM)	13:48

2015					
Female	14.29	Female	31.50	Female	13.39
Male	18.06	Male	37.48	Male	12.96
Overall average	14.95	Overall average (Med/dent)	34.29	Overall average (AFC&SM)	13.32

In the following tables negative differences are shown in red

MEDICAL CONDITIONS

Medical Conditions – AFC Staff

We currently use declared "Medical Conditions" as a proxy for disability. Because of the small numbers Percentages have been rounded down to whole figures

Combined Bands 2015		Bands 1-4		Bands 5-6		Bands 7&8, SM	
Family Groups	Medical Conditions In 12 Mths	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp
Admin & Support Families	No	98%	0.00	98%	-0.01	100%	
	Prefer not to say	<1.0%	0.46	1%	0.13	<1%	
	Yes	1%	-0.35	<1.0%	1.76	0.0%	
Direct Healthcare Families	No	98%	0.00	98%	-0.02	97.0%	0.00
	Prefer not to say	<1.0%	0.34	1.0%	1.56	1%	1.54
	Yes	<1.0%	0.29	<1.0%	0.88	1%	-1.07*

Combined Bands 2016		Bands 1-4		Bands 5-6		Bands 7&8, SM	
Family Groups	Medical Conditions In 12 Mths	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp	% of Group population	£ Diff to Ave hrly rate for Band Gp
Admin & Support Families	No	96%	0.02	97%	0.01	100%	0.00
	Prefer not to say	1%	0.24	1%	-0.28	0.0%	
	Yes	2%	-0.77	<1.0%	-0.28	0.0%	
Direct Healthcare Families	No	98%	0.01	98%	-0.01	98%	-0.67
	Prefer not to say	<1.0%	0.11	<1.0%	1.50	1%	-0.27
	Yes	1%	-0.46	<1.0%	0.07	<1.0%	0.00

*Because of the relatively low numbers involved, this figure merely indicates that the group is at the lower end of the pay scale bracket due to length of service. It is not believed that there is any systemic discrimination.

Medical Conditions – Medical Staff

Combined Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Medical Condition	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	<1%		2%	-6.76	<1%		<1%		<1%	
No	95.7%	-0.15	95%	-0.05	89.7%	-0.17	94.1%	0.21	97%	-0.02
Prefer not to say	<3.0%	2.79	<1%		10.3%	1.47	5.9%	-3.43	<3.0%	0.65
Yes	<3.0%	4.16	<3.0%	9.25	<1%		<1%		<1%	

Combined Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Medical Condition	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	<1%		<1%		3.2%	0.85	<1%		4%	0.88
No	96%	-0.10	97%	-0.22	87.1%	-0.05	96.6%	-0.11	92%	-0.08
Prefer not to say	<3.0%	1.25	0.0%		9.7%	0.15	3.4%	3.16	<3.0%	0.98
Yes	<3.0%	4.02	<3.0%	9.60	<1%		<1%		<3.0%	0.98

RELIGION
Religion – AFC Staff

2015	Bands 1-4		Bands 5-6		Bands 7&8, SM		Total Population	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	-0.09	<1.0%	1.05	<1.0%	-1.49	<1.0%	-1.26
Christian -Other	4%	-0.25	5%	-0.35	6%	0.02	5%	0.32
Church of Scotland	20%	0.08	25%	0.12	21%	-0.93	22%	0.15
Don't Know	6%	-0.12	6%	-0.11	3%	0.65	6%	-0.47
Hindu	<1%		<1.0%	-1.45	<1%		<1.0%	-0.30
Muslim	<1.0%	-1.16	<1.0%	0.08	<1%		<1.0%	-2.12
No Religion	26%	-0.33	21%	-0.68	12%	-0.58	21%	-1.31
Other	3%	0.06	3%	-0.21	3%	0.89	3%	-0.22
Prefer Not to Say	34%	0.29	33%	0.44	49%	0.55	35%	0.82
Roman Catholic	3%	-0.35	4%	0.03	3.%	-1.62	4%	-0.30
Sikh	<1.0%	-0.13	<1%	-14.47	<1%	-22.65	<1.0%	-4.43

2016	Bands 1-4		Bands 5-6		Bands 7&8, SM		Total Population	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	-0.38	<1.0%	3.00	<1%	-	<1.0%	-2.48
Christian -Other	47%	0.29	46%	0.42	59%	0.56	48%	0.63
Church of Scotland	22%	-0.05	27%	0.04	20%	-1.15	24%	-0.05
Don't Know	<1.0%	-0.90	<1.0%	-3.59	<1.0%	6.93	<1.0%	-2.12
Hindu	<1%	-	<1.0%	-0.20	<1%	-	<1.0%	1.50
Muslim	<1.0%	-1.14	<1%	-	<1%	-	<1%	-5.03
No Religion	21%	-0.43	17%	-1.00	12%	-0.70	18%	-1.36
Other	3%	0.01	2%	-0.04	3%	1.34	3%	0.05
Prefer Not to Say	1%	-0.43	1%	-0.68	1%	-0.55	1%	-0.78
Roman Catholic	2%	-0.85	4%	-0.46	1%	-4.02	3%	-0.65
Sikh	<1.0%	0.45	<1%	-15.19	<1%		<1.0%	-3.44

2015	Admin & Support Families		Direct Healthcare Families		Total Population	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	-2.05	<1.0%	-0.93	<1.0%	-1.26
Christian -Other	5%	0.98	5%	0.02	5%	0.32
Church of Scotland	20%	-0.15	24%	0.11	22%	0.15
Don't Know	5%	-0.20	6%	-0.77	6%	-0.47
Hindu	<1%	-	<1.0%	-1.63	<1.0%	-0.30
Muslim	<1.0%	-2.94	<1.0%	-0.10	<1.0%	-2.12
No Religion	24%	-1.04	20%	-1.25	22%	-1.31
Other	4%	-0.37	3%	0.22	3%	-0.22
Prefer Not to Say	35%	0.87	35%	0.82	35%	0.82
Roman Catholic	3%	-1.27	4%	-0.23	4%	-0.30
Sikh	<1.0%	-1.90	<1%	-	<1.0%	-4.43

2016	Admin & Support Families		Direct Healthcare Families		Total Population	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<1.0%	-2.02	<1.0%	-2.42	<1.0%	-2.48
Christian -Other	49%	0.76	47%	0.60	48%	0.63
Church of Scotland	23%	-0.41	25%	0.02	24%	-0.05
Don't Know	<1.0%	1.07	<1.0%	-5.85	<1.0%	-2.12
Hindu	<1%	-	<1.0%	0.19	<1.0%	1.50
Muslim	<1.0%	-2.53	<1%	-	<1%	-
No Religion	19%	-1.09	18%	-1.44	18%	-1.36
Other	3%	0.03	3%	0.27	3%	0.05
Prefer Not to Say	1%	-1.96	1%	-0.73	1%	-0.78
Roman Catholic	2%	-1.95	3%	-0.55	3%	-0.65
Sikh	<1.0%	-0.93	<1%	-	<1.0%	-3.44

Religion – Medical Staff

Combined Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<3.0%	-2.68	<3.0%	-9.43	<1%	-	<1%	-	<1%	-
Christian - Other	57%	0.91	45%	3.24	69%	-0.14	52%	2.32	50%	0.55
Church of Scotland	16%	-0.24	6%	5.11	20%	0.42	14%	3.86	11%	-1.25
Hindu	<3.0%	-2.68	4%	11.19	3%	2.17	8%	-7.11	4%	2.02
Muslim	3%	-1.60	<3.0%	-9.43	<1%	-	8%	0.34	<3.0%	0.65
No Religion	18%	-2.30	31%	-7.06	3%	2.17	11%	-11.41	28%	-0.88
Other	<3.0%	0.27	4%	-1.99	3%	-4.13	<3.0%	4.90	<1%	-
Prefer not to say	<3.0%	5.52	<3.0%	9.25	<1%	-	<1%	-	<1%	-
Roman Catholic	<1%	-	<3.0%	10.36	<1%	-	<1%	-	<1%	-
Sikh	<1%	-	<1%	-	<1%	-	<1%	-	<3.0%	0.65

Combined Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Religion	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Buddhist	<3.0%	-2.89	<3.0%	-6.57	<1%	-	<1%	-	<1%	-
Christian - Other	53%	1.08	36%	4.99	54%	0.23	58%	1.05	23%	0.23
Church of Scotland	17%	-0.24	11%	-0.12	19%	-0.73	13%	5.62	10%	-0.24
Hindu	<3.0%	-2.89	4%	11.97	3%	0.85	13%	-5.81	3%	0.90
Muslim	3%	-0.82	<3.0%	-6.57	<1%	-	<1%	-	<3.0%	1.44
No Religion	18%	-2.25	29%	-6.90	6%	0.85	6%	-9.57	38%	-0.41
Other	<3.0%	0.67	<3.0%	5.75	3%	-5.45	3%	3.16	<1%	-
Prefer not to say	<3.0%	5.40	<3.0%	9.60	9%	0.85	3%	-1.13	7%	0.20
Roman Catholic	1%	-3.84	9%	-3.88	<1%	-	<1%	-	9%	-0.48
Sikh	<1%	-	<1%	-	<1%	-	<1%	-	<3.0%	

ETHNICITY
Ethnicity – AFC Staff

Combined Ethnic Group 2015	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups	<1.0%	-1.16	<1.0%	0.67	<1%	-
Asian - all subgroups	<1.0%	-0.36	<1.0%	0.91	<1%	-
Don't Know	<1%	-	<1%	-	<1.0%	-6.60
Other/Mixed Ethnic Gp	1%	-0.48	1%	-0.46	<1.0%	-1.49
Prefer not to say	31%	0.35	31%	0.63	47%	0.54
White - Irish	<1.0%	-1.00	1%	0.66	1%	-2.54
White - Other British	5%	-0.02	8%	0.23	11%	1.35
White - Other/Polish	2%	-0.51	2%	-0.83	1%	-2.86
White - Scottish	57%	-0.13	54%	-0.37	37%	-0.81

Combined Ethnic Group 2016	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups	<1.0%	-1.34	<1.0%	0.12	<1%	-
Asian - all subgroups	<1.0%	-0.18	<1.0%	0.58	<1.0%	-5.51
Don't Know						
Other/Mixed Ethnic Gp	1%	-0.51	<1.0%	0.49	<1.0%	-2.80
Prefer not to say	29%	0.43	26%	0.92	44%	0.73
White - Irish	<1.0%	-1.14	1%	-0.10	1%	-1.95
White - Other British	3%	-0.67	2%	-0.68	1%	-1.74
White - Other/Polish	6%	-0.17	10%	-0.15	12%	1.04
White - Scottish	58%	-0.14	57%	-0.38	39%	-0.92

Combined Ethnic Group 2015	Admin & Support		Direct Healthcare	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups	<1.0%	-2.94	<1.0%	0.49
Asian - all subgroups	<1.0%	-2.68	<1.0%	-1.15
Don't Know	<1%	-	<1.0%	1.40
Other/Mixed Ethnic Gp	1%	-1.51	1%	-1.24
Prefer not to say	32%	0.99	33%	0.98
White - Irish	<1.0%	1.14	1%	0.41
White - Other British	6%	1.50	8%	1.04
White - Other/Polish	3%	-0.66	1%	-1.30
White - Scottish	55%	-0.64	53%	-0.73

Combined Ethnic Group 2016	Admin & Support		Direct Healthcare	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups	<1%	-2.73	<1.0%	0.51
Asian - all subgroups	<1.0%	-1.77	<1.0%	-0.71
Don't Know				
Other/Mixed Ethnic Gp	1%	-1.33	<1.0%	-0.58
Prefer not to say	29%	1.16	30%	1.08
White - Irish	<1.0%	0.70	1%	0.40
White - Other British	7%	1.19	9%	0.87
White - Other/Polish	4%	-0.53	2%	-1.08
White - Scottish	55%	-0.68	55%	-0.70

Ethnicity - Medical Staff

Combined Medical Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Combined Ethnic Groups	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups	<3.0%	5.52	<1%	-	<1%	-	<1%	-	<3.0%	0.65
Asian - all subgroups	4%	-0.87	10%	-1.18	10%	0.77	23%	-3.95	14%	1.84
Don't Know	<3.0%	-5.56	4%	-8.09	<1%	-	<1%	-	<1%	-
Other/Mixed Ethnic Gp	<3.0%	-2.68	<3.0%	-6.76	3%	2.17	5%	-6.43	<1%	-
Prefer not to say	20%	1.29	12%	10.74	17%	1.75	17%	4.28	4%	0.65
White - Irish	<3.0%	3.70	<3.0%	-6.76	3%	2.17	<3.0%	-6.02	4%	-2.73
White - Other British	24%	-1.04	31%	-3.78	31%	0.77	17%	-0.73	33%	-0.27
White - Other/Polish	10%	0.33	6%	9.62	3%	-25.02	5%	0.34	<3.0%	1.11
White - Scottish	32%	0.06	31%	-0.06	31%	0.30	26%	3.17	38%	-0.31

Combined Medical Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Combined Ethnic Groups	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
African/Caribbean- all sub-groups										
Asian - all subgroups	4%	0.19	11%	-0.24	9%	-0.55	27%	-3.94	9%	1.25
Don't Know	<3.0%	-4.64	<1%	-	3%	0.85	<1%	-	3%	1.90
Other/Mixed Ethnic Gp	<3.0%	-1.97	<3.0%	-9.27	3%	0.85	6%	-1.13	<3.0%	0.98
Prefer not to say	19%	1.09	11%	10.11	22%	0.55	13%	2.08	6%	-0.26
White - Irish	3%	1.82	<3.0%	-6.57	3%	0.85	3%	-7.56	6%	0.59
White - Other British	25%	-1.01	27%	-4.57	25%	0.32	20%	-1.08	33%	0.03
White - Other/Polish	12%	0.20	11%	2.59	<1%	-	3%	-2.74	9%	-0.90
White - Scottish	29%	0.29	34%	0.56	32%	-0.73	24%	6.03	30%	-0.44

GENDER REASSIGNMENT– AFC Staff

Gender Reassignment 2015	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	2.87%	0.09	1.90%	-1.01	1.92%	-1.97
No	95.66%	-0.00	97.36%	0.02	96.70%	0.05
Prefer not to say	1.47%	-0.11	0.74%	0.52	1.37%	-0.63
Yes	<1%	-	<1%	-	<1%	-

Gender Reassignment 2016	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	3%	0.24	1%	-0.16	2%	-1.82
No	95%	-0.01	98%	-0.00	96%	0.05
Prefer not to say	1%	0.02	<1.0%	0.67	1%	-0.17
Yes	<1.0%	-1.14	<1%	-	<1%	-

Gender Reassignment 2015	Admin & Support Families		Direct Healthcare Families	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	2%	-0.68	1%	-1.06
No	95%	0.01	97%	0.02
Prefer not to say	1%	0.50	<1.0%	0.09
Yes	<1%	-	<1%	-

Gender Reassignment 2016	Admin & Support Families		Direct Healthcare Families	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	2%	-0.70	1%	-0.46
No	95%	0.03	97%	0.01
Prefer not to say	1%	-0.33	<1.0%	-0.04
Yes	<1.0%	-2.53	<1%	-

Gender Reassignment – Medical Staff

Combined Medical Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Transgender	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	<3.0%	-2.68	4%	4.42	<1%	-	<3.0%	4.90	<1%	-
No	96%	-0.05	95%	-0.19	93%	-0.08	97%	-0.15	97%	-0.02
Prefer not to say	<3.0%	5.52	<1%	-	6%	1.12	<1%	-	<3.0%	0.65
Yes	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-

Combined Medical Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Transgender	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Don't Know	<3.0%	-0.13	<3.0%	16.01	3%	0.85	3%	3.16	3%	1.90
No	97%	-0.05	97%	-0.37	90%	-0.02	93%	-0.07	95%	-0.08
Prefer not to say	<3.0%	5.40	<1%	-	6%	-0.20	3%	-1.13	<3.0%	0.98
Yes	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-

SEXUAL ORIENTATION – AFC Staff

Sexual Orientation 2015	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	0.10	<1.0%	-2.18	<1.0%	-6.60
Don't Know	34%	0.11	31%	0.20	35%	-0.26
Gay/lesbian	<1.0%	-0.34	<1.0%	1.24	<1%	-
Heterosexual	51%	-0.15	52%	-0.23	45%	-0.56
Other	<1.0%	-0.01	<1.0%	3.54	<1%	-
Prefer not to say	13%	0.30	14%	0.41	18%	1.96
Sexual Orientation 2016	**Bands 1-4**		**Bands 5-6**		**Bands 7&8, SM**	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	0.55	<1.0%	-1.86	<1%	-
Don't Know	31%	0.26	25%	0.55	32%	-0.07
Gay/lesbian	<1.0%	-0.90	<1.0%	0.67	<1%	-
Heterosexual	54%	-0.17	58%	-0.29	48%	-0.70
Other	<1.0%	-0.37	<1.0%	-0.41	<1%	-
Prefer not to say	12%	0.13	15%	0.19	18%	1.97

Sexual Orientation 2016	Admin & Support		Direct Healthcare	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	-1.57	<1.0%	-2.33
Don't Know	31%	0.05	27%	0.52
Gay/lesbian	<1.0%	-2.01	<1.0%	-3.58
Heterosexual	53%	-0.50	56%	-0.31
Other	<1.0%	-1.67	<1.0%	-3.38
Prefer not to say	13%	1.97	15%	0.39

Sexual Orientation 2015	Admin & Support		Direct Healthcare	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1.0%	-0.89	<1.0%	-1.45
Don't Know	35%	-0.07	32%	0.32
Gay/lesbian	<1.0%	-2.10	<1.0%	-1.77
Heterosexual	50%	-0.46	51%	-0.32
Other	<1.0%	-1.83	<1.0%	-3.37
Prefer not to say	13%	1.92	15%	0.50

Sexual Orientation - Medical Staff

Combined Medical Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Sexual orientation	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1%	-	<1%	-	<1%	-	<1%	-	<3.0%	2.48
Don't Know	14%	0.67	27%	8.27	17%	1.33	17%	4.81	<3.0%	5.22
Gay/lesbian	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-
Heterosexual	69%	-0.13	66%	-2.94	55%	-1.37	70%	-0.94	66%	-0.49
Other	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-
Prefer not to say	16%	-0.04	6%	-4.47	27%	1.91	11%	-1.55	28%	0.50

Combined Medical Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Sexual orientation	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
Bisexual	<1%	-	<3.0%	-9.27	<1%	-	<1%	-	<1%	-
Don't Know	13%	0.73	18%	12.53	16%	0.01	13%	2.88	4%	2.90
Gay/lesbian	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-
Heterosexual	72%	-0.20	75%	-2.73	58%	-0.26	72%	-0.39	81%	-0.26
Other	<1%	-	<1%	-	<1%	-	<1%	-	<1%	-
Prefer not to say	14%	0.33	4%	-0.41	25%	0.58	13%	-0.86	13%	0.55

AGE

Age – AFC Staff

Age Grouping 2015	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	15.89%	-0.55	11.18%	-2.07	2.20%	-5.93
30-44	23.75%	-0.07	35.69%	-0.06	27.20%	-1.00
45-59	49.96%	0.20	48.59%	0.48	65.66%	0.47
60 and over	10.40%	0.04	4.55%	0.43	4.95%	1.91

Age Grouping 2016	Bands 1-4		Bands 5-6		Bands 7&8, SM	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	16.31%	-0.66	13.51%	-2.23	2.14%	-5.15
30-44	26.66%	0.07	36.85%	-0.00	28.69%	-0.79
45-59	49.60%	0.20	46.41%	0.59	64.34%	0.36
60 and over	7.43%	-0.16	3.23%	0.89	4.83%	2.14

Age Grouping 2015	Admin & Support Families		Direct Healthcare Families	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	12.58%	-2.10	11.62%	-3.13
30-44	27.24%	0.23	31.74%	-0.02
45-59	49.86%	0.46	51.66%	0.76
60 and over	10.32%	-0.27	4.98%	-0.41

Age Grouping 2016	Admin & Support Families		Direct Healthcare Families	
	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	13.59%	-1.89	13.46%	-3.08
30-44	27.98%	0.13	32.93%	0.11
45-59	50.27%	0.49	49.74%	0.74
60 and over	8.17%	-0.35	3.87%	0.28

Age – Medical Staff

Combined Medical Grades 2015	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Age Grouping	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	<1%	-	50.00%	-6.81	<1%	-	11.76%	-15.18	50.00%	-1.51
30-44	39.32%	-3.32	22.92%	3.05	68.97%	-0.87	26.47%	-4.01	50.00%	1.51
45-59	52.14%	1.68	20.83%	10.97	27.59%	1.91	55.88%	4.31	<1%	-
60 and over	8.55%	4.98	6.25%	6.72	3.45%	2.17	5.88%	7.44	<1%	-

Combined Medical Grades 2016	Consultant		Medical & Dental J Grade		Medical K Grade		Specialty & Associate Specialist Dr		Specialty Registrar	
Age Grouping	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp	% of Group popn	£ Diff to Ave hrly rate for Band Gp
16-29	<1%	-	56.82%	-6.52	<1%	-	<1%	-	63.08%	-0.81
30-44	42.86%	-2.68	20.45%	5.93	64.52%	-0.36	37.93%	-4.71	36.92%	1.38
45-59	52.68%	1.72	20.45%	11.12	29.03%	0.61	55.17%	2.70	<1%	-
60 and over	4.46%	5.40	2.27%	9.60	6.45%	0.85	6.90%	4.24	<1%	-

RECRUITMENT

Because the recruitment software assigns a candidate to a vacancy rather than create a history for an individual, it is the number of processes, rather than number of individual people, that is recorded in the following tables. (e.g. if a person applies for 3 different posts that person's data will be counted 3 times and it may be different on each application). Whilst this may appear to skew the tables it also has the advantage that it records the person's characteristics at the time of application.

The totals also include applications for bank posts. This has been included in order to show transparency across the whole recruitment process and because once on the bank, people may be allowed to apply for internal vacancies.

Only Agenda for Change (AFC) staff are included as the numbers of Medical staff going through recruitment are extremely low and therefore statistics will not be meaningful. For example, there was a total of 78 applicants for medical vacancies over the whole of the 2 years with most vacancies having only 1 applicant.

The other reason for ignoring this group is that applications are generally by CV (and not the AFC application form which contains a protected characteristics questionnaire) thus protected characteristics data is patchy.

The data is compiled from vacancies that were advertised during the year and therefore some of the activity may have occurred outside of the calendar year. This has been deliberate as it means that an application is tracked through the whole cycle and direct comparisons can be made against each stage.

The numbers of offers does not reflect the number of staff who received a contract. In some cases pre-employment checks resulted in an offer withdrawal or the individual withdrew for personal reasons.

2016 saw a marked reduction in recruitment activity to fulltime and part-time posts, although bank applications remained buoyant. This is reflected in the number of applicants.

OVERALL TOTALS

Overall Total - Gender

There is a significant drop in the ratio of males applying and being offered posts compared to females. The reason is not known

Year	2015			2016		
Gender	Applications Received	Invited to Interview	Offered a Post	Applications Received	Invited to Interview	Offered a Post
Female	3207	1706	546	2796	1532	569
Male	982	404	114	559	253	73
Grand Total	4189	2110	660	3355	1785	642

Overall Total - Medical Condition

The ratio of people declaring a medical condition applying and being offered a post is increasing. The layout of the application form may be the reason for the 'Declined to Answer' or it may be that people are still unwilling to declare it.

Year	2015			2016		
Medical Condition?	Applications Received	Invited to Interview	Offered a Post	Applications Received	Invited to Interview	Offered a Post
Declined to Answer	37	18	<5	41	21	7
No	4045	2040	645	3234	1723	618
Yes	107	52	11	80	41	17
Grand Total	4189	2110	<665	3355	1785	642

Overall Total – Ethnicity

In 2016 a higher percentage of black/Asian candidates was invited to interview but the percentage offered posts reduced. In terms of applications to offers the ratio remained constant at 7%. The White groups had a small increase in 2016 of invitation and offer percentages resulting in an application to offer ratio of 20% compared to 16% in 2015

Year	2015			2016		
Ethnic origin	**Applications Received**	**Invited to Interview**	**Offered a Post**	**Applications Received**	**Invited to Interview**	**Offered a Post**
African - African, African Scottish or African British	25	12	<5	14	11	<5
Asian - Chinese, Chinese Scottish or Chinese British	7	6	<5	<5	<5	<5
Asian - Indian, Indian Scottish or Indian British	23	6		20	6	
Asian - Other	23	8	<5	20	11	<5
Asian - Pakistani, Pakistani Scottish or Pakistani British	17	9	<5	9	6	
Caribbean or Black - Other	16	8	<5	5	<5	<5
Don't Know (not provided)	79	34		33	15	
Mixed or Multiple Ethnic Group	31	12	<5	11	<5	
Other Ethnic Group - Other	11	5	<5	<5		
Prefer not to say	<5	<5	8	31	14	11
White - Irish	55	26	7	46	30	7
White - Other	273	122	30	212	106	32
White - Other British	500	249	85	399	251	79
White - Scottish	3127	1611	515	2550	1327	508
Grand Total	<4195	<2115	660	3355	1785	642

Overall Total – Religion

Ratios remain very similar except for the small number of Buddhists where the application – offer ratio was noticeably different (from 0 to 37.5%)

Year	2015			2016		
Religion	**Applications Received**	**Invited to Interview**	**Offered a Post**	**Applications Received**	**Invited to Interview**	**Offered a Post**
Buddhist	21	10		8	6	<5
Christian - Other	341	166	53	244	141	39
Church of Scotland	1095	608	181	818	456	162
Declined to Comment	209	99	23	205	107	37
Hindu	14	<5		11	<5	
Jewish				<5		
Muslim	8	<5	<5	8	5	<5
No religion	2131	1042	349	1787	920	345
Other	53	23	6	43	19	5
Roman Catholic	316	155	47	230	129	50
Sikh	<5					
Grand Total	<4190	2110	<665	<33605	<1790	642

Overall Total - Gender Reassignment

The low numbers reflect the local population.

Year	2015			2016		
Gender Reassignment?	**Applications Received**	**Invited to Interview**	**Offered a Post**	**Applications Received**	**Invited to Interview**	**Offered a Post**
Declined to Answer	24	14	<5	27	14	<5
No	4165	2096	657	3327	1770	638
Yes				<5	<5	
Grand Total	4189	2110	<665	<3360	<1785	<645

Overall Total - Sexual Orientation

The low numbers of non-heterosexual declaration means any statistical analysis may not be fruitful. If the 'Declined' figures remain on engagement then the 'Prefer Not to Say' figures for the Workforce will increase in 2017.

Year	2015			2016		
Sexual Orientation	**Applications Received**	**Invited to Interview**	**Offered a Post**	**Applications Received**	**Invited to Interview**	**Offered a Post**
Bisexual	32	12	6	18	6	<5
Declined	227	105	33	204	88	29
Gay/Lesbian	46	18	4	53	19	5
Heterosexual	3869	1970	615	3066	1669	604
Other	15	5	<5	13	<5	<5
Grand Total	4189	2110	660	3355	1785	642

Overall Total - Age

The percentages of lower age groups being offered posts reflects in some way the need to replace the ageing workforce.

Year	2015			2016		
Age Group	**Applications Received**	**Invited to Interview**	**Offered a Post**	**Applications Received**	**Invited to Interview**	**Offered a Post**
16-29	1662	728	241	1240	578	229
30-44	1194	686	233	1068	623	239
45-59	1194	630	169	912	515	158
60 and over	96	51	15	113	62	16
declined	43	15	<5	22	7	
Grand Total	4189	2110	660	3355	1785	642

APPLICATIONS RECEIVED

Applications Received - Gender

Year	2015			2016		
Gender	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Female	2027	1089	91	1824	822	150
Male	769	184	29	388	118	53
Grand Total	2796	1273	120	2212	940	203

Applications Received - Medical Condition

Year	2015			2016		
Medical Condition?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	28	6	<5	27	12	<5
No	2684	1245	116	2125	914	195
Yes	84	22	<5	60	14	6
Grand Total	2796	1273	120	2212	940	203

Applications Received - Ethnicity

Year	2015			2016		
Ethnic origin	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
African - African, African Scottish or African British	5	20		<5	8	<5
Asian - Chinese, Chinese Scottish or Chinese British	<5	<5			<5	<5
Asian - Indian, Indian Scottish or Indian British	8	15		7	7	6
Asian - Other	10	11	<5	11	7	<5
Asian - Pakistani, Pakistani Scottish or Pakistani British	3	14		2	5	<5
Caribbean or Black - Other	9	7		<5	<5	
Don't Know	57	15	7	23	7	<5
Mixed or Multiple Ethnic Group	26	<5	<5	6	<5	<5
Other Ethnic Group - Other	6	5		<5	<5	<5
Prefer not to say	<5			18	10	<5
White - Irish	34	18	<5	15	28	<5
White - Other	219	48	6	147	53	12
White - Other British	313	161	26	217	135	47
White - Scottish	2101	951	75	1759	673	118
Grand Total	2796	1273	120	2212	940	203

Applications Received - Religion

Year	2015			2016		
Religion	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Buddhist	9	12		6	<5	
Christian - Other	189	136	16	119	95	30
Church of Scotland	680	381	34	532	242	44
Declined to Comment	145	54	10	121	69	15
Hindu	5	8	<5	6	<5	<5
Jewish						<5
Muslim	<5	5		<5	<5	<5
No religion	1526	562	43	1262	432	93
Other	19	31	<5	27	13	<5
Roman Catholic	219	84	13	137	80	13
Sikh	<5					
Grand Total	2796	1273	120	2212	940	203

Applications Received - Gender Reassignment

Year	2015			2016		
Gender Reassignment?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	14	8	<5	15	9	<5
No	2782	1265	118	2196	931	200
Yes				<5		
Grand Total	2796	1273	120	<2220	940	<205

Applications Received - Sexual Orientation

Year	2015			2016		
Sexual Orientation	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Bisexual	23	8	<5	16	<5	<5
Declined	155	60	12	135	52	17
Gay/Lesbian	34	12		43	7	<5
Heterosexual	2571	1191	107	2006	879	181
Other	13	<5		11	<5	<5
Grand Total	2796	1273	<125	2212	940	203

Applications Received - Age

Year	2015			2016		
Age Group	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
16-29	1171	471	20	905	306	29
30-44	727	430	37	596	376	96
45-59	794	344	56	603	236	73
60 and over	73	20	<5	91	19	<5
Declined to provide age	31	8	<5	17	<5	<5
Grand Total	2796	1273	120	2212	940	203

INVITATIONS TO INTERVIEW

Invitations to Interview - Gender

Year	2015			2016		
Gender	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Female	911	720	75	808	620	104
Male	285	104	15	150	75	28
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Medical Condition

Year	2015			2016		
Medical Condition?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	13	<5	<5	12	7	<5
No	1143	810	87	917	679	127
Yes	40	11	<5	29	9	<5
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Ethnicity

Year	2015			2016		
Ethnicity	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
African - African, African Scottish or African British	<5	9		<5	6	<5
Asian - Chinese, Chinese Scottish or Chinese British	<5	<5				<5
Asian - Indian, Indian Scottish or Indian British	<5	<5		<5	<5	<5
Asian - Other	5	<5		5	6	
Asian - Pakistani, Pakistani Scottish or Pakistani British	<5	7			<5	<5
Caribbean or Black - Other	<5	<5		<5	<5	
Don't Know (not provided)	20	7	7	9	<5	<5
Mixed or Multiple Ethnic Group	9	<5	<5	<5	<5	<5
Other Ethnic Group	<5	<5				
Prefer not to say	<5			9	<5	<5
White - Irish	11	13	<5	6	21	<5
White - Other	85	31	6	61	40	5
White - Other British	133	98	18	117	104	30
White - Scottish	915	640	56	744	500	83
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Religion

Year	2015			2016		
Religion	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Buddhist		10		<5	<5	
Christian - Other	73	82	11	57	65	19
Church of Scotland	319	264	25	239	183	34
Declined to Comment	54	34	11	48	49	10
Hindu	<5	<5		<5	<5	
Jewish						
Muslim	<5	<5		<5	<5	<5
No religion	646	364	32	541	322	57
Other	8	13	<5	7	10	<5
Roman Catholic	92	54	9	60	60	9
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Gender Reassignment

Year	2015			2016		
Gender Reassignment?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	8	5	<5	7	5	<5
No	1188	819	89	950	690	130
Yes				<5		
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Sexual Orientation

Year	2015			2016		
Sexual Orientation	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Bisexual	5	6	<5	<5	<5	<5
Declined	59	34	12	46	33	9
Gay/Lesbian	12	6		13	<5	<5
Heterosexual	1117	776	77	893	657	119
Other	<5	<5		<5	<5	
Grand Total	1196	824	90	958	695	132

Invitations to Interview - Age

Year	2015			2016		
Age Group	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
16-29	443	272	13	362	200	16
30-44	350	308	28	279	284	60
45-59	357	229	44	266	194	55
60 and over	36	13	<5	47	15	
Declined to provide age	10	<5	<5	<5	<5	<5
Grand Total	1196	824	90	958	695	132

OFFERED A POST

Offered a Post - Gender

Year	2015			2016		
Gender	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Female	281	237	28	287	242	40
Male	79	30	5	45	23	5
Grand Total	360	267	33	332	265	45

Offered a Post - Medical Condition

Year	2015			2016		
Medical Condition?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	<5	<5	<5	<5	<5	<5
No	351	262	32	319	256	43
Yes	7	<5		10	6	<5
Grand Total	360	267	33	332	265	45

Offered a Post - Ethnicity

Year	2015			2016		
Ethnic Origin	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
African - African, African Scottish or African British	<5	<5			<5	
Asian - Chinese, Chinese Scottish or Chinese British	<5					<5
Asian - Other	<5			<5	<5	
Asian - Pakistani, Pakistani Scottish or Pakistani British	<5					
Caribbean or Black - Other	<5	<5			<5	
Mixed or Multiple Ethnic Group	<5		<5			
Other Ethnic Group - Other	<5	<5				
Prefer Not to Say	<5	<5	<5	7	<5	<5
White - Irish	<5	<5	<5	<5	<5	
White - Other	21	8	<5	19	13	
White - Other British	33	45	7	32	39	8
White - Scottish	289	206	20	270	203	35
Grand Total	360	267	33	332	265	45

Offered a Post – Religion

Year	2015			2016		
Religion	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Buddhist				<5	<5	
Christian - Other	22	28	<5	14	20	5
Church of Scotland	91	78	12	72	76	14
Declined to Comment	9	9	5	17	17	<5
Muslim	<5				<5	
No religion	212	128	9	206	121	18
Other	<5	<5	<5	<5	<5	
Roman Catholic	23	21	<5	21	24	5
Grand Total	360	267	33	332	265	45

Offered a Post - Gender Reassignment

Year	2015			2016		
Gender Reassignment?	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Declined to Answer	<5	<5	<5		<5	<5
No	359	266	32	332	262	44
Grand Total	360	267	33	332	265	45

Offered a Post - Sexual Orientation

Year	2015			2016		
Sexual Orientation	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
Bisexual	<5	<5	<5	<5		
Declined	21	7	5	13	14	<5
Gay/Lesbian	<5	<5		<5		<5
Heterosexual	335	253	27	313	250	41
Other	<5			<5	<5	
Grand Total	360	267	33	332	265	<50

Offered a Post – Age

Year	2015			2016		
Age Group	**Band 1-4**	**Band 5-6**	**Band 7-8**	**Band 1-4**	**Band 5-6**	**Band 7-8**
16-29	146	89	6	144	81	<5
30-44	112	109	12	104	111	24
45-59	91	65	13	77	64	17
60 and over	10	<5	<5	7	9	
Declined to provide age	<5		<5			
Grand Total	360	267	33	332	265	45

Annex B

EMPLOYMENT RELATIONS ACTIVITY AGAINST THE PROTECTED CHARACTERISTICS.

Because of the low numbers involved vertical and horizontal segregation has been applied separately. It will be noted that many of the cases involve staff with 'Don't Know' or 'Prefer not to Say'. These staff are probably longer term employees who have not had their characteristics updated in the last couple of years (either because they have left employment or not applied for other jobs.)

Note that the tables are based on the year in which the case was received by HR. Therefore the ill health retirement/termination outcome does not reflect the year of dismissal. Neither will it include ill health retirements which did not pass through HR processes.

In addition to those tabulated below there were cases brought by multiple staff and the individual characteristics were not identified.

In 2015 there were 1 Employment Tribunal, 2 Grievance and 14 Service Redesign cases.

In 2016 there were 2 Service Redesign cases

Gender

		Gender		
Year	Case Type	Female	Male	Grand Total
2015	Bullying and Harassment	6	<5	<10
	Capability (Health)	19	<5	<25
	Capability (Performance)	<5		<5
	Conduct	17	7	24
	Employment Tribunal Claim	<5		<5
	Flexible working req.	<5		<5
	Grievance	<5	<5	<5
	Ill health retirement/termination	12	<5	<20
Total		62	13	75
2016	Bullying & Harassment		<5	<5
	Capability (Health)	11	<5	<20
	Capability (Performance)	<5	<5	<5
	Conduct	10	<5	<15
	Employment Tribunal Claim	<5		<5
	End of Fixed Term Appeal	<5		<5
	Grievance	<5		<5
2016 Total		28	7	35

Disability/Medical Conditions

		Disability/Medical Condition			
Yr.	Case Type	No	Prefer not to say	Yes	Grand Total
2015	Bullying & Harassment	7			7
	Capability (Health)	18		<5	20
	Capability (Performance)	<5	<5		<5
	Conduct	24			24
	Employment Tribunal Claim	<5			<5
	Flexible working req.	<5			<5
	Grievance	<5			<5
	Ill health retirement/termination	12	<5		<15
2015 Total		70	<5	<5	75
2016	Bullying & Harassment	<5			<5
	Capability (Health)	13	<5		14
	Capability (Performance)	<5			<5
	Conduct	12			12
	Employment Tribunal Claim	<5			<5
	End of FT Appeal	<5			<5
	Grievance	<5			<5
2016 Total		34	<5		35

Ethnicity

		Ethnic Group						
Year	Case Type	Mixed or Multiple Ethnic Group	Other Ethnic Group - Other	Prefer not to say	White - Other	White - Other British	White - Scottish	Grand Total
2015	Bullying & Harassment			<5			<5	7
	Capability (Health)			6		<5	10	<25
	Capability (Performance)	<5		<5		<5	<5	<15
	Conduct	<5	<5	7	<5		12	<30
	Employment Tribunal Claim						<5	<5
	Flexible working req.			<5				<5
	Grievance		<5	<5		<5		<10
	Ill health retirement/termination			12			<5	<20
2015 Total		<5	<5	32	<5	6	30	75
2016	Bullying & Harassment	<5	<5	<5	<5	<5	<5	<5
	Capability (Health)	<5	<5	<5	<5	<5	<5	<5
	Capability (Performance)	<5	<5	<5	<5	<5	<5	<5
	Conduct	<5	<5	<5	<5	<5	<5	<5
	Employment Tribunal Claim	<5	<5	<5	<5	<5	<5	<5
	Flexible working req.	<5	<5	<5	<5	<5	<5	<5
	Grievance	<5	<5	<5	<5	<5	<5	<5
2016 Total		<5		<20	<5		25	35

Religion

		Religion								
Year	Case Type	Christian - Other	Church of Scotland	Don't Know	No Religion	Other	Prefer Not to Say	Roman Catholic	Sikh	Grand Total
2015	Bullying & Harassment	<5	<5	<5						7
	Capability (Health)	11	<5		<5	<5		<5	<5	20
	Capability (Performance)	<5			<5					<5
	Conduct	9	<5	<5	<5	<5	<5	<5		24
	Employment Tribunal Claim	<5								<5
	Flexible working req.						<5			<5
	Grievance	<5			<5					<10
	Ill health retirement/termination	<5			<5		10			14
2015 Total		34	<10	<10	<15	<10	<15	<10	<5	75
2016	Bullying & Harassment							<5		<5
	Capability (Health)	7	<5		<5	<5				14
	Capability (Performance)	<5		<5		<5				<10
	Conduct	6	<5			<5		<5		<15
	Employment Tribunal Claim	<5								<5
	End of Fixed Term Contract Appeal	<5								<5
	Grievance	<5			<5					<5
2016 Total		<25	<10	<5	<10	<10		<10		35

Gender Reassignment

		Gender Reassignment			
Year	Case Type	Don't Know	No	Prefer not to say	Grand Total
2015	Bullying & Harassment		7		7
	Capability (Health)	<5	19		20
	Capability (Performance)		<5		<5
	Conduct	<5	22	<5	24
	Employment Tribunal Claim		<5		<5
	Flexible working req.		<5		<5
	Grievance		<5	<5	<5
	Ill health retirement/termination		14		14
	Service Redesign				
2015 Total		<5	71	<5	75
2016	Bullying & Harassment		<5		<5
	Capability (Health)		13	<5	<20
	Capability (Performance)		<5		<5
	Conduct		12		12
	Employment Tribunal Claim		<5		<5
	End of Fixed Term Contract Appeal		<5		<5
	Grievance		<5		<5
	Service Redesign				
2016 Total			<40	<5	35

Sexual Orientation

		Sexual Orientation				
Year	Case Type	Don't Know	Heterosexual	Lesbian	Prefer not to say	Grand Total
2015	Bullying & Harassment	<5	<5		<5	<15
	Capability (Health)	7	11		<5	<25
	Capability (Performance)		<5		<5	<10
	Conduct	9	13		<5	<30
	Employment Tribunal Claim		<5			<5
	Flexible working req.	<5				<5
	Grievance	<5	<5			<10
	Ill health retirement/termination	7	<5	<5	5	<20
2015 Total		<30	<40	<5	<20	75
2016	Bullying & Harassment				<5	<5
	Capability (Health)	5	8		<5	<20
	Capability (Performance)	<5	<5		<5	<15
	Conduct	<5	7		<5	<15
	Employment Tribunal Claim	<5				<5
	End of Fixed Term Contract Appeal				<5	<5
	Grievance		<5		<5	<10
2016 Total		<20	<25		<25	35

Age

		Age Gp				
Year	Case Type	16-29	30-44	45-59	60 and over	Grand Total
2015	Bullying & Harassment	<5	<5	5		<15
	Capability (Health)	<5	9	10		<25
	Capability (Performance)		<5	<5		<10
	Conduct	<5	5	14	<5	<30
	Employment Tribunal Claim		<5			<5
	Flexible working req.			<5		<5
	Grievance		<5	<5	<5	<15
	Ill health retirement/termination		<5	10	<5	<20
2015 Total		<15	<30	<50	<15	75
2016	Bullying & Harassment		<5			<5
	Capability (Health)	6	<5	7		<20
	Capability (Performance)	<5	<5	<5		<15
	Conduct	<5	<5	7		<20
	Employment Tribunal Claim			<5		<5
	End of Fixed Term Contract Appeal	<5				<5
	Grievance			<5	<5	<10
2016 Total		<20	<20	<25	<5	35

Cases by Grouped Band

		Grouped Band				
Year	Case Type	Band 1-4	Band 5-7	Band 8, SM	Medical Grade	Grand Total
2015	Bullying & Harassment	5	<5			<10
	Capability (Health)	12	7	<5		<25
	Capability (Performance)	<5	<5			<10
	Conduct	14	10			24
	Employment Tribunal Claim	<5				<5
	Flexible working req.		<5			<5
	Grievance	<5	<5	<5	<5	<20
	Ill health retirement/termination	7	7			14
2015 Total		<50	<35	<10	<5	75
2016	Bullying & Harassment		<5			<5
	Capability (Health)	8	6			14
	Capability (Performance)	<5				<5
	Conduct	7	5			12
	Employment Tribunal Claim		<5			<5
	End of Fixed term Contract Appeal		<5			<5
	Grievance	<5	<5			<5
2016 Total		<25	<25			35

Cases by Grouped Families

		Grouped Families			
Year	Case Type	ADMIN & SUPPORT	DIRECT HEALTHCARE	MEDICAL/DENTAL	Grand Total
2015	Bullying & Harassment	5	<5		7
	Capability (Health)	7	13		20
	Capability (Performance)	<5	<5		<5
	Conduct	7	17		24
	Employment Tribunal Claim	<5			<5
	Flexible working req.		<5		<5
	Grievance	<5	<5	<5	<5
	Ill health retirement/termination	<5	12		14
2015 Total		25	49	<5	75
2016	Bullying & Harassment		<5		<5
	Capability (Health)	5	9		14
	Capability (Performance)	<5	<5		<5
	Conduct	6	6		12
	Employment Tribunal Claim		<5		<5
	End of FT Appeal		<5		<5
	Grievance	<5	<5		<5
2016 Total		<20	21		35