

NHS Borders Mainstreaming Progress Report 2023





Executive Summary

Welcome, this report provides an update against NHS Borders Equality Outcomes, as set out in our full Mainstreaming Report, 2021 - 2025. NHS Borders celebrates diversity and seeks to champion equality in our workplace and the community we serve. This report provides an overview as to the progress made to deliver our vision. Each NHS Board in Scotland has a duty to comply with the Public Sector General Duty, the Equality Act 2010, and the Specific Duties Scotland Regulations 2012 and to take necessary actions to demonstrate that compliance.

This report includes routinely collected information as well as case studies to illustrate how NHS Borders is working towards mainstreaming as well as examining areas that require further improvement. We recognise the impact Covid-19 has had on our patients, families, carers, staff and members of the wider Scottish Borders community and we will continue to monitor and mitigate against equality challenges that arise as a result.

The outcomes that we are reviewing progress against are:

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

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

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

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

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

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

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

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



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1. Introduction

NHS Borders exists to serve all within the Scottish Borders, seeking to prevent ill health, promote healthy living and provide treatment and care to those in need. The Health Board respects and responds to the different communities we serve to make people's engagement with Health & Care a positive and fair experience. The NHS Borders workforce is made up of people from a range of backgrounds and we strive to celebrate our differences and develop policies and procedures that promote inclusivity.

In healthcare, equality means ensuring that equal access and standards of care can be expected by all who use our services. Implementing and applying equality as part of everything NHS Borders does helps improve service delivery, patient outcomes, staff wellbeing and our relationships into the local community we serve.

Mainstreaming is the long-term and systematic integration of equality perspectives into our daily work and it involves policy makers across a broad range of departments as well as external partners. The aim is to ensure that the decisions made within NHS Borders are sensitive to the diverse requirements and experiences of patients, families, carers, staff and members of the wider Scottish Borders community. This report provides evidence and information on equalities as well as the actions to be taken within NHS Borders to further embed this work.

1.1 Aims of this Report

Our progress report highlights the important work being done across NHS Borders in the delivery of the eight equality outcomes that we produced in compiling the 2021–2025 Mainstreaming Report. This report aims to demonstrate what progress has been made and outline the work that is underway to improve our approach to and understanding of equalities issues across our organisation. Where possible, we have aimed to include case studies and experiences to highlight the impact we have had. This report will also cover a workforce data update, recognising the vital role that we have in promoting and supporting equal opportunities amongst our staff body.

1.2 Legislation

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

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

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

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

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

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

1.2.2 Fairer Scotland Duty

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

To meet the obligations of the Duty, public bodies must actively consider how they could reduce inequalities of outcome in any major strategic decision they make and publish a written assessment, showing how they've done this.

1.2.3 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)
- 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



2. NHS Borders

2.1 The Population We Serve

The population of the Scottish Borders is approximately 115,000 and we work closely with our local health and social care partnership to ensure that we deliver safe, accessible and high quality care to the communities we serve. Demographically, we have an older population compared to the Scottish average: 16% of the Scottish Borders population is under the age of 15; 58% of the Scottish Borders population is aged 15 – 64 years old; and 26% of the Scottish Borders population is over the age of 65. The Borders mid-2020 population was 115,200 with an estimated working age population of 67,332. This equates to 58.4% of the population compared to 63.9% in Scotland overall.

We also know that:

- 12.6% of children in the Scottish Borders live in low-income families however there are 10 areas with more than 15% of children living in poverty (Scottish Borders Anti-Poverty Strategy 2021);

and

- Around 29% of all Scottish Borders Households are fuel poor (compared to 25% across Scotland). This equates to roughly 16,000 households (Scottish Borders Anti-Poverty Strategy 2021).

2.2 Policies and Processes

NHS Borders has a range of established good practice policies, for example: family friendly policies; consultation processes; and the use of Health Inequality Impact Assessments. Health Inequality Impact Assessments are an important way to integrate mainstreaming into everything we do by assessing the impact that all services, policies and changes have on equality outcomes and making necessary adjustments to mitigate the negative impacts.

NHS Borders has also adopted a number of progressive Once for Scotland policies which support equality, diversity and inclusion in the workplace. NHS Borders is a Disability Confident (formerly Two Ticks) employer, meaning that all job candidates who declare that they have a disability and who meet the minimum essential criteria for the role will be offered an interview.

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

The Equality, Diversity and Inclusion in Employment Group have a number of important roles for maintaining our commitment to equal opportunities, including:

- Monitoring culture/behavior and whether employees, students, volunteers and applicants believe the organisation treats people in a fair, consistent manner regardless of background.
- Building the momentum that NHS Borders is on a positive journey of constant improvement in the field of equality, diversity and inclusion.
- Having an action and outcome-focused outlook, investing in awareness/ education, recognizing non-optimal performances and taking steps to change for the better.
- Encouraging harmony between different groups in the wider system.
 - Collecting, collating and reporting on useful data to inform the equality agenda.



3. Workforce Update

It is vitally important that we collect and scrutinize workforce data to ensure that we can promote equality, diversity and inclusion amongst our staff. The following data provides an update on workforce trends and action being taken by NHS Borders to address equalities impacts.

3.1 Gender

The following graph shows the distribution of staff by reported gender at various grades within NHS Borders. NHS Borders is taking action to encourage more males into caring professions whilst scrutinising recruitment into higher pay bands to ensure fair and equal access. The use of iMatter to evaluate worker perceptions around workload, flexibility, work life balance are also important in making sure that our workforce is diverse at all levels.

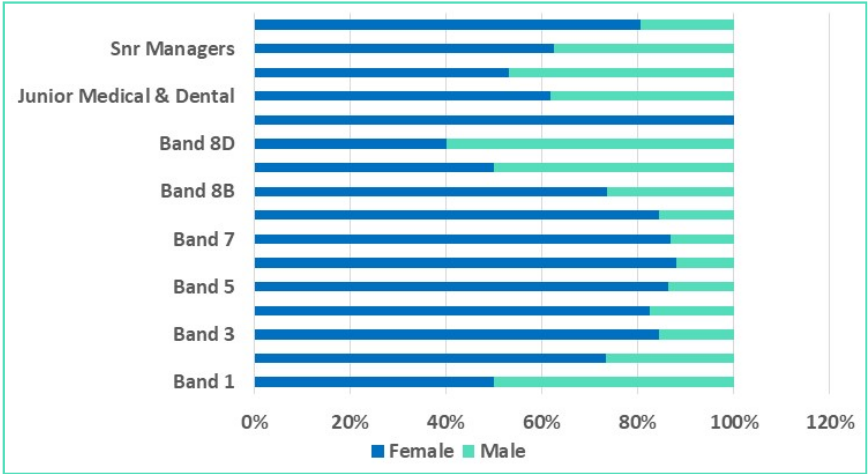


Figure 1: Percentage of workers at each grade by reported gender

3.2 Part Time Working

The following graph highlights the percentage of staff working part time and full time by reported gender within NHS Borders. NHS Borders continues to impact assess all workforce policies and policy changes on individuals working less than full time to improve access.

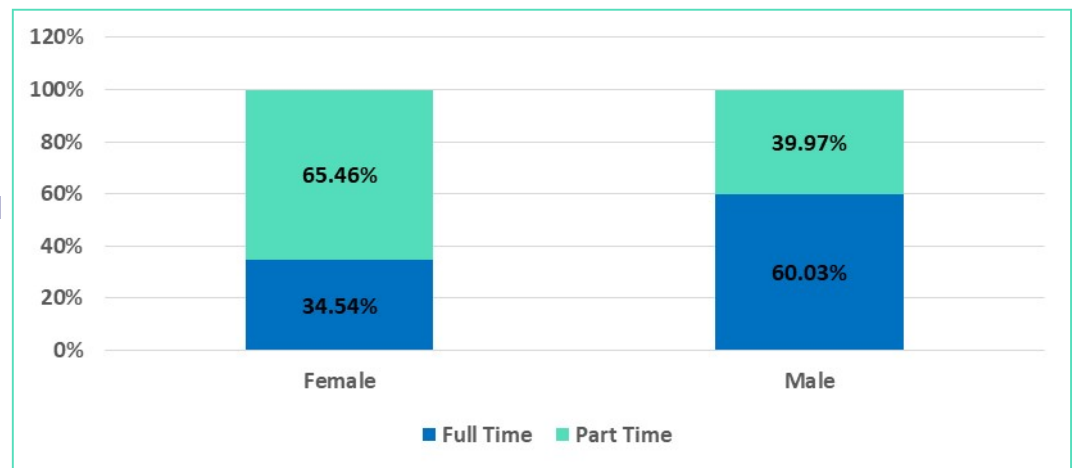


Figure 2: Percentage of staff working part-time and full-time

3.3 Religious and Spiritual Beliefs (and none)

The following graph shows the percentage of staff by religion in NHS Borders. The Equality, Diversity & Inclusion (EDI) in Employment Group has started to publicise key dates in the calendar for different faiths / religions / spiritual beliefs so as to raise cultural awareness around significant milestones / events like Ramadan, Holocaust Memorial Day, and Diwali.

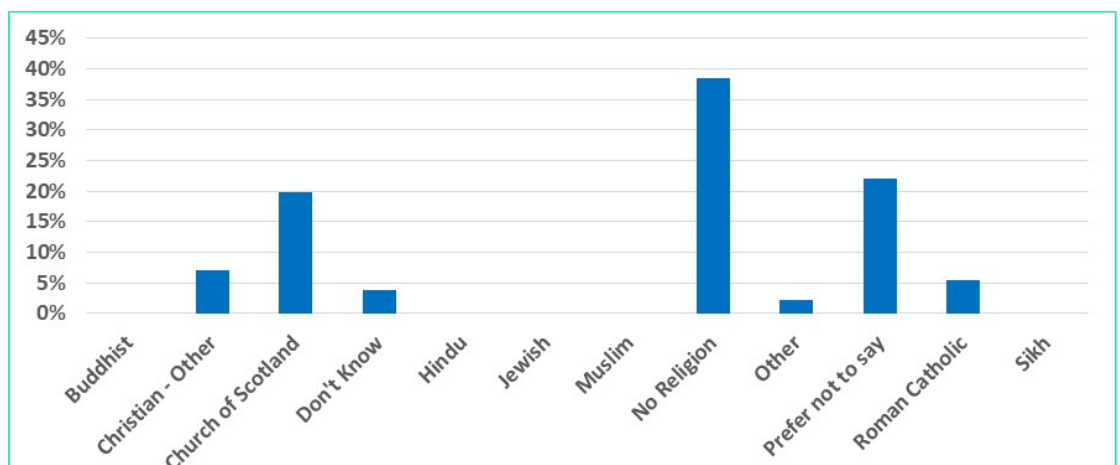


Figure 3: Percentage of staff by reported religion

3.4 Ethnic Origin

The following graph shows the ethnicities of employees in NHS Borders by percentage of the total workforce. International Recruitment is enriching our workforce in terms of the mix of races and ethnicities joining us. NHS Borders has seen a significant contingent of nurses join us from Northern India and we also have recruits from Egypt and the Middle East. The Equality, Diversity & Inclusion in Employment Group is looking to commission some externally-sourced Equality & Diversity (E&D) training to help raise cultural awareness inside the

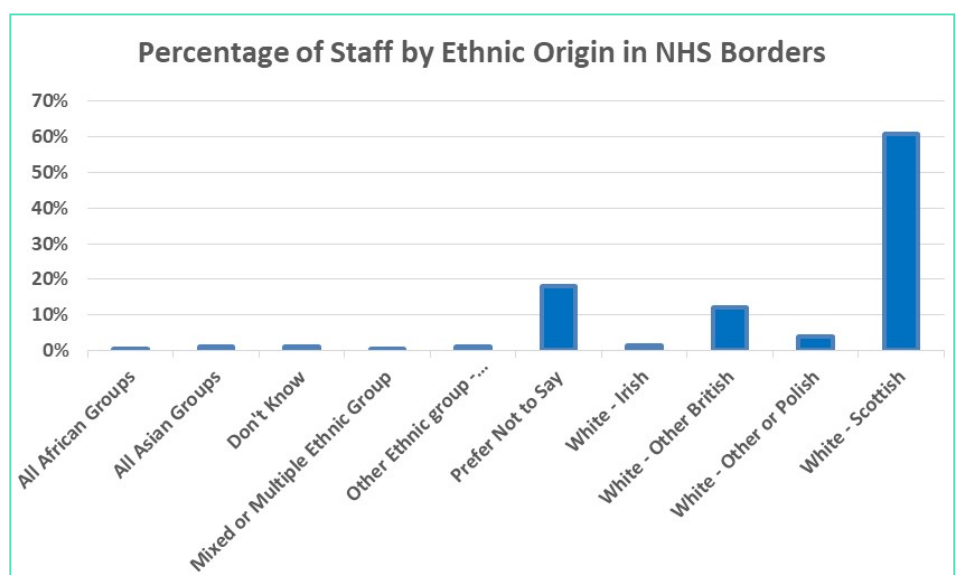


Figure 4: Percentage of staff by ethnic group in NHS Borders

3.5 Sexual Orientation

The following graph shows the percentage of our workforce by sexual orientation. 1.9% of employees declared they were Bisexual, Gay, Lesbian or other compared to around 3.1% of the UK population. 28% of staff either did not disclose, opting for the 'Don't Know' or 'Prefer Not to Say' categories. NHS Borders employs individuals who identify as transgender. The number is small but NHS Borders is proud to support its transgender staff.

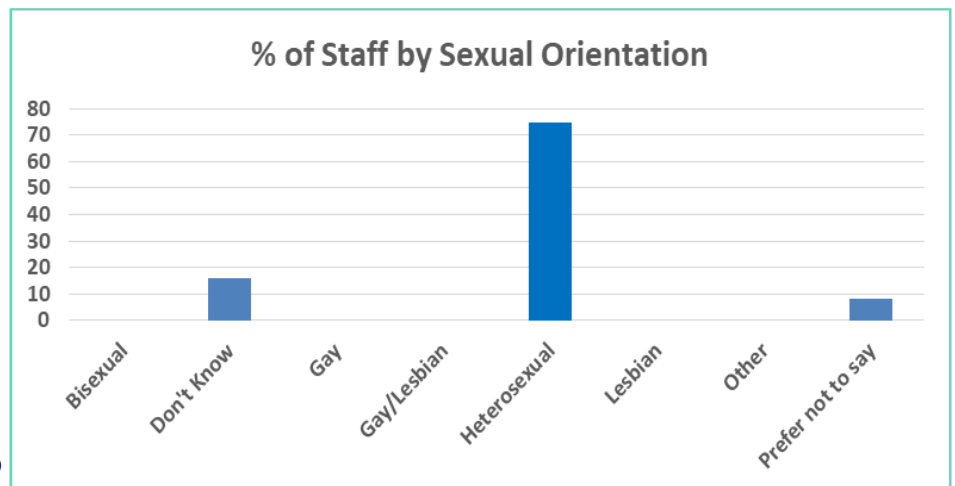


Figure 5: Percentage of staff by sexual orientation

The Equality, Diversity & Inclusion

in Employment Group will continue to publicise the NHS Scotland Pride Pledge & Badge. There are now more than 600 Badges circulated within the workforce; colleagues who have committed to providing active allyship to those from LGBT+ backgrounds. A group or network is to be established for LGBT+ employees to share their experiences and to act as a channel to Management over matters of importance. LGBT+ training is to be commissioned with a particular focus on learning more about the Transgender community.

3.6 Age

We have presented the data relating to age to show the spread of workers within job families. Nursing & Midwifery (N&M) employees are the largest professional group in the workforce, and the majority of that workforce sit in the age range 40-59, with 50-59 year olds making up the largest age band of nurses and midwives. Many registered N&M staff retire between 55-60 years of age so this is a

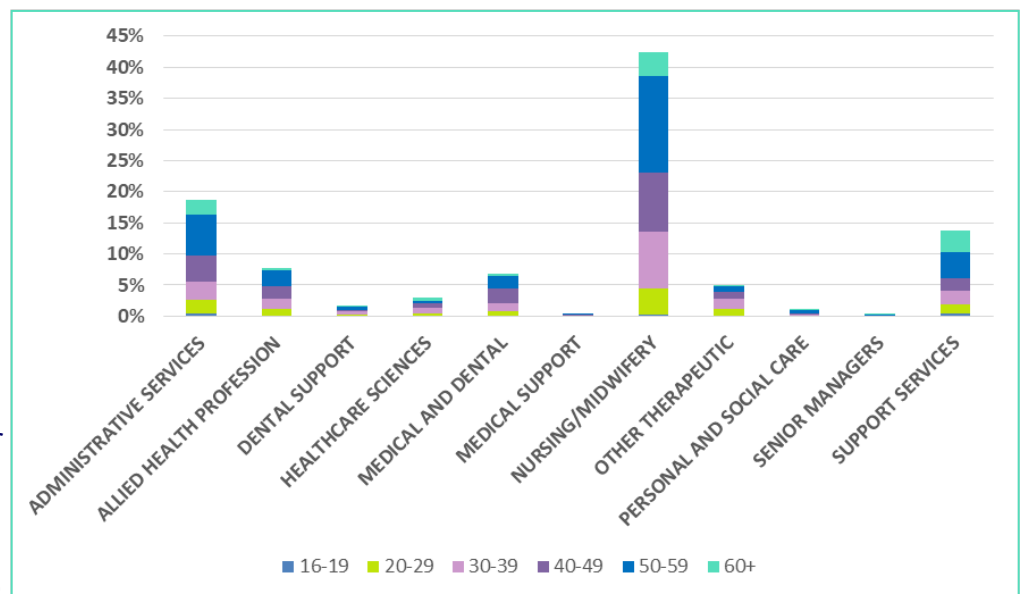


Figure 6: Percentage of staff by job family and age category

significant risk in terms of resourcing our services. 11% of staff are over 60 years of age. For older staff who chose not to be superannuated or dipped in/out of the scheme or are in lower paid segments of the workforce, the increase in the State Pension Age and the effects of increased cost of living has seen some employees work on longer than they originally have intended to.

Retire & Return is being promoted throughout NHS Scotland to try and retain workers and their expertise. This allows workers to access their pension and in many cases, move to jobs with less responsibility and/or less hours. The EDI in Employment Group is considering whether to establish a forum or network for older workers, to allow them to gain support from their fellow workers and to provide a conduit between older workers and Management over matters of importance. NHS Borders engages in Schools Careers Fairs and is preparing a booklet for issue at community engagement events. The booklet focuses on the variety of different jobs and careers inside NHS Scotland by showcasing the profiles of individual employees; what they do, how they got there, what

3.7 Disability

This dataset precedes an exercise in which members of the workforce were asked to self-disclose (previously undisclosed) disability to the Occupational Health Department. Twenty-one employees came forward to update their records and this will appear in next year's equality dataset. Less than 1% NHS Borders staff declared a disability. Recent census data from England & Wales reports 17% of the population declaring a disability.

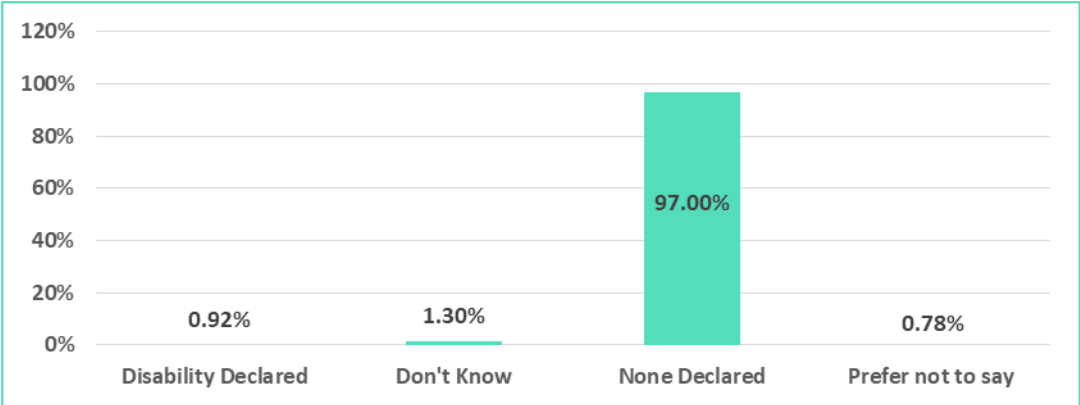


Figure 7: Percentage of staff by disability status

NHS Borders will continue to promote its Disability Confident DWP accreditation which affords a guaranteed interview to applicants with a disability who meet the minimum requirements of the job. The EDI in Employment Group is currently in the process of establishing a forum or network for employees with disabilities. This will be both a support group and also a channel for staff with



4. Overview of Progress Against Equality Outcomes

In this chapter, an update will be provided on the progress made towards each of the equalities outcomes that we identified in 2021. As previously highlighted, the impact of Covid-19, as well as the following cost of living crisis, has been significant on our patients, families, carers, staff and members of the wider Scottish Borders community. We will continue to monitor and mitigate against equality challenges that arise as a result and recognize that we must strive to make more progress. Under the following equality outcomes, we have highlighted ongoing work, commitments and evidence of good practice.

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

In addition to monitoring our staffing data and taking steps to address the gaps, as highlighted (chapter 3), NHS Borders has adopted a number of policies and processes to ensure that staff feel valued and respected.

NHS Borders Occupational Health & Safety Service engage with staff who are struggling to remain at work or are absent from work to offer appropriate support and facilitate their attendance at work. Occupational Health & Safety training is available for staff to attend including Respect at Work, Preventing Stress and Promoting Resilience, Managing Mental Wellbeing for manager, Moving & Handling and Prevention & Management of Aggression & Violence.

A new monthly newsletter on Wellbeing publicises support for our workforce. Working groups have been set up locally to look at what more can be done around Menopause, Miscarriage and Gender 9

Based Violence while awaiting a Once for Scotland approach. A Staff Wellbeing Week took place in June 2023 and included information on a range of topics such as heart health, exercise, wellbeing, finances and healthy lifestyle options. The internal Coaching Network continues to support staff to help them achieve their goals and handle workplace issues.

NHS Borders operates a Staff Wellbeing Group populated by a range of management, clinical and staff representatives. The group has agreed a range of projects to try to support the physical and mental health of NHS Borders staff and is currently progressing a Spaces Project, which sets out to identify and establish fit-for-purpose indoor and outdoor spaces for staff to rest during their breaks. Staff feedback is important to the organization and we have methods for collecting this routinely, including iMatter, and “Collecting Your Voices”, a 2020 initiative, capturing how it feels for staff to deliver care in the current environment. Staff feedback is given high priority and processes around the outcomes of these surveys are clearly communicated so feedback can be acted on in a timely way.

NHS Borders prioritises equality, diversity and inclusion and has an Ethnic Minority Forum, a newly integrated forum for staff with disabilities and is establishing a forum/network for LGBT+ staff. NHS Borders also supports International Transgender Day of Visibility on 31st March which is an annual event to celebrate transgender people and raise awareness of the discrimination they can face worldwide. As an organization, we also recognize the importance of respecting and using everyone’s chosen name and pronouns.

We know we need to do more, particularly in supporting staff to feel confident to disclose disabilities, and will be working through various staff groups to address identified issues.

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

We know that we need to strive to make improvements to the accessibility of our services. 32% of the data zones within the Scottish Borders are within the 20% most access deprived data zones in Scotland and this has specific challenges for health care access and provision.

NHS Borders is committed to providing an excellent healthcare service which is accessible to all patients and members of the public. Many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers. In order to achieve this, the Interpretation and Translation Service is used to try and overcome communication barriers which can be a major barrier to accessing healthcare.

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

- Where there are communication difficulties, patients and staff have a right to communication support
- The responsibility to ensure effective communication lies with healthcare staff. Staff must establish if a patient or service user requires an interpreter- they must not decide themselves whether a person’s English is adequate.
- Communication support should be provided using approved interpreters and translators.
- Interpreting and translation services should be provided to the patient free of charge.

Digital technologies are also an important part of the solution and should be available where possible to improve convenience, quality and choice. NHS Borders introduced ‘Near me clinics’ during the in 2020. This includes the use of video consultations, development of a national programme of work to increase the use of remote monitoring for long term conditions, online triage tools for GPs and some third sector organisations providing services virtually. We continue to review the impact of these services on accessibility and outcomes.

The volunteers provide advice and support to build individual confidence in feeding, to allow breastfeeding to get off to a good start, and for feeding to continue for as long as each family would like. Support is offered on a 1-1 basis via text/ phone calls, on the maternity ward and at local breastfeeding groups.

Coming out of the pandemic, we had 14 active BiBs volunteers compared to around 32 active volunteers pre-pandemic. Across 2022, the service saw an increase to 30 active volunteers, with 19 being newly trained. In 2022 318 individuals said 'Yes' to receiving BiBs support on discharge from the maternity ward, that's 66% of all breastfeeding discharges. A further 15% then asked for BiBs support at a later date. We know that sustaining breastfeeding in more deprived groups can be hard and the team are seeking to highlight and address these inequalities too.

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

It is important that we are responsive to feedback from service users, clients and colleagues in the delivery of all our services. We are proud of some best practice examples that exemplify how dignity and respect are important values in our services.

A suite of national 'once for Scotland' HR policies went live on 1st November 2023, which NHS Borders fully adopts and endorses. The vision for these policies is to "promote NHS Scotland as a modern, exemplar employer; showcasing our core values, and promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention."

The new approaches focuses on:

- Refreshed simple, standardised and person-centred policies.
- Accessible on an innovative digital solutions.
- Dynamic and interactive engagement processes, with staff and managers at the centre of policy and digital development.
- National standard for employment practice.

NHS Borders uses a values based approach to recruitment. VBR is an approach to help attract and select employees whose personal values and behaviours align with those of NHS Borders. The values that are shared across Scotland's Health Service are:

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

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

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

NHS Borders has supported Eyemouth to adopt a whole systems approach to support healthy weight, eating well and being physically active with a focus on children and health inequalities. This community led work is supported by a Governance Group, a Working Group and a network of local stakeholders to progress eight actions across three priority themes.

emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people in Scotland". [\[1\]](#)

Leads from NHS Borders Public Health and Scottish Borders Council used methodology developed by Leeds Beckett University and Public Health England to engage stakeholders and community members. They then delivered three virtual workshops that enabled participants to develop a shared understanding of the wide-ranging factors that contribute to overweight and obesity. Community engagement with a range of stakeholders, including community members and volunteers, led to 43 people participating in the first virtual workshop in March 2021. Following on from this and through two further workshops, a vision was developed in partnership with community members and other stakeholders which has resulted in priority themes and actions being developed.

As a result of this work, new opportunities for family learning and participation, including a healthy community lunch and a new junior park run have been established. Additionally, repairs to the playpark, cycle safe schemes and new communication leaflets for the town have been designed.

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

We recognise, that since the pandemic, health inequalities are widening and the cost of living crisis has impacted on our patients, staff and wider community. NHS Borders is committed to being ambitious about tackling health inequalities and has undertaken a data review of the issues affecting our population. We will seek to engage on these issues throughout 2024 so that we can create a strategy and action plan for tackling the entrenched causes. To do so, we will continue to review how we can make progress in accessing data that better supports rural populations to identify health inequalities.

To begin to share issues and learning in relation to health inequalities, the Public Health Team held a large Health Inequalities workshop in October. The workshop brought together staff and partners across the system to share concerns and direct us to areas of action. These workshops will take place throughout 2024 with different audiences.

A new Health Inequalities Programme Board is also being developed to ensure that there is appropriate representation and oversight of the work, through the Community Planning Partnership (CPP). The CPP has already recognized the importance of tackling health inequalities under Theme 3 of its work plan. We continue to work with partners across the Scottish Borders to advance this agenda.

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

Through the CPP, NHS Borders is working with partners to maximise access and skills to digital and mobile connectivity and to increase the diversity of jobs and learning and training opportunities within Scottish Borders.

The Wellbeing Service provides evidence based early interventions to support people wishing to improve their health and wellbeing, providing support with issues at home and work. This includes support to improve emotional wellbeing and make positive lifestyle changes. Topics discussed include smoking cessation, physical activity, weight management and healthy eating.

The Wellbeing Service engages with a range of partners (including LIVE Borders, NHS Borders Psychology, NHS Borders Dietetics) to offer support. The Wellbeing Service has also been involved with the Galashiels Job Centre to ensure that we have a wide reach within the community.

During 2023-24, the Alcohol and Drugs Partnership (ADP) is supporting employability for people with lived experience of alcohol and/or drug use. For example, the ADP is funding two placements on the Addiction Worker Trainee Programme (AWTP) with Scottish Drugs Forum. The programme allows people with lived experience of alcohol and/or drug use to gain paid work experience and training including SVQ level 2 qualifications over 39 weeks and peer navigator role in Third Sector.

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

As highlighted in the 2021 Mainstreaming Report, NHS Borders and Scottish Borders Council are committed to reducing the poverty-related attainment gap. Through the CPP we are committed to identifying opportunities for NHS Borders to work with other agencies and stakeholders to ensure that we tackle fundamental inequalities and the outcomes associated with that. NHS Borders continues to work alongside colleagues from Education Scotland, SEIC and the Scottish Government in order to support schools with the development of the Scottish Attainment Challenge.

Borders Children and Young People's Planning Partnership sets strategic direction for our Children's Plan and delivery of The Promise. NHS Borders has executive level representation to the partnership support the key workstreams.

As an anchor institution, we recognise the wider role that we play in our communities to support opportunities for learning and training to ensure that opportunities are available across our community. We are developing our role as an anchor institution to better understand the reach and impact we can have.

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

Over recent years, NHS Borders has worked in close partnership with Scottish Borders Council, local Registered Social Landlords and Police Scotland to ensure that families from Ukraine who have suffered significant trauma are welcomed and supported have all the assistance they require. NHS Borders established a working group to help aid access to health care services, GP and dental registration, Health visitors, etc. alongside this.

We are aware of the impact of the cost of living crisis and fuel poverty which can affect the ability for people to keep their homes warm, which can affect health and wellbeing. Through joint work with SBC, NHS Borders is an established partner in seeking to promote affordable warmth and healthy homes for everyone living in the Borders, including by exploring energy efficiency options.

The cost of living crisis presents serious economic and social challenges for the Scottish Borders. Energy prices have more than doubled and in November of 2022 the Scottish Government estimated that around 35% of households in Scotland are fuel-poor and 24% are in extreme fuel poverty. In the UK, it is expected that there will be 6.5million people living in fuel poverty from January 2024 onwards when energy bills are due to rise by 5%. In the Scottish Borders, 29% of

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NHS Borders hosts a Money Worries App providing quality assured information on money, health, housing and work and includes advice on energy saving. This focus on cost of living support has expanded to pilot the delivery of Money Guiders training in partnership with the Money and Pensions Service and Citizens Advice Scotland. This equips staff to improve financial wellbeing through building their capacity to provide first level money guidance and signpost to information. Two cohorts have been trained and a third planned for early 2024.

Borders Engagement Group is a weekly facilitated group people with living experience of alcohol and/or drug use which allows a space for individuals to discuss barriers to their recovery via e.g. housing, justice and alcohol and drugs services. Concerns are reported to a management steering group and in turn addressed directly with services involved. Registered social landlords have identified key contacts for this work and provide representation to the meeting.



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