

**NHS BORDERS
EQUALITY
MAINSTREAMING
REPORT
2025**



EXECUTIVE SUMMARY

Welcome to our NHS Borders 2025 Equality and Diversity Mainstreaming Report. Every NHS Board in Scotland has a duty to comply with the Public Sector General Duty, the Equalities Act (2010), and Specific Duties Scotland Regulations (2012). This report includes routinely collected information and case studies to illustrate how NHS Borders is working towards mainstreaming as well as examining areas that require further improvement and development.

For NHS Borders, an anchor organisation which values equality and diversity, this report serves as a valuable tool for developing and embedding continuous improvement of mainstreaming equality.

The purpose of the Public Sector General Equality Duty is to ensure that all Public Bodies mainstream equality into their daily business by proactively advancing equality, encouraging good community relations and addressing discrimination. The 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.

Our eight reporting outcomes

We have taken the decision to continue to report against the same equality outcomes that we used in the last mainstreaming report. This is because we believe that there is further work we can do to strengthen the activities in these areas. We will continue to report on these outcomes until 2029 when we will develop a new set of outcomes, informed by our assessment of progress.

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.
2. Our services meet the needs of and are accessible to all members of our community.
3. Our staff treat all service users, clients and colleagues with dignity and respect.
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.
5. We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced.
6. 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.
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.
8. We work in partnership with other agencies and stakeholders to ensure we have appropriate housing which meets the requirements of our diverse community.

This report assesses our progress against these outcomes using relevant statistical data and giving examples of processes, policies and initiatives that help achieve them. The final section describes areas where further work is required. This will be reported on via the 2027 update report and the next full report which will be produced in 2029.

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1. INTRODUCTION

The primary roles of NHS Borders are prevent ill health, promote living well and treat those in need across the Scottish Borders. We respect and respond to the needs of our diverse communities and aim to achieve a positive and fair experience for all who access Health and Care services.

NHS Borders values and respects the diverse communities that make up the organisation. NHS Borders promotes equality for all and challenges prejudice and discrimination. Our Workforce is intended to be as diverse as the communities we serve given our responsibility to be an inclusive employer.

1.2 What is Mainstreaming?

Mainstreaming is defined as: the systematic integration of an equality perspective into our daily work. This involves policy makers from multiple departments and external partners.

Mainstreaming is a long-term method which ensures decisions made take into account the diverse requirements of all who access services delivered by NHS Borders i.e. patients, families, staff, our communities. This transparent report provides evidence and information about how NHS Borders is embedding Mainstreaming into our decision-making processes.

1.3 Timeline of Previous Reports

NHS Borders first Equality Mainstreaming Report 2013-17 set out its approach in working towards mainstreaming to reduce inequalities. Progress of the Equality Outcomes detailed in the first report was monitored in the updated report in 2015 through self-evaluation and production of an action plan:

- [mainstreaming-report-2015.pdf](#)

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

- [mainstreaming-2017-2021-version-2-2.pdf](#)

There was another full Mainstreaming Report published in 2021:

- [Microsoft Word - 2021 NHSB Equality Mainstreaming Report 2021 Final for publication v2](#)

NHS Borders produced a further update report in 2023:

- [NHS Borders Mainstreaming Progress Report 2023 KK.pub](#)

1.4 Reporting Outcomes

The following outcomes are used for reporting. These are the same outcomes used for the period 2021 to 2025 as we wanted to continue to demonstrate progress in these important areas until 2029:

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.
2. Our services meet the needs of and are accessible to all members of our community.
3. Our staff treat all service users, clients and colleagues with dignity and respect.
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.
5. We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced.

6. 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.
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.
8. We work in partnership with other agencies and stakeholders to ensure we have appropriate housing which meets the requirements of our diverse community.

1.5 Demography of NHS Borders

To illustrate the demographics of the Scottish Borders the following tables are presented:

Table 1 - Demographic Overview of Scottish Borders Population	
Population of Scottish Borders (2022)	116,900 (2022 Census)
Age Structures	15.3% under the age of 15.57 7% is 15 – 64 years old 27% is over the age of 65 (Scottish Public Health Observatory 2023)
Birth rate	663 births (birth rate of 7.1 per 1,000 compared to 8.4 per 1,000 for Scotland) (Scottish Public Health Observatory 2023)
Death rate	1,504 deaths (death rate of 992.9 per 100,000 compared to 1,117.2 for Scotland) (Scottish Public Health Observatory 2023)
Disability	23.6% have a long- term health condition which limits their day-to-day activities (2022 census Scotland)
LGBT	67% of young people said they knew someone who is Lesbian, Gay, Bisexual or Transgender. 2.8% (2.2% Scotland) identified as LGB/ other (Scottish Borders Council)
Child Poverty	12.6% of children live in low- income families however there are 10 areas with more than 15% of children living in poverty (Scottish Borders Anti-Poverty Strategy 2021)

Fuel Poverty	Around 29% are fuel poor (25% Scotland). This equates to roughly 16,000 households (Scottish Borders Anti-Poverty Strategy 2021)
Religion in the Scottish Borders	No Religion 55.3% Church of Scotland 24.9% Roman Catholic 5.3% Other Christian 6.4% Buddhist 0.3% Hindu 0.1% Jewish 0.1% Muslim 0.3% Sikh 0.0% Pagan 0.42% Other Religion 0.2% Not Stated 6.7% (2022 Scottish Census)

Table 2 - Scottish Borders Population Main Language (2022 Scottish Census)	
	%
English	97.4
Gaelic	0.0
Scots	0.2
British Sign Language	0.0
Other	2.3

Table 3 - Declared Ethnic Groups in Scottish Borders (2022 census Scotland)	
	%
White - Scottish	74.6
White – Other British	19.2
White - Irish	0.7
White – Gypsy/Traveller	0.0
White - Polish	1.4
White - Other	2.1
Mixed or Multiple Ethnic Groups	0.7
Asian, Asian Scottish or Asian British	0.6
African	0.1
Caribbean or Black	0.0
Other ethnic groups	0.3

1.6 Profile Distribution of NHS Borders Workforce Compared to the General Population

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

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

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

1.6.2 NHS Borders Workforce & Scottish Borders Population

The 2022 Scottish Census data is available and shows the NHS Borders workforce is broadly representative of the population it serves. There are some notable exceptions such as the percentage of workers from a disclosed ethnic minority background being higher than that recorded in the surrounding population. Additionally, health & care has a majority female workforce at around 80% of all workers. Discussions are underway locally and nationally regarding increasing interest in health & care roles from individuals who identify other than female.

1.7 Legislative and Policy Background

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

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

The Equality Act (2010) was implemented 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”. These characteristics are:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.

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

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).

1.7.2 Fairer Scotland Duty

The Fairer Scotland Duty, Part 1 of the Equality Act (2010) came into effect in April 2018. It holds public bodies in Scotland legally responsible

for taking into consideration ways in which inequalities caused by socioeconomic disadvantage can be reduced.

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

1. To actively consider how they could reduce inequalities of outcome in any major strategic decision they make.
2. To publish a written assessment, showing how they've done this.

1.8 Importance of Inequality to Health

Equality is an important aspect of healthcare and is vital to ensure that the needs of everyone are met. In healthcare, equality is about treating people according to their requirements to provide a common standard of care that does not discriminate on the basis of their protected characteristics. In addition to equality, it is important to maintain a holistic approach to healthcare. A holistic approach considers all aspects of a person's identity and how these aspects integrate with and affect each other. The combination of equality and a holistic approach supports provision of an intersectional, person-centred approach.

1.9 NHS Borders Progress to Mainstreaming Equality

NHS Borders is committed to ensuring that equality is mainstreamed into working practices and policies to achieve a more inclusive workplace and to ensure NHS Borders is a provider of equitable public services.

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

NHS Borders' Equality and Diversity micro site on the staff intranet enables staff to access useful information, policies and processes including interpretation and translation guidelines and advice on carrying out Equalities and Human Rights Impact Assessments. The micro site contains

links to national and local equality materials, including a local demographic profile and the national Equality Evidence Finder.

Equality and Diversity e-learning is mandatory for all staff and remains an important aspect of corporate induction and continuous professional development. A domestic abuse awareness session is delivered to all staff at corporate induction which includes showing a DVD made by local women who have experienced domestic abuse. Domestic abuse and other forms of Violence Against Women are covered in the Health Care Support Workers Training Programme. Equality and diversity issues are integrated into other corporate training packages such as Managing Sickness Absence, Child Protection and First Line Manager training.

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

Equalities and Human Rights Impact Assessments examine the impact on the community when applying a proposed, new or revised policy or practice. These Assessments go beyond the public sector's legal duty of the Equalities Act (2010) by assessing the impact on:

- Health inequalities.
- Human rights.
- Socioeconomic circumstances.

2. PROGRESS AGAINST EQUALITY OUTCOMES

2.1 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.

2.1.1 Workforce Demographic

Table 4 shows the distribution of workforce by gender for the years 2020 and 2024. The majority of our workforce is female. This proportion has remained approximately the same – around 80% from 2020 to 2024.

Table 4 – Workforce by Gender				
Gender	2020		2024	
	Number of staff	% of staff	Number of staff	% of staff
Female	2,621	81.78%	2790	79.9%
Male	584	18.22%	702	20.1%
Total	3,205	100.00%	3,417	100.00%

Table 5 shows the age distribution profile of the workforce for 2020 and 2024. It has remained stable, although there has been a decrease in the 19 and under age group (based on very small numbers) and a marked increase in the 65 and overs. The majority of our workforce is aged over 35 years, and this did not change from 2020 to 2040. There is a reliance upon, and historical trend of females going into the caring professions/healthcare roles. Conversations are taking place and action plans are being devised to increase interest in caring professions/roles from males and of course, those who might identify as non-binary.

Table 5 - Age Distribution				
Age Band	2020		2024	
	Number of Staff	% of Staff	Number of Staff	% of Staff
19 and under	23	0.72%	8	0.2%
20 - 34	634	19.78%	652	19.1%
35 - 49	1,099	34.29%	1,163	34.0%
50 - 64	1,389	43.34%	1,473	43.1%
65 and over	60	1.87%	121	3.5%
Total	3205	100%	3,417	100%

Figure 1 shows the ethnic origin profile for both years, with the majority of the workforce identifying as White. In 2020, some 75% of the workforce identified as white, with a 5 percentage point increase observed by 2024. The next largest ethnic group is Asian (2020 1.28%, 2024 3.2%) with an increase of some 2 percentage points since the last report. In the last full report, almost a quarter of the workforce preferred not to provide their ethnicity. This, while a legal right, does restrict the interpretation of these data which are crucial to recognising the need to take positive action to increase minority ethnic representation within the workforce. Encouragingly this percentage had dropped to 14% in the most recent figures, although more work may be needed to understand why this characteristic is still not well reported and/or recorded.

Figure 1

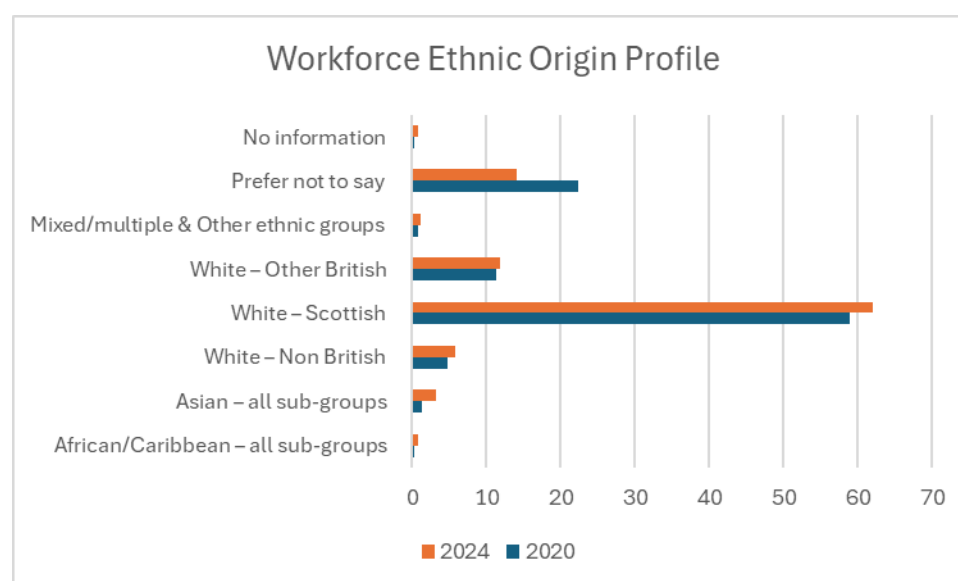


Table 6 shows that the proportion of the workforce with a medical condition has increased markedly between 2020 and 2024 – from less than 1% to almost 3% of the workforce. This may be due to delayed and ongoing effects of the Covid-19 pandemic.

It is reported that across Scotland 18% of the working age population have a disability, as defined by the Equality Act 2010 (St Andrews University). On that basis, there appears to be under-reporting within the workforce. Management and staff-side colleagues engaged the workforce in 2022 and invited employees to disclose whether they believe they have a disability, so that employee records may be updated.

Table 6 – Workforce Disability Profile		
Medical condition in past 12 months	2020	2024
Yes	0.81%	2.8%
No	97.94%	95.4%
Prefer not to say	1.06%	0.8%
No information	0.19%	1.0%
Total	100%	100%

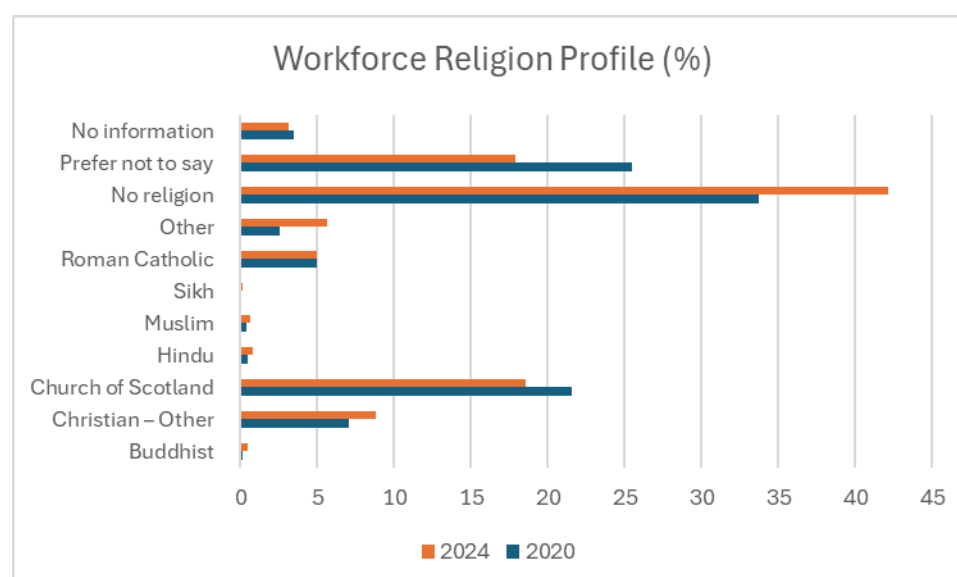
Table 7 shows the distribution of sexual orientation of the workforce. The majority of the NHSB workforce identifies as heterosexual – some 72% in 2020, rising to 78% in 2024. Small numbers in the other categories make detailed analysis difficult. During 2022, the Health Board's Equality, Diversity & Inclusion in Employment Group explored the 18% 'No information' figure, perhaps resulting in the fall in this category, which would account for the increase in reported heterosexuality. Table 8 shows the gender reassignment of the workforce, but the numbers are too low to make a meaningful analysis possible.

Table 7 - Sexual Orientation Profile		
Orientation	2020	2024
Bisexual	0.50%	1.1%
Gay/Lesbian	0.69%	1.0%
Heterosexual	71.89%	78.0%
Other	0.22%	0.5%
Prefer not to say	8.17%	7.0%
No information	18.53%	12.4%
Total	100%	100%

Table 8 – Workforce Gender Reassignment Profile		
Gender Assignment	2020	2024
No	96.88%	96.0%
Yes	0.12%	0.1%
Prefer not to say	1.28%	1.0%
No information	1.71%	2.8%

Regarding religion, Figure 2 shows that the largest proportion (42.2%) of our workforce has no religious affiliation and this has increased by 8 percentage points since 2020. Almost a fifth of the workforce preferred not to provide this information, down from almost a quarter in 2020.

Figure 2



2.1.2 NHS Borders Workforce Income

The following tables provide the distribution income by gender and staff group role.

Agenda for Change (AfC) staff have similar grades for any position. The grade is determined by the Job Description which is independent of gender. Hence the average difference is a result of staff quartile disposition and length of service in grade which attracts annual spine points.

Senior Management grades which are not part of AfC were combined with AfC because of small numbers (previously 8). This group has been split out as numbers have increased and have a more pronounced effect on AfC quartile 4. The gender pay gap of 16% is a reflection of the small numbers involved and can fluctuate significantly.

Medical and Dental staff have historically had a gender pay gap in excess of 20%. Over the last decade the thrust has been to attract more female staff. We are now seeing the results (8% gender pay gap) as it takes many years to get to consultant level. At 31 March 2024 the medical director is female and her associate and clinical directors consist of 5 females and 9 males. Downsized and re-organised, at the end of March 2025 the split is 5 females / 3 males.

Average Gender Pay Gap

Table 9	
Pay groups	Gender Pay Gap
AfC	- 6%
MEDICAL AND DENTAL	8%
Senior Manager Grades	16%
Organisation	14%

Comparison of hourly rate and staff numbers 2020/2024

Table 10 - AFC Staff 2020/2024 - Average of Basic Hourly Rate (£) by Gender					
Gender		2020	Number of Staff	2024	Number of Staff
Female		£15	2541	£19	2602
Male		£15	489	£18	587
Total			3030		3189
Table 11 - Medical & Dental Staff 2020/2024 - Average of Basic Hourly Rate (£) by Gender					

Gender	2020	Number of Staff	2024	Number of Staff
Female	£40	117	£47	114
Male	£43	94	£50	102
Total		211		216

Table 12 - Senior Manager Grades 2020/2024 - Average of Basic Hourly Rate (£) by Gender

Gender	2020	Number of Staff	2024	Number of Staff
Female			£46	7
Male			£54	5
Total				12

Table 13 - All Staff 2019/2020 - Average of Basic Hourly Rate (£) by Gender

Gender	2020	Number of Staff	2024	Number of Staff
Female	£16	2658	£20	2,723
Male	£19	583	£23	694
Total		3,241		3,417

Median Gender Pay Gap

Table 14	
Pay groups	Gender Pay Gap
AfC	5%
MEDICAL AND DENTAL	0%
Senior Manager Grades	2%
Organisation	-25%

Table 15 - Age					
Row Labels	19 and under	20-34	35-49	50-64	65 plus
Bands 1-4	0.5	21.7	28.1	44.1	5.5
Bands 5-7	0.0	17.7	38.0	42.4	1.9
Snr Manager Grades	0.0	0.0	33.3	66.7	0.0
Med&Dent 19-30	0.0	80.6	19.4	0.0	0.0
Med&Dent 31-45	0.0	8.1	48.6	43.2	0.0
Med&Dent 46+	0.0	0.0	46.6	48.6	4.7
Grand Total	0.2	19.1	34.0	43.1	3.5

Table 16 - Sexual orientation						
Row Labels	Bisexual	Gay/ Lesbian	Heterosexual	Other	Prefer not to say	Don't Know
Bands 1-4	1.1	1.2	76.9	0.5	6.2	14.2
Bands 5-9	1.1	0.9	78.7	0.6	7.4	11.3
Snr Manager Grades	0.0	0.0	66.7	0.0	25.0	8.3
Med&Dent 19-30	3.2	0.0	80.6	0.0	0.0	16.1
Med&Dent 31-45	2.7	0.0	83.8	0.0	0.0	13.5
Med&Dent 46+	0.0	0.7	81.1	0.0	11.5	6.8
Grand Total	1.1	1.0	78.0	0.5	7.0	12.4

Table 17 - Ethnicity								
Row Labels	African & Caribbean	Asian	Mixed & Other Ethnic Groups	White - non- British	White - Other British	White Scottish	Prefer Not to Say	Don't Know
Bands 1-4	0.3	1.6	6.3	7.8	67.5	14.5	1.0	1.0
Bands 5-9	1.4	3.0	4.7	13.4	61.7	14.3	0.8	0.7
Snr Managers	0.0	0.0	8.3	8.3	33.3	41.7	0.0	8.3
Med&Dent 19-30	0.0	35.5	12.9	25.8	22.6	0.0	0.0	3.2
Med&Dent 31-45	0.0	27.0	13.5	29.7	13.5	8.1	0.0	8.1
Med&Dent 46+	0.0	9.5	10.8	27.7	35.1	10.8	2.0	4.1
Grand Total	0.8	3.2	5.9	11.9	62.0	14.1	0.9	1.1

Table 18a - Religion						
Row Labels	Buddhist	Christian - Other	Church of Scotland	Hindu	Jewish	Muslim
Bands 1-4	0.4	6.9	15.6	0.3	0.0	0.1
Bands 5-9	0.1	9.6	22.2	0.7	0.1	0.2
Snr Managers	0.0	8.3	25.0	0.0	0.0	0.0
Med&Dent 19-30	25.8	9.7	3.2	3.2	0.0	6.5
Med&Dent 31-45	0.0	21.6	5.4	10.8	0.0	16.2
Med&Dent 46+	1.4	13.5	13.5	3.4	0.0	5.4
Grand Total	0.5	8.8	18.6	0.8	0.0	0.6

Table 18b - Religion						
Row Labels	No Religion	Other	Roman Catholic	Sikh	Prefer not to say	Don't Know
Bands 1-4	47.0	1.8	5.2	0.2	18.8	3.5
Bands 5-9	39.9	1.9	5.3	0.1	17.2	2.8
Snr Managers	25.0	0.0	0.0	0.0	41.7	0.0
Med&Dent 19-30	35.5	0.0	12.9	0.0	3.2	0.0
Med&Dent 31-45	27.0	0.0	8.1	0.0	2.7	8.1
Med&Dent 46+	27.0	2.0	11.5	0.0	20.9	1.4
Grand Total	42.2	1.8	5.6	0.1	17.9	3.1

Table 19 - Disability				
Row Labels	No	Yes	Prefer not to say	Don't Know
Bands 1-4	95.1	2.9	0.7	1.3
Bands 5-9	95.7	2.7	0.9	0.8
Snr Managers	100.0	0.0	0.0	0.0
Med&Dent 19-30	90.3	6.5	0.0	3.2
Med&Dent 31-45	100.0	0.0	0.0	0.0
Med&Dent 46+	94.6	2.0	2.0	1.4
Grand Total	95.4	2.8	0.8	1.0

Table 20 – Gender reassignment				
Row Labels	No	Yes	Prefer not to say	Don't Know
Bands 1-4	94.8	0.1	0.9	4.1
Bands 5-9	97.1	0.1	1.1	1.8
Snr Managers	100.0	0.0	0.0	0.0
Med&Dent 19-30	96.8	0.0	0.0	3.2
Med&Dent 31-45	100.0	0.0	0.0	0.0
Med&Dent 46+	95.3	0.0	2.0	2.7
Grand Total	96.0	0.1	1.0	2.8

Table 21 – Marital status						
Row Labels	Civil Partnership	Divorced	Married	Single	Widowed	Don't Know
Bands 1-4	1.4	6.3	50.2	40.5	1.3	0.4
Bands 5-9	0.4	5.7	59.0	33.4	0.7	0.8
Snr Managers	0.0	0.0	83.3	16.7	0.0	0.0
Med&Dent 19-30	0.0	0.0	16.1	83.9	0.0	0.0
Med&Dent 31-45	0.0	5.4	73.0	21.6	0.0	0.0

Med&Dent 46+	0.0	2.0	73.6	23.6	0.0	0.7
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The following are examples to illustrate how NHS Borders is working towards Outcome 1.

2.1.3 NHS Borders Policies

NHS Borders uses progressive Once for Scotland policies which support equality, diversity and inclusion in the workplace. These policies include anti-discrimination; however, a number of these policies are currently subject to national review.

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.

2.1.4 Disability Confident Employer

NHS Borders is a Disability Confident Employer. This scheme guarantees interviews for applicants with a disability who meet the essential criteria for the job. We also have committed to supporting employment and providing reasonable adjustments where this is proportionate, affordable and can assist in keeping someone at work. NHS Borders is regularly audited by Department for Work & Pensions to make sure that it is fulfilling its Disability Confident accreditation/obligations for example, ensuring reasonable adjustments are in place to enable prospective disabled employees to attend an interview.

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

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

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

2.1.6 NHS Scotland Pride Pledge and Badge

For some years now, NHS Borders has been implementing the NHS Scotland Pride Pledge and Badge initiative to show support for LGBTQ+ people. NHS Scotland designed the badge as a symbol which identifies the wearer as someone that people in the LGBTQ+ community (including those from a minority ethnic background) can feel comfortable in approaching. The aim is to promote a message of inclusion as well as to acknowledge and raise awareness of the issues that members of the LGBTQ+ community can face when accessing healthcare.

2.1.7 Compassionate Leadership Programme

This programme fundamentally advocates for a style of leadership (and following) which is inclusive, considerate and caring. The programme, which is now into its 8th Cohort, incorporates a module on respecting what value-add diversity can bring to an organisation.

2.1.8 Diverse Workforce

The make-up of the NHS Borders workforce has shifted over the last 3-4 years, with a significant influx (almost 100) of international recruits from the Indian sub-continent, Middle and Far East and Africa.

Over the last two years NHS Borders has delivered training around Race & Equity and educated the workforce about Trans staff and service users.

2.1.9 Equality Staff Networks

Since the last report, three Equality Staff Networks, all Chaired by members of our Area Staff side, have been established. These are:

- **Minority Ethnic Staff Network.** This group is being established to provide a forum for staff from ethnic minority backgrounds to have a collective voice and to help ensure that NHS Borders policies and decisions take into account ethnic staff needs.
- **Disability Staff Network.** This network is for anyone who recognises themselves as having a disability or long-term health condition which has

an impact on their daily life lasting 12 months or more. It is a safe space for staff with a disability, seen or unseen, to meet and access moral support from each other. The network also gives staff with a disability the chance to have a voice and feed back to the Equality and Diversity Forum any issues and help ensure NHS Borders policies and decisions have taken into account disability needs.

- **LGBTQIA+ Staff Network.** The NHS Borders LGBTQIA+ Staff Network is led by, and is for, LGBTQIA+ NHSB staff to ensure that the organisation understands and incorporates our lived experiences to develop an inclusive and equal workplace. The group welcomes everyone who identifies as part of the LGBTQIA+ community, as well as allies interested in joining the network. It is a safe and inclusive space where challenges in the workplace can be discussed.

2.2 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.

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.

We are aware that in future we need to have a systematic process to monitor equity of access to our clinical services and this is discussed in the “Areas for Development” section later in the report. For this year’s report we have included data about equity in screening services as an example of what we will strive to present going forward.

The following are examples to illustrate how NHS Borders is working towards Outcome 2.

2.2.1 British Sign Language

The BSL (Scotland) Act 2015 requires public bodies in Scotland to publish plans every 6 years, demonstrating how they will promote and support British Sign Language (BSL). The BSL Action Plan was put together to support the BSL National Plan, published on 6th November 2023. The plan in NHS Borders (2024 – 2030) will have six key priorities. These priorities are consistent with the ten long-term goals of the National BSL Plan in Scotland. These are:

- **Public Services:** BSL users will be able to access public services without language barriers.
- **Early Years and Education:** Children who use BSL will get the same support for language and learning as their peers.
- **Post-School Education:** BSL users will have the same opportunities to succeed in college, university, and adult learning as everyone else.
- **Employment:** BSL users will have equal access to training, apprenticeships, and employment.
- **Health, Mental Health, and Social Care:** BSL users will have access to the same high-quality health and social care as everyone else.

- **Transport:** BSL users will have full access to accessible and safe transport information.
- **Culture and the Arts:** BSL users will have opportunities to participate in and enjoy culture and the arts.
- **Justice:** BSL users will have fair and equal access to the justice system.
- **Democracy and Public Life:** BSL users will have full access to political and civic participation.
- **Family Support and Social Connections:** BSL users will be supported to develop and maintain strong family and social connections

The BSL Plan aims to have a positive impact for members of the local BSL community accessing services. Where needs are met, this allows for open communication and better health outcomes. There are also likely to be improvements in quality of care by continuing to work in partnership with SBC who provide support for BSL users in the community through the Sensory Services Team. The BSL Plan supports the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes by being proportionate and relevant and meeting the needs of the local BSL community. In part, it also aims to mitigate the health inequalities experienced by the local BSL community, primarily linked to accessing Public Services in BSL.

By ensuring greater access to fully trained and registered interpreters, having more Public Services information readily available in BSL, developing our own network of local BSL users (both deaf and hearing users) and by working in partnership with organisations across the Scottish Borders, we will meet the concerns raised by our local BSL community.

2.2.2 Interpretation and Translation Service

NHS Borders is committed to providing an excellent healthcare service which is accessible to all patients and members of the public. In order to achieve this, the Interpretation and Translation Service is used to help

overcome communication issues which can be a major barrier to accessing healthcare.

The Interpretation and Translation Service has been running within the Public Health directorate for approximately 15 years. A portion of the Equality & Diversity budget remains within Public Health and is used for paying for the Interpretation and Translation Service. This service provides interpreters and the translation of documents where there is a clinical need relating to a patient or to support staff.

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

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

Work is ongoing within the Public Health Directorate to develop an MS-Forms based system on the intranet which will further enable the efficient processing of interpretation and translation requests and facilitate ongoing audit. This will help to ensure that funds are being used in an equitable manner.

2.2.3 Screening Equity Action Plan

This action plan is partly funded from the Scottish Government Screening Inequalities Fund (SIF). This funding contributes to service improvement and development activities in target groups/priority communities. These are identified in the plan and by the Scottish Government using analysis of screening uptake and potential for access barriers across the screening pathway. We are able to determine access barriers from both published literature and local evidence. Each of the six outcomes measures detailed within this National Screening Equity Strategy 2023-2026 are described within Borders Screening Equity Action Plan.

Abdominal Aortic Aneurysm Screening

- **Widening accessibility** to clinics and screening by providing AAA screening community clinics in Borders locations in Duns, Kelso, Peebles, Hawick and Borders General Hospital (BGH).
- **Incorporating AAA screening in the new Learning Disability national annual health check** for those who have Learning Disabilities
- **Creating Hope in the Scottish Borders** action plan seeks to address mental health and physical health. This is supported via the Mental Health Improvement and Suicide Prevention multi-agency steering group. Patients who are receiving care from mental health services are **supported by their key worker** to attend their AAA screening appointment.
- Increasing knowledge, understanding and making every contact count (MECC) through training and awareness raising activities so that all public health delivery staff feel able to have confident conversations about the AAA screening programme.

Bowel Screening

- **Review uptake/non-attenders** by SIMD from last two screening rounds and work with GP Surgeries to establish barriers and support

development of initiatives to reduce these and increase participation.

- **Creating Hope in the Scottish Borders** action plan seeks to address mental health and physical health. This is supported via the Mental Health Improvement and Suicide Prevention multi-agency steering group. Patients who are receiving care from mental health services are **supported by their key worker** to attend their bowel screening appointment.

Breast Screening

- **Incorporating breast screening in the new Learning Disability national annual health check** for those who have Learning Disabilities– LDS annual health check nurse is now in post; a PH lead for LD is in place; support to continue implementation of the LD project objectives. TrakCare patient record system questionnaire to be developed to hold this breast screening information including date of screen and/or patients decision to participate.
- Increasing knowledge, understanding and making every contact count (MECC) through training and awareness raising activities so that all public health delivery staff (Joint Health Improvement Team, Wellbeing Service) feel able to have confident conversations about the breast screening programme. They will then **provide advice, guidance and support** to service users to make informed decisions about participating in this screening programme to increase uptake.
- Ensuring information is available and easily accessible in different languages.
- Locations around Scottish Borders for the mammogram supported by GP practice.
- Trans-woman of eligible age who are taking hormones will automatically be invited for breast screening if they have changed

their CHI number to reflect their female gender. Trans-men who have not had their breasts removed will automatically be invited to breast screening if they have not changed their CHI number to reflect their male gender.

- Mechanisms in place to catch anyone who hasn't been screened in the 3-year period (i.e. moved into an area, or turned 50 just after team have visited)
- Over 70 can request appointment (but unclear of risk vs benefits).

Cervical Screening

- Offering **staff smear clinics**, between April-June 2024, at the BGH to increase access.
- Provision of additional **ad hoc smear clinics** to promote cervical screening awareness and participation.
- Preventing screening opportunities being missed due to pregnancy, using the booking in process to establish who is pregnant and who is eligible for cervical screening during their pregnancy period.
- **Creating Hope in the Scottish Borders** action plan seeks to address mental health and physical health. This is supported via the Mental Health Improvement and Suicide Prevention multi-agency steering group. Patients who are receiving care from mental health services are **supported by their key worker** to attend their cervical screening appointment.
- Increasing knowledge, understanding and making every contact count (MECC) through training and awareness raising activities so that all public health delivery staff feel able to have confident conversations about the cervical screening programme.

Diabetic Eye Screening

- **Widening accessibility** to clinics and screening by providing DES screening community clinics in eight Borders locations. This helps to

address the rurality of Scottish Borders and the inadequate and expensive transport links, which are a barrier to patients participating in this screening programme.

- **Clinics held on Saturdays** in a central location provide additional capacity as well as increased opportunity to attend appointments outside of weekdays, when people may be working.
- **Screening slit lamp appointments are provided by community optometrists**, increasing access and opportunities for patients to attend as close to home as possible.
- **Patients phoned prior to appointments as a reminder** to the appointment mailed to them. They are asked if any additional support is needed to attend their appointment and this is put in place where possible.
- **Incorporating DES screening in the new Learning Disability national annual health check** for those who have Learning Disabilities.
- **Creating Hope in the Scottish Borders** action plan seeks to address mental health and physical health. This is supported via the Mental Health Improvement and Suicide Prevention multi-agency steering group. Patients who are receiving care from mental health services are **supported by their key worker** to attend their DES screening appointment.
- Increasing knowledge, understanding and making every contact count (MECC) through training and awareness raising activities so that all public health delivery staff feel able to have confident conversations about the DES screening programme.

Pregnancy & Newborn

Public Health Audit Facilitation 0.2 WTE/week provided to Pregnancy & Newborn Programme for Badgernet data cleansing/validation. To develop SOP for Badgernet user training. This will result in a KPI dashboard that will

provide accurate data for reporting helping identification of inequalities. Include equalities monitoring as part of the reporting process of SIF funded project.

2.2.4 People waiting for in-patient treatment by age and gender

Currently, we have data available to show the age and gender breakdown of people waiting for in-patient treatment. The table below shows this distribution. Regarding gender, there is a roughly equal ratio of females to males on the waiting list as is seen in the general population (52% of the population is female, 54% of the people waiting are female). There is a skew towards more older adults waiting for treatment but that may well reflect the natural trend as the chances of requiring healthcare increase with age. More analysis is required in this area.

Table 22 - age and gender breakdown of people waiting for in-patient treatment				
Age Bands	Female	Male	Not specified	Grand Total
0-9	26	46		72
10-19	48	58	2	108
20-29	110	64		174
30-39	141	73		214
40-49	139	81		220
50-59	191	173		364
60-69	240	244		484
70-79	236	245		481
80-89	112	92		204
90-99	7	8		15
Grand Total	1250	1084	2	2336

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

NHS Scotland has the legal underpinning of Staff Governance. This is an obligation to be an exemplary employer and have sound people governance systems and processes. There is also a responsibility placed

upon staff to 'treat all staff and patients with dignity and respect while valuing diversity.' Any deviation away from these ideals is likely to lead to Management attention and attempts at remedial action. Any failure to remedy the situation could lead to investigation and use of HR Policies.

The Clinical Governance and Quality Directorate runs the Compassionate Leadership programme which is open to all members of staff within NHS Borders. This includes a session on Improving Equality, Diversity and Inclusion which involves discussions with staff around equality, diversity and Inclusion in the workplace and in day-to-day interactions.

Examples of work within NHS Borders which have contributed to this outcome are listed below.

2.3.1 Tackling Bullying and Harassment Policy

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

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

- Raising awareness in staff that a policy/procedure exists and how it works.
- Encouraging management and staff to raise genuine concerns using the policy/procedure.
- Achieving a position whereby management and staff are confident in the policy/procedure and feel comfortable when using it.
- Improving the reporting and handling of such incidents.
- Facilitating open discussion on the efficacy of the policy/procedure.

- Providing, where appropriate, access to confidential counselling, advice and support for victims of bullying/harassment at work.
- Providing a programme for the communication of the policy, monitoring its effectiveness and training for those involved in applying the policy.
- Raising awareness that all staff, patients and visitors have a responsibility to ensure that their actions, attitudes or behaviours are not distressing or upsetting to others. Additionally, managers and supervisors have a specific responsibility to be vigilant about identifying and dealing with bullying/harassment at work, ensuring implementation of and adherence to this policy.
- Providing access to responsive Occupational Health & Safety services.

2.3.2 Equal Opportunities Policy Statement

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

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

- Targeted staff training and development schemes.
- The use of specialist press for job advertising.
- Encouraging people of a particular race, gender or disability to apply for jobs wherever they are underrepresented in the current workforce.

- As part of implementing this policy, regular reviews of practices and procedures will be undertaken in partnership to ensure they are consistent with the principles and aims of equal opportunities in employment.
- There is consistent and objective application across the whole employment field with individuals being selected, trained and promoted entirely based on their abilities / potential and the requirements of the job.
- NHS Borders undertake Impact Assessments to ensure that equality and diversity measures have been considered and appropriate actions taken.

2.3.3 Equality, Diversity and Human Rights Policy

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

The aims of this policy are as follows:

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

Convention of Human Rights (ECHR) in the discharge of its function.

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

- Equality, iversity and human rights must be at the heart of NHS Borders and everything it does.
- Disadvantages suffered by people due to their protected characteristics will be removed or minimised in order to create an environment in which individual differences and the contributions of all staff are recognised and valued.
- Steps will be taken to meet the needs of people from protected groups where these are different from the needs of other people.
- Steps will be taken to reduce underrepresentation of people with particular protected characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles.
- A zero-tolerance approach will be taken to intimidation, bullying or harassment, recognising that all staff are entitled to a working environment that promotes dignity and respect for all.
- NHS Borders will act as an agent for change within local communities by positioning equality, diversity and human rights at the heart of local delivery plans.
- While this will be achieved in part by being championed at a senior level, it can only be fully achieved through all those working within NHS Borders recognising and adhering to their own personal responsibilities in this regard, and NHS Borders will therefore take steps to ensure that everyone in the organisation understands their rights and responsibilities under the policy.
- NHS Borders will ensure that arrangements are in place to support

staff who have equality, diversity and human rights issues.

- Equality and diversity monitoring will be undertaken on a regular basis, with resulting improvement actions being identified and achieved.
- This policy will be subject to ongoing monitoring to ensure that it is being fairly and consistently applied and that the stated principles and values are being met. The policy will be subject to regular review, in partnership, to ensure that it remains fit for purpose.

2.3.4 Maternity and Paternity Policy

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

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

2.3.5 Parental Leave Policy

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

This policy is designed to answer the questions employees will have regarding parental leave and pay and guides employees and managers

through this complex and detailed subject. It includes detail of the qualification criteria for parental leave and pay and the employee's obligation to NHS Borders regarding timescales and paperwork.

2.3.6 Flexible Working Policy

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

2.3.7 NHS Borders Behavioural Framework

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

2.3.8 Values Based Recruitment (VBR)

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

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

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

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

2.4 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 works very closely with local partner organisations. There is close collaboration with Scottish Borders Council as part of the Health and Social Care Partnership, and the Tackling Health Inequalities in the Scottish Borders (THIS Borders) strategy is based on inter-sectoral collaboration.

2.4.1 Co-production Charter (2019)

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

2.4.2 Community Engagement

This is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change. Effective community engagement and the active participation of people is essential to ensure that health and social care services are fit for purpose and lead to better outcomes for people. Across the Scottish Borders Health and Social Care Partnership our mission is 'to help the people of the Scottish Borders live their life to the full, by delivering services that place their needs at the heart of everything we do.' This mission cannot be achieved by working in isolation, and we are committed to improving the ways in which people, especially those with lived experience, their families, carers and groups experiencing inequality can have their voices heard in decision making that affects them. We want current and future users of the services we provide to know that their views on what is important to them are understood and that they have influence and choice over how their health and social care needs are met. To achieve outcome 4, we work to our organisational 'Involving People Framework'; a tool which service providers can use to help plan engagement activities and service users can refer to in order to find out what they can expect from involvement activities that take place for services we provide.

2.4.3 Money Worries App

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

Worries app is a digital directory with links to help with money, health, housing and work.

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

The App is a timely resource considering welfare reform changes implemented over recent years which include:

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

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

- Use of food banks.
- Experiences with benefits systems.
- Summer food programmes.
- Income before and after housing costs.

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

2.5 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 have been widening. 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 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 series of Health Inequalities workshops throughout 2023 and 2024. The workshops brought together staff and partners across the system to share concerns and direct us to areas of action. An inequalities workshop aimed at education colleagues is in preparation and will take place this year.

A Health Inequalities Programme Board has been developed to ensure 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.

2.5.1 Early Years Pathway Pilot Project

An Early Years Pathway Pilot project has run in partnership with the Scottish Borders Council Financial Inclusion Team as part of a pathway initiative. The project aims to improve access to benefits information, advice and support

for early years families. Midwives and health visitors can refer new and expectant mothers to advisors from the project for assistance.

2.5.2 Borders Older People's Partnership

The Borders Older People's Partnership (BOPP) is a professional planning & delivery group, acting on priorities raised by the Borders Older People's Forum and responding to local and national Prevention priorities collectively, reflecting our legal Equality Duty.

The BOPP Membership have recently engaged in Equalities & Human Rights Training and are now being consulted as key group for the views of Older People within their networks, to influence policy & strategy. This work is in its early days and is an incremental learning experience for all involved.

2.5.3 'Involving People' Framework

The 'Involving People Framework' is based around the seven national standards for community engagement: planning, inclusion, support, working together, methods, communication and impact. The inclusion, support and working together standards are of particular relevance in the delivery of outcome 5, and include engagement with stakeholders, including those on our Scottish Borders 'diversity database' to carry out extensive Equality and Human Rights Impact assessments.

2.5.4 Menopause Cafe

This is a local initiative under the umbrella of the national Menopause Cafe charity. This initiative aims to enable people gather to eat cake, drink tea and discuss menopause. In NHS Borders, there are both workplace and public-facing events. The cafes are offered in an accessible, respectful and confidential space, and are open for all, regardless of gender or age. There are also online events for those unable to take part in face-to-face cafes.

2.6 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. We recognise and fully support the need to work 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 Board also has a range of policies and processes to support this aim as a major employer in the area.

2.6.1 JobTrain Recruitment System

The JobTrain recruitment system, which is used for employee recruitment by NHS Scotland, has built-in anti-discrimination measures. Shortlisting managers are not provided with applicant data such as names, addresses and demographic information in order to eliminate unconscious bias. JobTrain provides a streamlined job application and candidate management process and will help to ensure a consistent approach to recruitment across the NHS in Scotland.

2.6.2 Recruitment and Selection Policy

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

Values Based Recruitment is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of NHS Scotland. The purpose of Values Based Recruitment is to ensure that the future and current NHS Workforce is selected against these values so that we recruit the right workforce, not only with the right skills and in the right numbers but with the right values to support effective team working in delivering excellent patient care and experience. Values Based Recruitment can be delivered in a number of

ways: through pre-screening assessments, to values based interviewing techniques, role play, written responses to scenarios, and assessment center approaches amongst others.

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

2.6.3 Anti-Racism Plan

How well NHS Borders complies with this measure will be investigated within its first Anti-Racism Plan, using the 2022 Scotland Census as a general population benchmark or recent Household Survey.

2.7 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 previous Mainstreaming Reports, NHS Borders and Scottish Borders Council remain 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.

2.7.1 Integrated Children and Young People's Plan

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

- Schools working together to supplement Pupil Equity Fund plans across clusters.
- Working with Community Learning and Development (CLD) and third-sector partners to help schools deliver successful programmes for the most disadvantaged children and young people, and their families.
- Improvements in outcomes for care experienced children and young people, for example:
 - An increase in attendance and a reduction in exclusion rates.
 - Increasing attainment in literacy for school leavers.

- A higher proportion of Looked After young people in the Scottish Borders achieving qualifications in the Senior Phase than the national average.
- An improving trend in the percentage of school leavers entering a sustainable positive destination.
- Improvements in attainment for children and young people living within SIMD quintile 1 (Q1), for example:
 - ❖ A higher attainment in literacy than the national average at third and fourth level.
 - ❖ An increased attainment in numeracy at level early level.
 - ❖ An increase in overall attainment at SCQF levels 5 and 6 in the Senior Phase.
- Progress in closing the poverty-related attainment gap, for example:
 - In literacy, at the first level the attainment gap has been reduced and at first, third and fourth level, the gap is below the national average

2.8 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

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.

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 continue to be 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 alongside this.

2.8.1 Affordable Warmth & Home Energy Efficiency Strategy (AWHEES)

Scottish Borders Council and NHS Borders are committed to creating an equal and fair environment, providing everyone with a chance to succeed. A key step in achieving this is tackling fuel poverty which is why the Affordable Warmth & Home Energy Efficiency Strategy (AWHEES) was created. The aim of the Strategy is to provide affordable warmth and healthy homes for everyone living in the Borders.

An overarching priority for the AWHEES is that the co-benefits of the Strategy are maximised and any unintended impacts of installing energy efficiency measures are minimised. It should be ensured that appropriate means to mitigate any unintended effects are put in place. All actions and interventions within this Strategy are based around the particular needs of homeowners and not just the house and tenure type, as well as being outcome focused, rather than just target compliance based.

The Priorities that work towards fulfilling the AWHEES:

- To work collectively with our partners to improve affordable warmth and energy efficiency in homes.
- To explore wider measures to better manage energy and increase warmth in the home.
- To ensure the AWHEES provides opportunities for all in the Scottish Borders.
- A diverse range of partners, stakeholders and housing experts participated in developing the AWHEEs. The programme of engagement activity included the following:
 - Consultation across the Strategic Housing Services and wider services at SBC.

- Engagement with the Borders Home Energy Forum focusing on the technical elements of the Actions, and the advice and support elements.
- An online public consultation.
- A series of semi-structured interviews, face-to-face or over the phone, with members of the Borders Home Energy Forum and their relative colleagues.
- Engagement with community representatives, NHS Borders and Health and Social Care.
- Engagement with the Energy Efficient Scotland Change Works in Peebles Working group and academics working on the monitoring and evaluation programme at the University of Edinburgh.

2.8.2 Strategic Group for Clinical and Care Oversight of Care Homes

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

3. AREAS FOR DEVELOPMENT

Equality Mainstreaming is a long-term process. Although we have made good progress in setting up appropriate policies, procedures and structures, we are aware that much is still to be done. For example, NHS Borders does not routinely record information about all protected characteristics.

3.1 Tackling Health Inequalities

Although it aims to mitigate health inequalities rather than specifically focusing on protected characteristics, the “Tackling Health Inequalities in the Scottish Borders” (*THIS Borders*) strategy has been a major step forward and has provided a vital mechanism to plan and coordinate multi-agency work in tackling health inequalities. NHS Borders recognises that the most marginalised members of our society have the poorest health outcomes, placing a significant demand on health services. Evidence shows that persistent health inequalities remain in both health outcomes and service experience in NHS Scotland. However, health inequalities are avoidable and can be mitigated on both an individual and structural level. Action taken by NHS Borders and its staff can directly and positively impact health inequalities. We will continue to engage enthusiastically with the *THIS Borders* work.

3.2 NHS Borders as an Employer

As a major employer in the Scottish Borders, the Board has worked hard to embed equality in its employment practices and policies. Examples of these initiatives were given under Outcomes 1, 3 and 6. We will continue to

support this agenda, and in particular, develop the Equality Staff Networks which have been established and were described under Outcome 1.

3.3 Equitable Service Provision by NHS Borders

We are aware that we need to do more to demonstrate and ensure equity in the clinical services provided by the Board. Using resources from the Scottish Inequalities Fund we have produced a Screening Equity Action Plan, and the effectiveness of this will be monitored over the coming period. We will use this learning to inform how we can ensure and monitor equitable access to our other clinical services.

As with many Boards, the number of people waiting for treatment has risen in recent years, largely as a result of the major disruptions caused by the Covid-19 pandemic. This makes it even more important that we seek to understand the demographics & requirements of those on our waiting lists. This currently amounts to over 11,000 people. There will also be some synergy between this work and the "Waiting Well" initiative. This initiative in the Scottish Borders is part of a broader NHS Scotland program designed to support individuals awaiting healthcare services. Recognising that waiting for medical appointments, treatments, or surgeries can be challenging, this initiative emphasizes proactive steps to maintain and improve health during these periods.

NHS Borders has implemented the "Waiting Wisely" campaign, which aligns with the national "Waiting Well" strategy. This campaign offers guidance on maintaining physical and mental well-being while waiting for medical services. Key recommendations include:

- **Following Clinical Advice:** Adhering to guidance from healthcare providers regarding exercises, lifestyle modifications, or other health measures.
- **Eating Well:** Maintaining a balanced diet to support overall health and bolster the immune system.
- **Staying Connected:** Engaging with friends, family, and community groups to foster social support and reduce feelings of isolation.
- **Staying Active:** Participating in regular physical activity, tailored to one's abilities, to enhance physical and mental health.
- **Managing Stress:** Implementing stress-reduction techniques, such as mindfulness or relaxation exercises, to cope with the uncertainties associated with waiting.

As well as people waiting for hospital care, we have large numbers of contacts in terms of primary care, vaccination and screening. We need to ensure we are meeting equality duties in these areas too. We will introduce a series of annual reports in each of these areas.

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