

## Freedom of Information request 130-23

### Request and Response

In the context of the Freedom of Information [Scotland] Act 2002, I am writing to ask for access to data gathered by your Health Board in relation to the provision of inpatient and day case activity in 2017/18. I am particularly interested in such data gathering systems as are in place on patients and service users and being used to establish that your Health Board's services are equally accessible to all and free from discrimination in such as access, waiting times, information provision as well as treatments and treatment outcomes.

1 - As you will be aware, NHS Borders has legal obligations in relation to the Equality Act 2010. Amongst these is an obligation to meet the [general equality duty](#). According to data published by [Public Health Scotland](#) [Table 2 – inpatient and day case activity] for 2017/18, your health board handled 22,215 inpatient and day cases.

For those cases, I would ask you to provide the following protected characteristic data, as set out in the Equality Act 2010, on all day case patients treated by your Board in that year, using the following format:

| Protected characteristics of day case patients 2017/18 |            |              |           |      |        |
|--|------------|--------------|-----------|------|--------|
| Sex  | Male       | Female       |           |      | 22,215 |
| Ethnicity  | BME        | White        |           |      | 22,215 |
| Disability   | Yes        | No           |           |      | 22,215 |
| Sexual Orientation                                     | LGB        | Heterosexual |           |      | 22,215 |
| Religion   | Protestant | Catholic     | All other | None | 22,215 |

For the ethnicity of patients, these should be broken down into two cohorts – those who identify as Black Minority Ethnic people and those who identify as White people. For sexual orientation, these should be broken down into two cohorts – all lesbian, gay or bisexual people and all heterosexual people. For religion, the cohorts required are all Catholic people, all people who identify as Protestant/Church of Scotland, all people who identify as any other religion aggregated together, and all people who identify as having no religion.

**NHS Borders does not hold the data requested or in the format requested but under Section 15 of the FOI(S)A 2002 Duty to provide advice and assistance we have provided the data we do hold in the spreadsheet attached:**



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130-23.xlsx

2 – How many of the 22,215 inpatient and day cases handled in 2017/18 were deemed successful for and by the patient, expressed as a percentage ?

As well as the percentage, could you also please provide a brief explanation of what metrics are used to define 'successful' ?

**NHS Borders do not hold data on ‘deemed successful’ on our electronic patient management systems, therefore under Section 17 of the FOI(S)A 2002 this cannot be provided.**

**3** – how many of the 22,215 inpatient and day cases handled were deemed successful for and by the patient, and expressed as a percentage, by protected characteristic and using the following format:

| Protected characteristics of day case patients 2017/18 |            |              |           |      |        |
|--|------------|--------------|-----------|------|--------|
| Sex  | Male       | Female       |           |      |        |
|  |            |              |           |      | 22,215 |
| Ethnicity  | BME        | White        |           |      |        |
|  |            |              |           |      | 22,215 |
| Disability   | Yes        | No           |           |      |        |
|  |            |              |           |      | 22,215 |
| Sexual Orientation                                     | LGB        | Heterosexual |           |      |        |
|  |            |              |           |      | 22,215 |
| Religion   | Protestant | Catholic     | All other | None |        |
|  |            |              |           |      | 22,215 |

**NHS Borders do not hold data on ‘deemed successful’ on our electronic patient management systems, therefore under Section 17 of the FOI(S)A 2002 this cannot be provided.**

**4** – in any examination of patient services data for evidence of discrimination it will be essential for the Board to have an understanding of the population served by the Board in terms of their protected characteristics. In this context, I would ask you to provide the following protected characteristic data, as set out in the Equality Act 2010, on the population served by the Board in 2017/18, using the following format:

| Protected characteristics of population served by Board as at 2017/18 |            |              |           |      |                  |
|---|------------|--------------|-----------|------|------------------|
|   |            |              |           |      | Total population |
| Sex   | Male       | Female       |           |      |                  |
|   |            |              |           |      |                  |
| Ethnicity   | BME        | White        |           |      |                  |
|   |            |              |           |      |                  |
| Disability  | Yes        | No           |           |      |                  |
|   |            |              |           |      |                  |
| Sexual Orientation  | LGB        | Heterosexual |           |      |                  |
|   |            |              |           |      |                  |
| Religion  | Protestant | Catholic     | All other | None |                  |
|   |            |              |           |      |                  |

For the ethnicity of the population served, these should be broken down into two cohorts – those who identify as Black Minority Ethnic people and those who identify as White people. For sexual orientation, these should be broken down into two cohorts – all lesbian, gay or bisexual people and all heterosexual people. For religion, the cohorts required are all Catholic people, all people who identify as Protestant/Church of Scotland, all people who identify as any other religion aggregated together, and all people who identify as having no religion

**NHS Borders do not hold this level of detail on the Borders population; this data may be gathered and held by the Scottish Government Equality Evidence Finder which is publicly available at the following link - <https://scotland.shinyapps.io/sg-equality-evidence-finder/> . Therefore under Section 25 of the FOI(S)A 2002 this data is accessible elsewhere.**

**5** - In addition to the above data, I would ask for copies of any analysis reports carried out by the Board on the protected characteristics of patient data sets gathered in 2017/18, as set out in the table at 1 above, and which sought to establish whether discrimination might exist [such as unequal waiting times, differential treatment success rates, unequal information provision] in the systems, practices and cultures of the Board.

**NHS Borders do not hold any analysis reports on protected characteristics patient data sets gathered in 2017/18, therefore under Section 17 of the FOI(S)A 2002 this data cannot be provided.**

**6** – in addition to the above, I would ask for copies of any formal reports made to Board members which set out the findings from any analysis reports described in 5 above and which set out actions for the Board to take in meeting the general equality duty.

**NHS Borders do not hold any formal reports based on analysis reports on protected characteristics patient data sets gathered in 2017/18, therefore under Section 17 of the FOI(S)A 2002 this data cannot be provided.**

**7** – in the event that the Board has not gathered and is not gathering any of the protected characteristic data listed in the Equality Act 2010 on patients accessing the services of the Board, can you advise if the absence of this data being gathered is entered in the Corporate Risk Register of the Board ? If so, can you please provide a copy of the most recent entry in the Corporate Risk Register ?

**A strategic risk is held within the Corporate Risk Register regarding inequalities resulting in poorer health outcomes for certain groups or parts of the population, including health and social care workers.**

**A copy of this strategic risk is included within NHS Borders Health Board papers dated 2<sup>nd</sup> February 2023 and can be accessed through this link:**

<https://www.nhsborders.scot.nhs.uk/corporate-information/about-the-board/past-board-meeting-papers/>

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or [foi.enquiries@borders.scot.nhs.uk](mailto:foi.enquiries@borders.scot.nhs.uk).

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **130-23** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.