NHS Borders – Equal Pay Statement

Statement of Commitment

NHS Borders is committed to ensuring equality of opportunity and fair treatment for all staff. We believe that all employees should receive equal pay for:

- The same or broadly similar work
- Work rated as equivalent
- Work of equal value

This commitment applies irrespective of age, disability, race, ethnicity, gender reassignment, marital or civil partnership status, pregnancy and maternity, religion or belief, sex, or sexual orientation.

Equal pay forms a central part of our commitment to being an inclusive employer and aligns with the NHS Scotland Staff Governance Standard and NHS Borders wider Equality, Diversity and Inclusion (EDI) ambitions.

Legal and Policy Context

This statement is published in accordance with:

- The Equality Act 2010
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

As a public body, NHS Borders is required to eliminate discrimination and harassment, advance equality of opportunity and foster good relations between different groups, we will evidence our progress by adhering to the requirements outlined below;

- Publish gender pay gap information every two years, using the specific calculation set out in the Regulations.
- Publish a statement on equal pay between men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years.
- Publish information on occupational segregation among its employees, this includes the concentration of men and women; persons who are disabled and persons who are not; and persons who fall into a minority racial group and persons who do not, to be updated every four years

Understanding Pay Inequality

NHS Borders recognises that pay inequality can arise from wider structural and workforce factors, including:

- Occupational segregation across staff groups
- Underrepresentation in senior roles
- Lack of flexible working opportunities and career progression
- Inequality of unpaid care between men and women
- Bias or lack of transparency in recruitment, development and progression processes
- Traditional social attitudes

We will take steps to address these factors through regular engagement with our disabled, minority ethnic staff and LGBTQ networks. We have also recently developed an Anti-Racism Plan, and a committee is being established to oversee its implementation. We will work in partnership with Trade Unions, Staff Side and Staff Networks to monitor equal pay through established governance structures including the Staff Governance Committee and Equality, Diversity and Inclusion Group.

Aims & Objectives

In line with the Public Sector Equality Duty, NHS Borders aims to:

- Eliminate unlawful and unfair pay discrimination
- Promote equality of opportunity across all staff groups
- Create a workplace culture where all staff feel valued, respected and treated fairly

The NHS Scotland standards and terms and conditions that support these aims include;

Staff Governance Standard

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

National Terms and Conditions

NHS Borders employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include;

- National Health Service Agenda for Change (A4C) Contract and Terms & Conditions of employment,
- NHS Medical and Dental (including General Practitioners) contracts of employment.
- NHS Scotland Executive and Senior Managers contracts of employment which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

Job Evaluation

In order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it's important that pay systems are transparent, based on objective criteria and free from unlawful discrimination

NHS Scotland Job evaluation processes determine the pay band and pay grades of jobs to ensure consistency, fairness and transparency in pay banding. There should therefore be no variation in the basic hourly earnings of employees, employed on the same pay band or grade, due to their Protected Characteristic status. Panel members in NHS Borders participating in Job Evaluation are trained to promote consistent, fair and non-discriminatory decision-making.

Apart from the Executive and Senior Managers scales, most employees move up scale points within each pay band or pay grade, based on nationally agreed increments. Executive and Senior Manager progression includes an element of performance related pay progression

Living Wage Employer

NHS Borders is a Living Wage employer and, as such, the lowest available salary in 2024 of £24,518 translates to an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

Accountability & Governance

Overall accountability for the implementation of this statement rests with:

- NHS Borders Chief Executive
- NHS Borders Director of People & Culture

Progress will be overseen through the Staff Governance Committee, EDI in Employment Group and the Area Partnership Forum.

Review Arrangements

This Equal Pay Statement will:

- Be updated at least every four years, in line with statutory requirements

- Align to equality mainstreaming, gender pay gap and workforce monitoring reporting

Actions & Monitoring

It is good practice and reflects the values of NHS Borders that pay is awarded fairly and equitably.

NHS Borders will:

- Review this policy, statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report every 4 years;
- Inform employees how pay practices work and how their own pay is determined;
- Provide targeted guidance to managers and those involved in making decisions about pay to ensure fair and consistent application of pay, job evaluation and recruitment processes.
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts, pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including strengthening the use of the results of equality impact assessments;
- Monitor trends over time to evidence progress in reducing pay disparities and improving equality outcomes, aligned to NHS Borders People Enabling Strategy.

Positive progress against the actions above will lead to;

- Improved transparency and understanding of pay processes among staff
- Reduction in identified pay gaps and inequalities over time
- Increased workforce diversity within job families

If a member of staff wishes to raise a concern regarding equal pay, they are encouraged to do so informally with their line manager in the first instance. Where appropriate, concerns may then be progressed under the NHS Scotland Workforce Grievance Policy.

Gender Equal Pay and Occupational Segregation Report (2024)

This report forms part of the NHS Borders Equal Pay Statement and is published in line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. NHS Borders will use this information to help identify where positive action is needed to remove barriers and address the under-representation of protected groups. All data relates to March 2024. Disability, ethnicity and sex data are taken from eESS, and pay data from SSPS (payroll).

Gender Pay Gap

The mean gender pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap.

Average/Mean Gender Pay Gap

Pay T&C	Female	Male	Mean Pay Gap
Agenda for Change	£19	£18	-6%
Medical & Dental	£47	£50	8%
Executive & Senior Management	£46	£54	16%
NHS Borders	£20	**£23**	**14%**

The data indicates an overall gender pay gap in favour of men across NHS Borders, with the gap most evident in Executive and Senior Management and also present within Medical and Dental staff. In contrast, Agenda for Change shows a pay gap in favour of women. This suggests that the overall position is influenced not only by pay structures, but also by the distribution of men and women across different staff groups and grades.

The median basic hourly rate is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates.

Median Gender Pay Gap

Pay T&C	Female	Male	Median Pay Gap
Agenda for Change	17.88	14.06	-27.20%
Medical & Dental	51.71	55.06	6.10%
Executive & Senior Management	46.56	51.33	9.29%
NHS Borders	**19.26**	**15.35**	**-25.47%**

The median gender pay gap at NHS Borders is in favour of women, indicating that the typical hourly rate for women is higher than that for men across the organisation. This position is largely influenced by Agenda for Change, while Medical & Dental and Executive & Senior Management show a median pay gap in favour of men. This suggests that differences in workforce composition and representation across staff groups continue to shape the overall gap.

Occupational Segregation

Occupational Segregation by Disability

Job Family & Band Grouping	Disabled Status	% Job Family & Band Grouping
ADMINISTRATIVE SERVICES AfC Bands 1-4	Yes	2.51
	No	95.43
	Prefer not to say	0.68
	Don't Know	1.37
ADMINISTRATIVE SERVICES AfC Bands 5-9	Yes	3.49
	No	95.63
	Prefer not to say	0.87
ALLIED HEALTH PROFESSION AfC Bands 1-4	Yes	0
	No	100.00
	Prefer not to say	0
ALLIED HEALTH PROFESSION AfC Bands 5-9	Yes	3.72
	No	94.88
	Prefer not to say	1.40
DENTAL SUPPORT AfC Bands 1-4	Yes	5.26
	No	94.74
	Prefer not to say	0
DENTAL SUPPORT AfC Bands 5-9	Yes	0
	No	100.00
	Prefer not to say	0
HEALTHCARE SCIENCES AfC Bands 1-4	Yes	0
	No	97.62
	Prefer not to say	2.38
HEALTHCARE SCIENCES AfC Bands 5-9	Yes	6.12
	No	91.84
	Prefer not to say	2.04
MEDICAL SUPPORT AfC Bands 1-4	Yes	0
	No	100.00
	Prefer not to say	0
MEDICAL SUPPORT AfC Bands 5-9	Yes	1.75
	No	96.72
	Prefer not to say	0.44
	Don't Know	1.09
NURSING/MIDWIFERY AfC Bands 1-4	Yes	1.68
	No	96.65
	Prefer not to say	0.93
	Don't Know	0.74
NURSING/MIDWIFERY AfC Bands 5-9	Yes	2.99
	No	89.55
	Prefer not to say	1.49
Job Family & Band Grouping	**Disabled Status**	**% Job Family & Band Grouping**

OTHER THERAPEUTIC AfC Bands 1-4	Yes	8.00
	No	88.00
	Prefer not to say	0
	Don't Know	4.00
OTHER THERAPEUTIC AfC Bands 5-9	Yes	0
	No	100.00
	Prefer not to say	0
PERSONAL AND SOCIAL CARE AfC Bands 1-4	Yes	0
	No	100.00
	Prefer not to say	0
PERSONAL AND SOCIAL CARE AfC Bands 5-9	Yes	0
	No	100.00
	Prefer not to say	0
SUPPORT SERVICES AfC Bands 1-4	Yes	0
	No	100.00
	Prefer not to say	0
SUPPORT SERVICES AfC Bands 5-9	Yes	2.70
	No	95.51
	Prefer not to say	0.82
	Don't Know	0.97
MEDICAL AND DENTAL Consultant	Yes	2.40
	No	94.40
	Prefer not to say	2.40
	Don't Know	0.80
MEDICAL AND DENTAL Dentistry	Yes	0
	No	100.00
	Prefer not to say	0
MEDICAL AND DENTAL Other Medical grades	Yes	2.56
	No	94.87
	Prefer not to say	0
	Don't Know	2.56
SENIOR MANAGERS Job Family	Yes	4.63
	No	93.98
	Prefer not to say	0.69
	Don't Know	0.69

The overall pattern suggests disability representation is limited across much of the workforce, indicating a need for continued focus on inclusion, retention and progression. Variation between staff groups indicates that occupational segregation by disability is not uniform and may require targeted interventions in specific areas rather than a single organisation-wide response. Areas with no recorded disabled staff highlight potential risks around visibility, inclusivity and workforce intelligence.

Occupational Segregation by Race

Job Family & Band Grouping	Grouped Ethnicity	% Job Family & Band Grouping
ADMINISTRATIVE SERVICES AfC Bands 1-4	African, Caribbean or Black	0.23
	Asian	0.46
	Mixed or Multiple Ethnic Group	0.23
	White - Scottish	72.15
	White - Other British	8.90
	White - Non British	3.88
	Other Ethnic Grouping	0
	Prefer Not to Say	12.79
	Don't Know	1.37
ADMINISTRATIVE SERVICES AfC Bands 5-9	African, Caribbean or Black	0.87
	Asian	0.87
	Mixed or Multiple Ethnic Group	0
	White - Scottish	62.45
	White - Other British	13.54
	White - Non British	5.68
	Other Ethnic Grouping	0.87
	Prefer Not to Say	15.28
	Don't Know	0.44
ALLIED HEALTH PROFESSION AfC Bands 1-4	African, Caribbean or Black	2.22
	Asian	2.22
	Mixed or Multiple Ethnic Group	0
	White - Scottish	57.78
	White - Other British	15.56
	White - Non British	6.67
	Other Ethnic Grouping	0
	Prefer Not to Say	15.56
	Don't Know	0
ALLIED HEALTH PROFESSION AfC Bands 5-9	African, Caribbean or Black	0.47
	Asian	2.33
	Mixed or Multiple Ethnic Group	0
	White - Scottish	49.77
	White - Other British	17.21
	White - Non British	7.91
	Other Ethnic Grouping	0.93
	Prefer Not to Say	21.40
	Don't Know	0

Job Family & Band Grouping	Grouped Ethnicity	% Job Family & Band Grouping
DENTAL SUPPORT AfC Bands 1-4	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	76.32
	White - Other British	2.63
	White - Non British	0
	Other Ethnic Grouping	0
	Prefer Not to Say	21.05
	Don't Know	0
DENTAL SUPPORT AfC Bands 5-9	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	69.23
	White - Other British	0
	White - Non British	0
	Other Ethnic Grouping	0
	Prefer Not to Say	30.77
	Don't Know	0
HEALTHCARE SCIENCES AfC Bands 1-4	African, Caribbean or Black	0
	Asian	2.38
	Mixed or Multiple Ethnic Group	0
	White - Scottish	80.95
	White - Other British	4.76
	White - Non British	2.38
	Other Ethnic Grouping	0
	Prefer Not to Say	9.52
	Don't Know	0
HEALTHCARE SCIENCES AfC Bands 5-9	African, Caribbean or Black	2.04
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	67.35
	White - Other British	8.16
	White - Non British	4.08
	Other Ethnic Grouping	0
	Prefer Not to Say	18.37
	Don't Know	0

Job Family & Band Grouping	Grouped Ethnicity	% Job Family & Band Grouping
MEDICAL SUPPORT AfC Bands 1-4	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	100.00
	White - Other British	0
	White - Non British	0
	Other Ethnic Grouping	0
	Prefer Not to Say	0
	Don't Know	0
MEDICAL SUPPORT AfC Bands 5-9	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	66.67
	White - Other British	33.33
	White - Non British	0
	Other Ethnic Grouping	0
	Prefer Not to Say	0
	Don't Know	0
NURSING/MIDWIFERY AfC Bands 1-4	African, Caribbean or Black	0.66
	Asian	1.53
	Mixed or Multiple Ethnic Group	0.22
	White - Scottish	68.93
	White - Other British	6.56
	White - Non British	6.35
	Other Ethnic Grouping	0.44
	Prefer Not to Say	14.66
	Don't Know	0.66
NURSING/MIDWIFERY AfC Bands 5-9	African, Caribbean or Black	1.58
	Asian	4.10
	Mixed or Multiple Ethnic Group	0
	White - Scottish	64.43
	White - Other British	12.57
	White - Non British	3.91
	Other Ethnic Grouping	0.37
	Prefer Not to Say	12.29
	Don't Know	0.74

Job Family & Band Grouping	Grouped Ethnicity	%Job Family & Band Grouping
OTHER THERAPEUTIC AfC Bands 1-4	African, Caribbean or Black	0
	Asian	2.99
	Mixed or Multiple Ethnic Group	1.49
	White - Scottish	67.16
	White - Other British	11.94
	White - Non British	8.96
	Other Ethnic Grouping	0
	Prefer Not to Say	1.49
	Don't Know	5.97
OTHER THERAPEUTIC AfC Bands 5-9	African, Caribbean or Black	1.60
	Asian	1.60
	Mixed or Multiple Ethnic Group	3.20
	White - Scottish	55.20
	White - Other British	18.40
	White - Non British	10.40
	Other Ethnic Grouping	0
	Prefer Not to Say	5.60
	Don't Know	4.00
PERSONAL AND SOCIAL CARE AfC Bands 1-4	African, Caribbean or Black	0
	Asian	33.33
	Mixed or Multiple Ethnic Group	0
	White - Scottish	66.67
	White - Other British	0
	White - Non British	0
	Other Ethnic Grouping	0
	Prefer Not to Say	0
	Don't Know	0
PERSONAL AND SOCIAL CARE AfC Bands 5-9	African, Caribbean or Black	0
	Asian	3.45
	Mixed or Multiple Ethnic Group	0
	White - Scottish	55.17
	White - Other British	24.14
	White - Non British	0
	Other Ethnic Grouping	3.45
	Prefer Not to Say	13.79
	Don't Know	0

Job Family & Band Grouping	Grouped Ethnicity	% Job Family & Band Grouping
SUPPORT SERVICES AfC Bands 1-4	African, Caribbean or Black	0.46
	Asian	1.62
	Mixed or Multiple Ethnic Group	0.23
	White - Scottish	62.27
	White - Other British	7.41
	White - Non British	8.80
	Other Ethnic Grouping	2.08
	Prefer Not to Say	16.67
	Don't Know	0.46
SUPPORT SERVICES AfC Bands 5-9	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	0
	White - Scottish	51.72
	White - Other British	17.24
	White - Non British	3.45
	Other Ethnic Grouping	0
	Prefer Not to Say	27.59
	Don't Know	0
MEDICAL AND DENTAL Consultant	African, Caribbean or Black	0
	Asian	9.60
	Mixed or Multiple Ethnic Group	0
	White - Scottish	35.20
	White - Other British	27.20
	White - Non British	12.00
	Other Ethnic Grouping	4.00
	Prefer Not to Say	9.60
	Don't Know	2.40
MEDICAL AND DENTAL Dentistry	African, Caribbean or Black	0
	Asian	8.33
	Mixed or Multiple Ethnic Group	0
	White - Scottish	16.67
	White - Other British	41.67
	White - Non British	16.67
	Other Ethnic Grouping	0
SENIOR MANAGERS Job Family	African, Caribbean or Black	0
	Asian	0
	Mixed or Multiple Ethnic Group	8.33
	White - Scottish	33.33
	White - Other British	8.33
	White - Non British	8.33
	Other Ethnic Grouping	0
	Prefer Not to Say	41.67
	Don't Know	0

Across most staff groups, the workforce remains predominantly White Scottish, indicating that ethnic diversity is concentrated in a limited number of occupational areas rather than evenly represented across the organisation. Medical and Dental and Nursing and Midwifery roles show comparatively greater ethnic diversity than many other staff groups, in part due to recent successful International Recruitment campaigns. Some smaller staff groups show very limited or no recorded representation from minority ethnic groups, which may indicate under-representation but may also reflect the effect of very small populations. Levels of "Prefer Not to Say" remain notable in a number of staff groups, demonstrating a requirement for targeted support to improve declaration confidence.

Occupational Segregation by Sex

Job Family & Band Grouping	Sex	% Job Family & Band Grouping
ADMINISTRATIVE SERVICES AfC Bands 1-4	Female	86.99
	Male	13.01
ADMINISTRATIVE SERVICES AfC Bands 5-9	Female	72.49
	Male	27.51
ALLIED HEALTH PROFESSION AfC Bands 1-4	Female	84.44
	Male	15.56
ALLIED HEALTH PROFESSION AfC Bands 5-9	Female	86.51
	Male	13.49
DENTAL SUPPORT AfC Bands 1-4	Female	100.00
	Male	0
DENTAL SUPPORT AfC Bands 5-9	Female	100.00
	Male	0
HEALTHCARE SCIENCES AfC Bands 1-4	Female	61.90
	Male	38.10
HEALTHCARE SCIENCES AfC Bands 5-9	Female	69.39
	Male	30.61
MEDICAL SUPPORT AfC Bands 1-4	Female	100.00
	Male	0
MEDICAL SUPPORT AfC Bands 5-9	Female	77.78
	Male	22.22
NURSING/MIDWIFERY AfC Bands 1-4	Female	85.78
	Male	14.22
NURSING/MIDWIFERY AfC Bands 5-9	Female	91.53
	Male	8.47
OTHER THERAPEUTIC AfC Bands 1-4	Female	85.07
	Male	14.93
OTHER THERAPEUTIC AfC Bands 5-9	Female	85.6
	Male	14.4
PERSONAL AND SOCIAL CARE AfC Bands 1-4	Female	100.00
	Male	0
PERSONAL AND SOCIAL CARE AfC Bands 5-9	Female	96.55
	Male	3.45
SUPPORT SERVICES AfC Bands 1-4	Female	53.24
	Male	46.76
SUPPORT SERVICES AfC Bands 5-9	Female	13.79
	Male	86.21

Family & Band Grouping	Sex	%age of 'Family & Band Grouping'
MEDICAL AND DENTAL Consultant	Female	48.80
	Male	51.20
MEDICAL AND DENTAL Dentistry	Female	58.33
	Male	41.67
MEDICAL AND DENTAL Other Medical grades	Female	57.69
	Male	42.31
SENIOR MANAGERS Job Family	Female	58.33
	Male	41.67

The data shows a clear pattern of occupational segregation by sex across the NHS Borders workforce, with women strongly represented in most staff groups, particularly Nursing and Midwifery, Dental Support, Personal and Social Care, and many Allied Health Professional roles. By contrast, Support Services remains predominantly male, at higher bands, while Medical and Executive & Senior Management roles appear more balanced overall. This pattern suggests that the gender pay gap is influenced not only by pay arrangements, but also by the concentration of men and women in different roles and grades, highlighting the need for continued focus on attraction, progression and representation across underrepresented groups.