NHS BORDERS

EQUALITY MAINSTREAMING PROGRESS REPORT

MARCH 2015

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

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

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

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EXECUTIVE SUMMARY

This report provides an update against NHS Borders Equality Outcomes, set in 2013. It provides a snapshot of how NHS Borders is progressing in the delivery of its vision of itself as an organisation which values diversity and promotes equality. Not only is the report a legislative requirement to report progress on mainstreaming the Public Sector Equality Duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, but it is a valuable tool for the organisation to continue to assess progress and plan further action.

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

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

The purpose of the Public Sector General Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

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

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

In order to gather evidence to inform the report, we looked at the local results of the NHS staff survey and identified where they resonated with our Equality Outcomes.

A SurveyMonkey questionnaire was also carried out in order to gain an understanding of how equality and diversity is mainstreamed across the organisation. All service areas were asked to complete the questionnaire which was divided into the following sections:

- meeting the general duties
- EIA
- employee data
- the procurement process
- duty to consult and engage
- equality outcomes

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

NHS Borders is working hard to ensure that equality is mainstreamed into working practices and policies. The information within this report details some of the good work that is going on across the organisation and offers good practice examples. There are areas that require further development in order to ensure that NHS Borders continues to move towards full compliance with the duties set out in the Equality Act including a more robust Equality Impact Assessment process and increasing knowledge of equality among all staff groups. Recommendations for further mainstreaming equality within the organisation include addressing the issues that surfaced during the information gathering exercise and developing a new set of equality outcomes for 2017 onwards.

INTRODUCTION

This mainstreaming report provides an update against NHS Borders Equality Outcomes, as set in 2013. It provides a snapshot of how NHS Borders is progressing in the delivery of its vision of itself as an organisation which values diversity and promotes equality. Not only is it a legislative requirement to report progress on mainstreaming the Public Sector Equality Duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, but it is a valuable tool for the organisation to continue to assess progress and plan further action.

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

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

Through mainstreaming equality NHS Borders aims to involve groups and individuals in the Scottish Borders who experience inequality and discrimination in the policy and decision making process, through effective consultation mechanisms. In turn this will help us, and our partner agencies, to tackle the under-representation of disadvantaged and excluded groups through encouraging wider participation.

By mainstreaming equality NHS Borders aims to tackle the structures, behaviours and attitudes that contribute to, or sustain, inequality and discrimination. This approach can avoid policies and programmes being adopted that continue existing inequalities or make them worse. It complements lawful positive action that is designed to address long-term historic disadvantage experienced by specific groups as a result of discriminatory practices and structures.

Mainstreaming equality aims to change organisational cultures so that an equalities perspective becomes an integral part of the decision making process. NHS Borders recognises that mainstreaming equality requires:

- Leadership commitment to the principles and processes of mainstreaming equality.
- Commitment and ownership from staff across the organisation for the principles and processes of mainstreaming.
- Work on mainstreaming equality to be integrated with departmental work plans and policy objectives.
- Guidance, advice, training and support to help staff understand the importance of equality and diversity and to help NHS Borders to develop mainstreaming.
- An appropriate and accurate evidence base to inform the decision making process.
- Policy appraisal, review and equality impact assessment (EIA) with ongoing monitoring, evaluation, audit and review.
- Effective consultation and engagement methods to enable engagement with equality group within NHS Borders and within the wider community.
- Partnership working.
- An acknowledgement that mainstreaming is not a quick fix and requires time and resource.

LEGISLATIVE CONTEXT

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

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

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

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

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

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

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not
3. Foster good relations between people who share a protected characteristic and those who do not

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

Purpose of the Public Sector General Equality Duty

The purpose of the Public Sector general Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

Specific Duties

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

May 2012.

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

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

HEALTH CONTEXT

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

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

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

OVERARCHING POLICY CONTEXT

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

↑

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

↑

NHS Board Corporate Strategies
(equality integrated)

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

Health boards have a role to work in partnership with patients, carers, the public, and cross sector partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

NHS Borders is a member of the Scottish Borders Community Planning Partnership. This

Partnership is underpinned by equality and diversity considerations; acknowledgment of the strategic priorities / corporate objectives of partnership agencies and the comprehensive strategic integration of these.

WHAT NHS BORDERS HAS ALREADY DONE TO MAINSTREAM EQUALITY

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

- Setting 9 equality outcomes for NHS Borders the details of which are in the 2013 mainstreaming report.

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

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

- An Equality Steering Group with representation from across the organisation has been established to drive forward mainstreaming equality and diversity.

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

- 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 form of Violence Against Women are covered in the Health Care Support Workers training programme.

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

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

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

- The Joint Health Improvement Team (JHIT) has been involved in the co-ordination of the Scottish Borders Violence Against Women Training Calendar which includes the following courses delivered by both partner agencies and NHS Borders staff depending on the subject matter and areas of expertise.
  - *Domestic Abuse Basic Awareness*

- *Why Doesn't She Just Leave*
- *"My Family Hurts" What Borders Children Tell Us About Domestic Abuse*
- *Raising Awareness of Rape & Sexual Abuse*
- *Raising Awareness of Commercial Sexual Exploitation*
- *Domestic Abuse & Substance Use*
- *Older Women's Experiences Of Domestic Abuse*
- *Raising Awareness of Trafficking*
- *The Forgotten Survivors*
- *Raising Awareness of Safe Contact Issues*
- *Stalking Workshop*
- *Understanding Perpetrator Behaviour*

HOW NHS BORDERS IS CONTINUING TO MAINSTREAM EQUALITY

In order to gather evidence to inform this section of the report, we looked at the local results of the NHS staff survey and identified where they resonated with our Equality Outcomes.

A SurveyMonkey questionnaire was carried out in order to gather evidence of how equality and diversity is mainstreamed across the organisation. All service areas were asked to complete the questionnaire which was divided into the following sections:

- meeting the general duties
- EIA
- employee data
- the procurement process
- duty to consult and engage
- equality outcomes

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

NHS Borders Board of Directors and the Board Executive Team are committed to mainstreaming equality and a full day's training on EIA and its importance was provided to them by colleagues from Health Scotland in 2014.

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

All of NHS Borders policies are Equality Impact Assessed during their development. This assessment details the aims and purpose of the policy and identifies which groups or individuals have been involved or consulted with. The assessment analyses the impact of the policy on different equality groups.

A subgroup of the Equality Steering Group has been set up to look at the EIA process; opportunities to work in partnership with Scottish Borders Council are being explored given the work locally to integrate health and social care services. There are already several joint teams where staff from NHS Borders and Scottish Borders Council work together – for example The Joint Learning Disability Service and the JHIT.

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

via telephone. A video relay service for users of British Sign Language (BSL) is also available. Our current Interpretation and Translation Guidelines are now being reviewed in order that they are more comprehensive and fit for purpose.

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

A subgroup of the Equality Steering Group has been set up to look at communication of this report to ensure it is in an appropriate format and easily accessible.

NHS Borders has recently launched the Children & Young People's Health Strategy for the Scottish Borders 2013 – 2018. The strategy describes how NHS Borders plans to further improve the health and wellbeing of children and young people up to the age of 18 years in Scottish Borders. For the first time the scope of strategy spans from pre-birth and highlights the importance of getting it right for all children particularly in the early years. The strategy is of relevance to all NHS services providing care to women, babies, children, young people and their families.

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

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

NHS Borders is represented on the Scottish Borders Migrant Support Group and has recently led on a piece of work – more details are provided in the evidence for Outcome 2.

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

NHS Borders is a member of the Stonewall Good Practice Programme whereby Stonewall Scotland supports effective organisational collaboration and partnership working to drive excellence in the provision of public service to LGBT communities in Scotland. The programme offers six specific areas of support, information and guidance which include:

- Support in setting Equality Outcomes as well as delivering and reporting on progress
- Support in mainstreaming LGBT equality
- Support in developing effective service user networks
- Providing research and evidence to undertake meaningful EIAs
- Access to dedicated on-line learning resource
- Multi-agency training and information seminars

Procurement and the Equality Duties under the Equality Act

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

over £50k and contracts over £15k require 3 quotations).

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

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

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

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

GOOD PRACTICE EXAMPLE

COMMISSIONING

The context
NHS Boards in Scotland have responsibility to plan and provide health services for the population living within their geographic area. The Scottish Government has recently reinforced that whenever possible, treatment should be provided within a patient's own health board area.

During 2013/14 more than 1,700 referrals were made to NHS hospitals outwith Scottish Borders for services available at Borders General Hospital. This is not efficient, as it costs more to buy a service from another NHS Board than to provide it locally.

Our response
NHS Borders has worked with local GPs and other referrers to reduce the number of out of area referrals. However there will be some occasions when exceptions can be considered this includes:

- if a patient needs treatment or a service that is not available within NHS Borders;
- if a patient requests a second opinion that is not available within NHS Borders;
- where treatment within NHS Borders will impact on a patient's ability to work or on job security;
- If a patient is unable to reach Borders General Hospital by private, public or patient transport, but would be able to reach an alternative destination for treatment.

These new working practices bring the following advantages to our patients ….

- While a small number of patients may feel inconvenienced, the financial saving to NHS Borders from not paying for unnecessary out of area treatment is very significant. These savings will enable NHS Borders to maintain and even enhance our services for the benefit of all Borders residents.
- The Borders General Hospital generally has short waiting times.
- Borders General Hospital generally does well in external quality and safety inspections.
- There is good communication and information sharing between NHS Borders GPs and the Borders General Hospital consultants.

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

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

Currently within NHS Borders we work hard to ensure that:

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

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

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

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

A new Framework for Medium Value Construction Projects will be awarded in April 2015 and

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

Mainstreaming the Equality Duty as an Employer

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

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

The following policies and practices help us to do this:

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

Equality, Diversity & Human Rights Policy
This policy sets out NHS Borders's commitment to the principles of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met.

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

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

Management of Employee Capability Policy
The aim of this policy is to ensure that all employees are treated in a fair and equitable manner. Employees are required to perform the duties of their post to an acceptable standard. Where the standard is not met, employees will be offered support, encouragement, guidance and if necessary training to improve their work performance. A

distinction is be drawn between inherent incapacity (for example, this might include an ongoing/serious illness, or if the person has not received the training they need) and a lack of performance that is attributable to a wilful refusal to work satisfactorily (for example, persistent failure to meet agreed deadlines, or unauthorised absence from work).

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

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

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

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

NHS Borders is also committed to the 'Two Ticks' "Positive about Disability" scheme with vacancy and application forms displaying the symbol. This is awarded by Jobcentre Plus to employers who have made commitments to employ, keep and develop the abilities of disabled staff. NHS Borders advertises all external vacancies within the local job centres. vacancy and application forms display the "Two Tick" disability symbol. Employers who use the disability symbol make five commitments regarding recruitment, training, retention, consultation and disability awareness. The five commitments are:

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

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

Human Resources System
NHS Borders has implemented the new NHS Scotland national electronic *Human Resources* (HR) system Electronic Employee Support System (eESS). This system enables us to maintain the employment records of all employees and bank workers including details of the protected characteristics of the staff. During 2015 the electronic recruitment module will be rolled out to all applicants and support and modifications will be available to any applicant that requires this. This system has been equality impact assessed at national level.

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

- Raise awareness of the growing numbers of people who juggle work and caring responsibilities
- Encourage employers to understand the business case for supporting carers in the workplace
- Encourage and provide recognition to those employers who currently have, or who develop policies and practices which support carers in their workforce

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

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

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

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

Local procedures are in place to ensure all parties are involved in the formulation, consultation, implementation, and evaluation of change.

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

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

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

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

More specific work is ongoing to ensure that NHS Borders makes progress against its Equality Outcomes as detailed below. Much of the evidence provided has been extracted from the responses to the SurveyMonkey and further communication throughout the organisation.

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

The following tables show the basic breakdown of equality characteristics in the workplace. Further details and analysis is available in Annexe 1. Also see outcome 7 for information regarding training & development opportunities for staff.

Figure 1 – Workforce Gender Balance (All Staff)

	Staff by percentage	Staff by Numbers
Gender	**2014**	**2014**
Female	82.32%	2505
Male	17.68%	538
Totals	100.00%	3043

Figure 2 – Workforce Age Profile

	Staff by Percentage	Staff by Numbers
Age	**2014**	**2014**
16-29	9.99%	304
30-44	30.99%	943
45-59	52.81%	1607
over 60	6.21%	189
Grand Total	100.00%	3043

Figure 3 - Workforce Ethnic Origin Profile

	Staff by Percentage	Staff by Numbers
Ethnic Group	**2014**	**2014**
Black minorities	0.23%	9
Asian minorities	0.53%	20
Not recorded	0.33%	11
Mixed or Other Ethnic Group	1.32%	40
Prefer not to say	47.42%	1499
White - Irish	0.76%	23
White - Other	2.07%	59
White - Other British	6.77%	211
White - Scottish	40.58%	1239

Figure 4 - Workforce Disability Profile

	Staff by Percentage	Staff by Numbers
Medical Condition in Last 12 months	**2014**	**2014**
Not recorded	0.30%	9
No	96.68%	2942
Prefer not to say	2.27%	69
Yes	0.76%	23
Grand Total	100	3043

Figure 5 - Workforce Sexual Orientation Profile

	Staff by Percentage	Staff by Numbers
Sexual Orientation	**2014**	**2014**
Bisexual	0.20%	6
Not recorded	50.28%	1530
Gay/Lesbian	0.20%	6
Heterosexual	35.13%	1069
Other	0.16%	5
Prefer not to say	14.03%	427
Grand Total	100.00%	3043

Figure 6 – Workforce Religion Profile

	Staff by percentage	Staff by Numbers
Religion	**2014**	**2014**
Buddhist	0.16%	5
Christian - Other	4.04%	123
Church of Scotland	13.87%	422
Not recorded	13.44%	409
Hindu	0.23%	7
Muslim	0.20%	6
No Religion	9.99%	304
Other	3.58%	109
Prefer not to say	51.56%	1569
Roman Catholic	2.89%	88
Sikh	0.03%	1
Grand Total	100.00%	3043

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

Data from the most recent NHS Scotland Staff Survey indicates that there has been an improvement in staff feeling that they are treated fairly and consistently, with dignity and respect in an environment where diversity is valued. In response to the statement *NHS Borders acts fairly and offers equality of opportunity with regard to career progression/promotion* 55% of staff had a positive perception of this statement in 2014 compared to 44% in 2013, showing an overall 11 percentage point increase between the years.

The percentage of staff saying they have experienced unfair discrimination from their manager in the last 12 months has seen a positive change from 5% in 2013 to 4% in 2014; in relation to unfair discrimination from other colleagues the percentage was unchanged at 7%.

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

Policy
Responses from the SurveyMonkey survey indicated that most areas who responded felt that by following NHS Borders policies they were ensuring inclusion. These policies include:

- Adoption & Fostering Leave

- Annual Leave
- Appraisal, PDP & Review
- Embracing Equality, Diversity & Human Rights
- Equal Opportunities
- Facilities Agreement
- Fixed-term Contracts
- Flexible Working Requests
- Grievance
- Induction
- Managing Employee Capability
- Managing Employee Conduct
- Maternity (and Paternity) Leave
- Parental Leave
- Recruitment and Selection
- Redeployment
- Retirement
- Sickness Absence
- Special Leave
- Substance and Alcohol Misuse
- Tackling Workplace Bullying and Harassment (previously Dignity at Work)

As part of the Tackling Workplace Bullying and Harassment policy, NHS Borders Confidential Contacts provide confidential advice to staff who feel that they are being bullied or harassed. Although they are not counsellors, they are fully trained to listen, to help staff members explore possible ways forward and to outline options – please see good practice example for Outcome 3.

SurveyMonkey responses indicated that service areas make good use of flexible working time policy for childcare needs and workplace adjustments to enable staff to continue in or to access employment.

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

DWP carry out an assessment and recommend items to be purchased, some of which are refundable in part.

GOOD PRACTICE EXAMPLE

REASONABLE ADJUSTMENTS

John - Hospital Porter

John had a motorbike accident in Summer 2013. His right leg was seriously injured. After four months of treatment by medical and nursing staff, physiotherapists and occupational therapists it became clear that John was not going to regain full use of his leg and would be left with a permanent disability. By Autumn 2013 John could walk no more than 100 metres before needing to rest, however he was starting to feel very frustrated about not being at work and concerned that he could not return to his job as a Hospital Porter. His manager referred him to the Occupational Health (OH) Service for advice on support and adjustments that could be provided to help him return to the work environment.

John met with the OH nurse who asked a number of questions about his current capabilities, skills and goals. Using a case management approach working with John's clinical carers, line manager and the Human Resources department the OH nurse suggested that redeployment into another area could support John to return to work. As John had an interest in computers and good IT skills he moved to the IT department where further training was given.

With practical support and encouragement, 9 months after his accident John was fully rehabilitated into this post. At his last appointment with OH John said “it is a weight off my mind to be back at work, things are going great”. From NHS Borders perspective, this pro-active approach to returning one of its valued employees to work means it has been able to retain a good worker.

Ann - Staff Nurse

Ann had experienced periods of depression for several years and had been unemployed for 12 months before she applied for a job as a staff nurse in NHS Borders. Although anxious about telling a prospective employer about her health issues, Ann was open at interview and honest on the health declaration that she sent to OH.

When she met with the OH service, she was relieved to find that she was speaking to someone who understood her health issues and who focussed positively on what she could bring to the job rather than whether she might be off sick in the future.

The OH nurse spent time with Ann establishing what she would find supportive in the workplace in terms of shift patterns, mentoring and emotional support. OH then advised NHS Borders on adjustments that would help Ann commence work and contribute fully to the workplace. Ann started work and the OH service provided 1:1 support for her in the first 3 months of work helping her to improve her self-esteem and regain her confidence.

12 months later Ann has had full attendance at work and reports her mental well-being as much improved. She feels confident in the support of her line manager and colleagues and has become a highly valued member of her team.

Service areas report that consultation with staff takes place on NHS Borders wide policies and other, service specific, issues that may affect them e.g. workforce planning. This will be improved and formalised through the planned iMatter rollout - this is a staff engagement tool

that is being introduced to enable staff to influence changes not just within NHS Borders but also in their own departments.

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

As noted above, NHS Borders meet the criteria to maintain the two tick symbol.

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

In the SurveyMonkey survey, service areas reported that they recognise barriers to service engagement and make reasonable adjustments or provide services based on feedback from national and local evidence, local communities and groups themselves and results of the planning process (including EIA).

There are two partnership projects between the Joint Learning Disability Service and the JHIT which aim to ensure that people with Learning Disabilities (LD) have equitable access to information and interventions. People with learning disabilities have:

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

The projects are:

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

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

An additional one year project focusing on the communication needs of people with LD is also running around Intensive Interaction and iMUSE with a focus on improving the wellbeing of people with learning disabilities. iMuse is a programme to enhance the enjoyment and educational value of museums for people with communications disabilities which aims to enable everyone, especially those with communication difficulties, to increase their enjoyment of, learn from and interact with museums and other visitors. The Joint Learning Disability Service are working with museums and visitors to try out various types of mobile device such as smartphones and iPads.

There is a community health flat in Burnfoot in Hawick which ensures health services are accessible to a community who may not otherwise access them. A second community health

flat opened on 1st December 2014 in Langlee in Galashiels.

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

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

Where community services are offered, the aim is to provide them as near to peoples home as possible, in accessible premises. Home services are available for those meeting the required criteria.

GOOD PRACTICE EXAMPLE

BORDERS INTERNATIONAL FAMILY FUN DAY

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

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

A multi-agency planning group was formed and met twice to plan the event and then communication was maintained by email.

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

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

- Celebrating the diversity of people living in the Scottish Borders to reduce discrimination on the basis of race

The event was promoted through the Migrant Support Group and other partner agencies. Posters and information were sent to large employers of Migrant workers, Langlee primary school, ESOL tutors, Borders College, as well as being circulated by partner agencies and community members.

A number of International tables were hosted by community members.

Community members from the Langlee ESOL Parents Group (supported by NHS Borders Community Food Worker) prepared international food (sushi, curry and biryani stuffed peppers) to fit with the maternal and infant nutrition theme.

Evaluation
More than 170 people took part in the event and this included local agencies, people from Migrant Communities and visitors to the event. A crèche facility was organised and 14 children accessed it.

Visitor evaluations have shown that the event was very much enjoyed and offered an invaluable opportunity for people to showcase their countries of origin which gave them a feeling of pride as well as the opportunity to meet new people. Visitors enjoyed learning about other cultures and realising how many different nationalities were represented across the Scottish Borders. The "Children's Passports" (where children went around the event collecting flags from each exhibitor) were given positive feedback and the relaxed atmosphere of the event was definitely attributed in part to the Bedlam Ceilidh band who volunteered their time to play in the main hall.

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

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

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

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

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

GOOD PRACTICE EXAMPLE

GIVE RESPECT, GET RESPECT

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

Key Campaign Messages

- Being valued, being listened to and being treated with respect are just some of the things that add up to a dignified workplace
- There is no place for negative behaviour at work. If you see exclusion, humiliation, intimidation. Don't tolerate it. Challenge it.
- Negative behaviour at work doesn't belong at work. Respect for others does. It builds a positive work attitude. And that takes patient care to a higher level.
- Everyone deserves respect. Your colleagues, your boss, your staff, patients and the public. Respect begins by treating others as you'd want to be treated yourself
- Everyone deserves respect. Both the person and the work they do. Whatever the job, whatever the grade. How you behave towards people matters. Everyone has the right to be respected, just like you.

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

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

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

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

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

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

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

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

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

The Scottish Borders Community Health and Care Partnership (CHCP) was established in August 2005. It is a joint partnership between NHS Borders, Scottish Borders Council and the Voluntary Sector who work together to plan, deliver and improve joint services.

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

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

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

To provide support to staff who engage with volunteers, there is a dedicated intranet section that contains the NHS Borders Volunteering Policy and all the associated resources needed to engage volunteers. We hope this will encourage a consistent approach to the way we engage with volunteers.

Volunteering is critical to ensuring capacity within communities and there are an increased number of people looking for opportunities. For example, The Healthy Living Network currently have 18 volunteers listed as active and this number is increasing with more applications currently being processed across Langlee, Burnfoot & Eyemouth.

GOOD PRACTICE EXAMPLE

VOLUNTEERING - BREAST FEEDING PEER SUPPORTERS

In order to support the implementation of the UNICEF Baby Friendly Initiative stage 3 (see Outcome 5), there are a number of breast feeding peer supporter working with JHIT. The peer support volunteers' role is to inform and support pregnant women and breast feeding families in a variety of venues which may be in the home, in groups or in the hospital setting. And to promote breastfeeding to the wider community; to offer evidence based information, support and encouragement to women and their families and to refer to other professionals in a timely manner when issues arise.

Duties and Responsibilities include

- To contact identified expectant/new mothers and provide information regarding breast feeding and breastfeeding peer support.
- To provide/continue breastfeeding peer support after the baby is born as agreed with the mother, in a variety of settings.
- To promote breast feeding to the wider community at every opportunity.
- To attend and assist in the running of a breastfeeding support group.
- To receive appropriate role related referrals from local workers and health professionals.
- To refer to professionals as necessary.
- To maintain a record of involvement with the family.
- To complete and send a contact form to relevant health professionals.
- To participate in research and evaluation.
- To have an understanding of safeguarding and child protection issues and to act appropriately should areas of concern arise.
- To attend training courses and meetings as appropriate.
- To work alongside other Peer Supporters, Health and Early Years Staff.
- Any other relevant duties and responsibilities as may arise.

The Maternal and Infant Nutrition Team within JHIT have secured funds from the Early Years Grant to cover childminding costs for volunteer Breastfeeding Peer Supporters which means that their childminding fees are paid to enable them to expand their volunteer duties - they use this to attend support groups/or volunteer on the postnatal ward. The money has been banked with the Childminders Association and the peers use a voucher for the service, the childminder is then paid directly from childminding association to reimburse the vouchers.

Joint Learning Disability Service

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

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

Local Area Co-ordination is a partnership initiative which provides support to individuals with a learning disability so they can play an active role in their local communities. A Local Area Co-ordinator is a single, local, accessible contact within each community who works alongside individuals and their familes/carers, using a person-centred approach to help people access opportunities in their local communities. Through early interventions, we focus on enabling the individual to be involved in their local community and, where possible,

avoid becoming dependent on statutory services. The service we provide is flexible and responsive to the needs of clients.

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

The Joint Learning Disability Service is currently writing the Scottish Borders Action Plan derived from the national strategy, 'The Keys to Life'. As well as engaging directly with the citizen's panels, specific events are being held to facilitate more in-depth discussions and gather information to form action plans. Events were held in February 2015 five locations across the Borders to support ease of access and supported by Local Area Co-ordinators. The planning group for these events is made up of staff from the LD service, people with learning disability and a carer representative. A great deal of work goes into making each event accessible both in terms of physical environment and approach to the meeting Provision of accessible information is key to ensuring that people are able to engage at the events.

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

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

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

Joint Health Improvement Team
Part of the JHIT, The Borders Healthy Living Network takes a lead in supporting communities to address health inequalities by building individual and community capacity using a Community Development approach to health improvement and through consultation and working in partnership with other agencies.

HLN operates in 5 regeneration areas in the Borders namely: Selkirk, Walkerburn, Eyemouth, Langlee and Burnfoot. The long-term aims of HLN are:
- To reduce inequalities in health
- To empower communities to identify and address health issues.

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

Although the programmes delivered across the five areas of work differ in their detail they

follow the same themes as follows:

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

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

GOOD PRACTICE EXAMPLE

Healthy Living Network, Walkerburn

Walkerburn is the smallest of the five most deprived Borders communities. This case study illustrates the change process in Walkerburn by focusing on the conditions and influences on creativity and partnership working. The HLN's starting point is the community, often referred to as a 'bottom up' or community development approach, taking an "age and stage" approach in order to address health inequalities; there is an impact upon other protected characteristics through this work eg sex, disability, pregnancy & maternity. This requires a neutral position and no pre-determined prescription for how people should behave although striving for a healthier lifestyle.

A two year consultation process with the community led up to confirmation of lottery funding in 2003.

Walkerburn in 2003:

- One of the five most deprived communities in Scottish Borders
- Known as a 'dumping ground' by residents who felt that people were re-housed there if they could not find other accommodation
- Described in the HLN business plan as having a 'weak sense of community integrity'
- A fragmented community with unusually low levels of participation in local activities
- An area where wages were low and unemployment high with residents feeling isolated and like 'second-class citizens'
- Walkerburn was "apparently held in low self esteem by outsiders and consequently its residents, especially the young people of secondary school age"

(Borders Healthy Living Network Business Plan 2000)

This highlights the extent of the wider influences on community health in Walkerburn in 2003 including physical, emotional, economic, social, political and hence, cultural issues as detailed below in a 'social model of health'

Walkerburn had its own set of problems including one of the highest incidences of:
Episodes of coronary heart disease in the under 75s in the Borders
(39.6-47.2 per 1000 population, 1997-2000)
Premature death from CVA/stroke (0.14-0.17 per 1000, 1997-99)

Big Lottery needs assessment work in 2003 provided a basic overview of the activities in

Walkerburn at that time. This needs assessment created an enthusiasm for HLN and for health. Working in partnership NHS Borders and partner agencies co-created a vision for the future health of Walkerburn by identifying what needed to change.

Focusing on assets in 2003, Walkerburn had:

- A pre-existing community activity
- A vision for change in Walkerburn
- A small population of around 620
- A vibrant older people's population
- An expectation and enthusiasm resulting from two years of needs assessment
- A limited range of area based partners
- An opportunity to create a team in the community
- An opportunity to raise the profile of the areas at all levels
- New ideas for old problems

HLN Contribution in Walkerburn:

Early Years

Breastfeeding Information & Advice, Bump to Baby, Weaning, One Stop Shop Legacy, Community Food Work, Vegetable Distribution

Children & Young People

Cooking Skills, Physical Activity, Emotional Well Being, Community Food Work, Schools Programme

Working Age Adults

Community Food Work, Low Level Healthy Weight Work, Physical Activity, One Stop Shop Legacy, Smoking Cessation

Older People

Community Food Work, Lunch Club, Carpet Bowls, Seated Keep Fit, Walking Group, Smoking Cessation, Vegetable Distribution

The community were experienced and used the HLN staff team as a resource and worked well in partnership with services.

HLN staff created a volunteer team, of older people, parents, young people and interested others. Examples of intergenerational health improvement work which fostered good relations included older people setting up a tooth brushing programme for pupils in the school.

A gentle exercise class for older people was set up to address issues around physical activity in that age group. Participatory appraisal methods, where members of the community give their views, were used to create a ripple in the community around the 50% uptake of healthier foods. Locals drew out a map detailing food access and availability and suggested solutions. This research formed the basis for developing community food work at all levels, early years, schools, working age and older people.

The Walkerburn Allotments are an example of significant change. The Walkerburn Community Development Trust focused on alleviating fears and communicating the vision for reducing Walkerburn's carbon footprint. The HLN concentrated on the health benefits and the training opportunities a community garden would bring to the area, increasing employability. The 'early adopters' who became the 'Walkerburn Allotments Society" worked hard to overcome the challenges during the planning phases and engaged well with services to meet their needs. The community garden and the allotments society are not without their politics and other service providers are interested in how their service users can benefit from the opportunities Walkerburn has to offer.

Walkerburn now:

Walkerburn now is significantly different with a number of other agencies collaborating effectively with the community and a Healthy Living Network firmly established. Perhaps the most significant change relates to who is running the groups in Walkerburn, the community themselves.

- No longer scores highly on the Scottish Index of Multiple Deprivation
- Do not define themselves as a deprived community
- Are proud of their achievements and contribution to the development of the area
- Have an active locality volunteer team who deliver and support additional activities
- Volunteers and participants have taken part in local consultations and health related events
- Have solved the complex problem of 'a 50% increased uptake of healthier foods' by increasing the access and availability fruit and vegetables in the area
- Are running health improving activities themselves
- Latest unemployment figures suggest there are a total of 30 unemployed people living in Walkerburn, ten of which are on a work training programme, leaving 20 people looking for work.

Walkerburn is a role model for other Borders communities. This is a significant transformation over a ten year period.

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

GOOD PRACTICE EXAMPLE

UNICEF BABY FRIENDLY INITIATIVE STAGE 3

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

The Assessors found that NHS Borders had achieved all of the required elements for both the Hospital and Community, and recorded high pass rates in all areas. Also worthy of note was the very short space of time in which the accreditation has been achieved; two years compared to the five which are normally allocated.

The stage by stage overview of the UNICEF UK Baby Friendly Initiative Standards is detailed below:

Stage 1: Building a firm foundation

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

Stage 2: An educated workforce
Educate staff to implement the standards according to their role and the service provided.

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

Stage 3: Parents' experiences of neonatal units
1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

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

Stage 3: Parents' experiences of children's centres or equivalent early years settings in Wales, Scotland and Northern Ireland
1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Central to the continuation of this work is the ongoing focus on encouraging mothers to breastfeed their babies, in order to give them the best possible start in life. The Volunteer Breastfeeding Peer Supporters are central to this work (see example Outcome 4)

Financial help in early years
NHS Borders has secured funding from the Scottish Government Health and Welfare programme to develop support for families on low income with welfare benefits issues in partnership with Citizens Advice Bureaux & Welfare Benefits. Working within two of the Borders new Early Years Centres, the project aims to develop effective approaches and tools to support income maximisation for families with young children (pre-birth to eight years of age). It will offer screening, information, action planning and signposting on welfare benefits and money advice. The information gathered will be used to develop programmes to address health inequalities, for delivery through integrated mainstream early years services, including maternity and health visiting.

6. We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens

This is a major role for Public Health which focuses on promoting the health and well-being of people living in the Scottish Borders and protecting people from becoming ill.

Public Health:

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

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

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

NHS Borders participated within Scottish Borders Council’s Equality Review Group. This group includes Councillors and officers from SBC to focus on the needs of its underrepresented communities. The NHS Borders focus was on Health Inequalities.
In essence the sessions of the group were interactive, whereby those in attendance had the opportunity to learn about the experiences, successes and challenges the representatives encountered. Ways to improvements were discussed and where possible implemented.

GOOD PRACTICE EXAMPLE

LIFESTYLE ADVISER SUPPORT SERVICE

The Lifestyle Adviser Support Service (LASS) offers support and advice to people wishing to make a lifestyle change to improve their health. A Lifestyle Adviser, based within a health centre, uses health behaviour change theory, motivational interviewing skills and the provision of dedicated time to support clients to make and maintain changes to their lifestyles. The service helps people to focus on their physical activity, smoking, healthier eating, safer alcohol use and emotional well being.

The target group is adults aged over 16 years who are at risk of developing coronary heart disease, diabetes and other chronic diseases/illnesses. Clients in this group may present with the following risk factors:

- high blood pressure
- overweight
- smoking
- raised cholesterol
- alcohol issues

For some people, it may be beneficial to follow a structured weight management programme. All Lifestyle Advisers are trained and skilled in delivering the *Counterweight*

programme which is an evidence based weight management programme being recommended by the Scottish Government for use in primary care.

The Lifestyle Adviser allows for a 45 minute–1 hour initial appointment followed by a series of 20-30 minute review sessions. These follow-up sessions are to maintain motivation, support continued change, to respond to further changes identified and gather evaluation data. Clients are offered a series of appointments to support them through their programme of change. There is no fixed limit on the number of appointments per client though we recommend that a client meets with a Lifestyle Adviser for up to 6 sessions over a 3-6 month period. This will vary depending on the client's needs.

Usually clients do not need to wait any longer than 2-3 weeks for a first appointment.
The Lifestyle Adviser Support Service now offers Keep Well screening to eligible patients in addition to Lifestyle Advice and Counterweight. Keep Well is a health programme to help clients keep well as possible. By carrying out a free and confidential health check, we can find out if there is a chance if a client could develop conditions like heart disease or diabetes, and can give advice about the change they can make to improve their health

The objectives of the service are to:

- Increase the importance clients attach to making health behaviour change
- Increase the confidence of clients in making health behaviour change
- Signpost clients to, and increase usage of appropriate community activities/services
- Encourage positive changes in health behaviour and lifestyle in terms of smoking, diet, alcohol consumption and physical activity
- Increase the sense of well being in clients following health behaviour changes and after attending the service
- Improve the physiological health of individuals attending the service
- Reduce the number of visits to GPs and/or Practice Nurses by individuals in the target groups who use the service

The reported level of client satisfaction with the service is high. 91% of clients claimed to be very satisfied or satisfied with LASS. 89% of clients said they would come back to the service if they had a need in future and the 91% would be willing to recommend the service to their family and friends.

7. We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from under represented groups is improved

NHS Borders meet the criteria to maintain the two tick symbol, as noted above.

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

The Joint Learning Disability Service works with the Employment Support Service in Scottish Borders Council to find placements for people with a Learning Disability. There has been recent consultation with Citizens Panels to organize a roadshow in February 2015 looking at

barriers to employment and volunteering for people with a learning disabilities.

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

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

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

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

GOOD PRACTICE EXAMPLE

SECTOR BASED WORK ACADEMY

Previously, NHS Borders has successfully collaborated with Borders College, Skills Development Scotland and Scottish Borders Council to provide the 'We Care" programme which provided opportunities for school Leavers. Unemployed and those who have .been made redundant to work in Health and Social Care
Five successful "We Care" pre-employment courses resulted in:

- 60 people recruited
- 54 sustained course places (90%)
- 42 progressed after the course (70% of course starts);-
- 1 into further education
- 2 into higher education
- 39 into employment

NHS Borders further responded to the demographic challenges of the ageing workforce during 2013-2014 and successfully developed a Sector Based Work Academy in collaboration with Borders College, Skills Development Scotland and Job Centre Plus. These pre-employment programmes offer a unique opportunity to experience working in the Care Sector, providing the necessary knowledge and skills to give them a head start in applying for posts and in their future careers. Opportunities to develop a common gateway or passport into care careers with learning and development embedded at the start of the journey. It provides a common platform of training to specified standards with PVG checks included in the process; the Skills Academy approach offers an excellent opportunity for a systematic, planned approach to recruitment to entry level posts
The programmes are financed through Skills Development Scotland's Employability Fund and in 2013/2014 resulted in

- One Support Services programme being delivered with two participants under the age of 25 who have secured employment in NHS Borders
- Four "Train to Care" Programmes being delivered with 13 participants under the age of 25 (All participants were offered Nurse Bank interviews). Following recent interviews, eight applicants were successful.
- One Administration Programme was delivered. Nine of these participants were under 25 and four were interviewed successfully for the admin bank. There are also a small

number of young people currently on fixed-term contracts within the Board Executive Team and Medical Records. There are plans to offer Modern Apprenticeships to a number of these young people.

All Students who successfully complete the "Sector Based Academy" pre-employment programmes are guaranteed an interview and if appropriate are offered either an interview for the Nurse Bank or Administration Bank. These students are then eligible to apply for NHS Borders job vacancies.

Feedback from 2013/2014 Pre-employment students on their achievements as a result of the pre-employment programmes include:

- Getting a Job
- Getting Training Qualifications
- Getting Care Experience
- Building Confidence
- Fun – whilst Learning

Sector Based Work Academy plans 2014/2015

Demand is high and NHS Borders are very supportive of the programme

- 14 students have been selected to commence on 2/6/14. Placements are within the Care Setting, and Administration and General Services. This will be evaluated & repeated.
- A further "Train to Care" programme to commence 18th August 2014 for 12 students.
- A programme for 6 students' stage 3 (furthest away from job market) who have recently come off Employment Support Allowance (ESA). ESA replaced incapacity benefit in 2008.

The JHIT is about to take on a Modern Apprentice (MA). As a pre-cursor to the MA opportunity the student will be on placement for nine weeks so that they can gain some experience and 'test out' working within the team. Following this, they will commence their MA employment for 15 months while they study for a SVQ level 2 in Social Services and Health. The partners involved in this piece of work include: JHIT, Scottish Borders Council & Borders College, at present.

The placement will be developed around the interests of the MA, while providing a generic experience of the workplace. With this in mind there are a variety of specific projects the MA may wish to take on from start to finish for example: project work with young people, training as a Health Issues in the Community (HIIC) tutor and delivering courses for young people, social media/website project for HLN. The placement will be based within Hawick, at the Health Flat, with the intention to provide a rounded experience through engagement with the wider JHIT team.

There is currently one management trainee within NHS Borders, on a three year programme.

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

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

Sector Based Work Academy – see Outcome 7.

GOOD PRACTICE EXAMPLE

Health Champions

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

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

The course was constructed on a number of key learning outcomes containing the following criteria:

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

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

Applications for the course are invited each year and those who pass the intial screening attend a selection event. There is no compulsion for students to become volunteer Health Champions post course, but we expressed the hope at the start of the course that some would agree to do so. Of the 27 people who completed the course in 2011/12/13, 15 are still registered as active Health Champions and involved in the delivery of health improvement information sessions. All students who become Health Champions are signed up under the provisions of the NHS Borders Volunteering Policy.

The Scottish Health Council carried out evaluations of the Health Champions courses of 2012 and 2013. This process involved one-to-one interviews with students, their family carers and support staff. Copies of the evaluation reports are available on request.

We also carry out evaluations of each Health Champion event by asking attendees to complete evaluation forms and carrying out post-event debriefs with the Health Champions

themselves.

Examples of Health Champions in action

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

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

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

- Getting It Right For Every Child (GIRFEC)
- Early Years
- Promoting Children's Rights
- Keeping Children Safe
- Looked After and Accommodated Children and Young People
- Parenting
- Parental Involvement
- Improved attainment and achievement for all our children and young people
- Improved health and wellbeing for children and young people
- Transitions 16+
- Workforce Planning and Development

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

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

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

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

GOOD PRACTICE EXAMPLE

Learning Disability Housing Needs Assessment

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

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

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

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

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

AREAS FOR DEVELOPMENT

Whilst NHS Borders is clearly taking steps to assure that Equality and Diversity is mainstreamed within the organisation it is worth noting that there are several points for development.

Equality Impact Assessment
There is no formal process for publishing the results of EIA on our public website. Currently, completed EIA's should be sent to the Equality inbox and they are then filed. There is an Equality page on our public website where they could be published.

At the time of publication, a low number of NHS Borders employees have completed formal EIA training. Delivery options and target audience are currently being explored.

Although we have not previously been required to carry out retrospective EIA, in the future we may be. In response to the SurveyMonkey question "Has your service area compiled a list of documents and processes which require a retrospective EIA and a schedule for doing this?" Only one service area indicated that it had a list of policies to be reviewed – this is not necessarily indicative of all service areas. It was noted that the vast majority of service areas were not aware of this development.

Where an EIA has been completed, over 70% of survey respondents indicated that they had no evidence that the findings had been taken into consideration during the decision making process. We cannot speculate about the reasons for this response therefore this needs to be further explored as EIA is a planning tool and NHS Borders expects the findings to inform the decision making process. This issue has recently been highlighted and discussed at NHS Borders Health Board.

Awareness and Understanding
50% of service areas felt that they were fully compliant with the public sector equality duties yet failed to provide any evidence to illustrate this.

One illustration of an apparent lack of awareness and understanding regarding some of the language around Equality and Diversity is the interpretation of the term occupational segregation. The results of the SurveyMonkey survey indicates that almost 90% of service areas are not affected by occupational segregation. This is at odds with workforce information which indicates that NHS Borders workforce is predominantly female, heterosexual, white British / Scottish, over 45 and able bodied (see evidence for Outcome 1 and Annex A for further details).

Managerial responsibility
While almost 70% of managers who responded to the survey felt they were fully aware of their responsibilities under the Equality Act, over 30% felt they were only partially aware. This is another issue that may be resolved by training.

Equality monitoring
A considerable number of staff choose not to disclose protected characteristic information. This may in part be due to a lack of information about why it is being asked for – there is information available on the Intranet but it needs to be communicated in a more effective way. It is likely that the issue is that same for patient information. We collect it but people choose not to disclose it.

Duty to consult and engage
While most service areas agreed that they consulted and engaged with the public including

protected characteristic groups, there was a lack of evidence of this.

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

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

NEXT STEPS

The next steps for NHS Borders will take into account the areas for development outlined above and will be addressed by action plan which will include

- A comprehensive equality training needs analysis
- A Review of the EIA process
- Setting of Key Performance Indicators (KPIs)
- Setting Equality Outcomes for 2017 onwards
- Recommendations regarding further mainstreaming and embedding of equality
- Address emerging issues from SurveyMonkey survey, Staff Survey and additional feedback

INTRODUCTION

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

CONTEXT

The following have been excluded from this report but may be considered in future reports: bank staff and rotational doctors under training (as we have no control over who comes to us and there are two changes each year).

The employee data has been obtained mostly from the HR Workforce system (the electronic Employee Support System, eESS) and the Finance system, cross-referencing data as necessary. Grievance and Discipline have been taken from local spreadsheets.

The recruitment data has been obtained from the HR Workforce system (Empower, locally known as Staff Governance Information System, SGIS) which is being replaced by eESS.

To be compatible with our partner organisation, Scottish Borders Council, the analysis is based on the calendar years of 2013 and 2014 and the age groups are not the normal NHS groupings.

In order to simplify the presentation the NHS job families have been clustered as shown below.

Job Family	Combined Job Families	Notes
ADMINISTRATIVE SERVICES	Admin & Support Families	
ALLIED HEALTH PROFESSION	Direct Healthcare Families	
DENTAL SUPPORT	Direct Healthcare Families	Dental nurses
HEALTHCARE SCIENCES	Direct Healthcare Families	
MEDICAL AND DENTAL	Medical/Dental Non-AFC staff	
MEDICAL AND DENTAL SUPPORT	Admin & Support Families	Technologists only
MEDICAL SUPPORT	Direct Healthcare Families	
NOT KNOWN	Direct Healthcare Families	by interpretation of the jobs for these years
NURSING/MIDWIFERY	Direct Healthcare Families	
OTHER THERAPEUTIC	Direct Healthcare Families	
PERSONAL AND SOCIAL CARE	Direct Healthcare Families	
SENIOR MANAGERS	Admin & Support Families	
SUPPORT SERVICES	Admin & Support Families	

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

Table 1 Total Number of employees

Family / Year	Admin & Support Families	Direct Healthcare Families	Medical/Dental Non-AFC staff	Grand Total
2013	1003	1919	189	3111
2014	993	1870	180	3043

WORKFORCE ANALYSIS

THE NINE PROTECTED CHARACTERISTICS

1. Gender

There has been little change in the workforce gender balance over the two years. As shown in Figure 1 the workforce is predominantly female.

Figure 1 – Workforce Gender Balance (All Staff)

	Staff by percentage		Staff by Numbers	
Gender	**2013**	**2014**	**2013**	**2014**
Female	82.06%	82.32%	2553	2505
Male	17.94%	17.68%	558	538
Totals	100.00%	100.00%	3111	3043

Figure 2 – Workforce Gender Balance by Job Family

		Staff by percentage		Staff by Numbers	
Family	**Gender**	**2013**	**2014**	**2013**	**2014**
Admin & Support Families	Female	74.28%	74.22%	745	737
	Male	25.72%	25.78%	258	256
Direct Healthcare Families	Female	89.37%	90.00%	1715	1683
	Male	10.63%	10.00%	204	187
Medical/Dental Non-AFC staff	Female	49.21%	47.22%	93	85
	Male	50.79%	52.78%	96	95

Figure 3 – Workforce Gender Balance by Status (Contract Type)

	Female	Male	Female	Male
Status	**2013**		**2014**	
Full Time	69.14%	30.86%	69.47%	30.53%
Part time	90.49%	9.51%	90.41%	9.59%

Figure 4 -Workforce Gender Balance by Division

	Female	Male	Female	Male
Division	**2013**		**2014**	

Borders General Hospital	83.57%	16.43%	84.68%	15.32%
Learning Disabilities	93.33%	6.67%	85.71%	14.29%
Mental Health	70.33%	29.67%	82.47%	17.53%
Primary & Community	82.19%	17.81%	93.79%	6.21%
Support Services	83.33%	16.67%	69.85%	30.15%

This breakdown by division is in lieu a breakdown by location. Much of the location data, especially for Support Services, was not reliable in 2013 hence any year on year comparison may not be entirely accurate.

Figure 5 - Workforce Gender Balance by Grade

	%Female	%Male	%Female	%Male
Band	**2013**		**2014**	
1	67.77%	32.23%	68.00%	32.00%
2	80.12%	19.88%	81.43%	18.57%
3	88.08%	11.92%	88.09%	11.91%
4	87.15%	12.85%	86.55%	13.45%
5	87.73%	12.27%	88.89%	11.11%
6	89.28%	10.72%	89.31%	10.69%
7	82.67%	17.33%	82.55%	17.45%
8	75.70%	24.30%	73.79%	26.21%
Sen Mgr	65.38%	34.62%	53.33%	46.67%
Medical 'J' Scale	66.67%	33.33%	63.64%	36.36%
Medical 'K' Scale	43.17%	56.83%	66.67%	33.33%
Medical 'L' Scale	52.94%	47.06%	42.03%	57.97%

Because of their unique grading system Medical and Dental grades have been grouped as J Scale (foundation house officers and dental officers), K Scale (out of hours GPs) and L Scale (consultants, associate specialists and specialty registrars).
It takes approximately 20 years to go from J to L grade and during the last 20 years there has been a noticeable shift in the male/female trainee ratio. It is now significantly more female than male overall. Whether this will translate into a more equal proportion at he higher grades remains to be seen.

2. Age

As rotational doctors under training have been removed from the totals, this gives a low percentage in the 16-29 age group, and especially for Medical/Dental.

Figure 6 – Workforce Age Profile by Gender

	Staff by Percentage		Staff by Numbers	
Gender	**2013**	**2014**	**2013**	**2014**
16-29	10.74%	9.99%	334	304
30-44	31.85%	30.99%	991	943
45-59	51.82%	52.81%	1612	1607
over 60	5.59%	6.21%	174	189
Grand Total	100.00%	100.00%	3111	3043

Figure 7 - Workforce Age Profile by Job Family

	Admin & Support Families		Direct Healthcare Families		Medical/Dental Non-AFC staff	
Age Group	**2013**	**2014**	**2013**	**2014**	**2013**	**2014**
16-29	10.67%	10.57%	11.67%	10.53%	1.59%	1.11%
30-44	29.91%	28.70%	32.00%	31.44%	40.74%	38.89%
45-59	50.55%	51.56%	52.48%	53.32%	51.85%	54.44%
60 and over	8.87%	9.16%	3.86%	4.71%	5.82%	5.56%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Figure 8 - Workforce Age Profile by Status

	%Full time	%Part time	%Full time	%Part time
Age Group	**2013**		**2014**	
16-29	10.46%	9.69%	31.88%	9.23%
30-44	26.53%	33.80%	31.88%	31.86%
45-59	57.23%	50.03%	31.88%	53.26%
60 and over	5.78%	6.48%	4.83%	5.65%
Grand Total	100.00%	100.00%	100.00%	100.00%

Figure 9 - Workforce Age Profile by Scale/Band

	16-29	30-44	45-59	60 and over	Total	16-29	30-44	45-59	60 and over	Total
Scale/ Band	**2013**					**2014**				
1	15.38	24.54	48.72	11.36	100	16.73	24.73	46.18	12.36	100
2	16.71	27.09	47.26	8.93%	100	16.00	25.43	50.57	8.00%	100
3	9.27%	24.72	59.38	6.62%	100	9.21%	23.60	59.78	7.42%	100
4	16.87	32.53	43.78	6.83%	100	11.76	36.55	45.38	6.30%	100
5	15.27	34.99	45.43	4.31%	100	14.06	34.54	46.99	4.42%	100
6	5.36%	39.38	52.78	2.47%	100	4.61%	36.69	54.09	4.61%	100
7	1.78%	31.11	64.89	2.22%	100	1.89%	28.30	66.98	2.83%	100
8	0.00%	26.17	71.96	1.87%	100	0.00%	28.16	67.96	3.88%	100
Medical 'J' Scale	7.69%	46.15 %	38.46 %	7.69%	100 %	9.09%	40.91 %	45.45 %	4.55%	100 %
Medical 'K' Scale	0.00%	75.00 %	25.00 %	0.00%	100 %	0.00%	71.43 %	23.81 %	4.76%	100 %
Medical 'L' Scale	0.72%	33.81 %	58.99 %	6.47%	100 %	0.00%	33.33 %	60.87 %	5.80%	100 %
Sen Mgr	0.00%	17.65 %	70.59 %	11.76 %	100 %	0.00%	13.33 %	60.00 %	26.67 %	100 %

Figure 10 - Workforce Age Profile by Division

	16-29	30-44	45-59	over 60	Total	16-29	30-44	45-59	over 60	Total
Age Gp	**2013**					**2014**				
Borders General Hospital	10.98 %	33.19 %	51.49 %	4.34 %	100 %	10.98 %	33.19 %	51.49 %	4.34%	100%
Learning Disabilities	9.52 %	42.86 %	42.86 %	4.76 %	100 %	9.52 %	42.86 %	42.86 %	4.76%	100%
Mental Health	6.03 %	30.46 %	56.03 %	7.47 %	100 %	6.03 %	30.46 %	56.03 %	7.47%	100%
Primary & Community	9.39 %	30.00 %	54.85 %	5.76 %	100 %	9.39 %	30.00 %	54.85 %	5.76%	100%
Support Services	10.73 %	28.61 %	51.97 %	8.70 %	100 %	10.73 %	28.61 %	51.97 %	8.70%	100%

3. Ethnic Origin

A high proportion of 'Prefer Not to Say' are long-serving staff whose data was not originally collected and was entered this way on an earlier HR system. A new HR system will be introduced in 2015 and staff will be responsible for entering their personal data and will be encouraged to provide ethnicity and other characteristic data

In order to preserve anonymity the Black minority sub-groups and the Asian minority sub-groups have been amalgamated.

Figure 11 - Workforce Ethnic Origin Profile

	Staff by percentage		Staff by Numbers	
Ethnic Group	**2013**	**2014**	**2013**	**2014**
Black minorities	0.29%	0.23%	7	9
Asian minorities	0.64%	0.53%	16	20
Not recorded	0.35%	0.33%	10	11
Mixed or Other Ethnic Group	1.28%	1.32%	40	40
Prefer not to say	48.18%	47.42%	1443	1499
White - Irish	0.74%	0.76%	23	23
White - Other	1.90%	2.07%	63	59
White - Other British	6.78%	6.77%	206	211
White - Scottish	39.83%	40.58%	1235	1239

4. Disability

The proportions have remained fairly constant over the last two years.

Figure 12 - Workforce Disability Profile

	Staff by percentage		Staff by Numbers	
Medical Condition in Last 12 months	**2013**	**2014**	**2013**	**2014**
Not recorded	0.19%	0.30%	6	9
No	96.88%	96.68%	3014	2942
Prefer not to say	2.15%	2.27%	67	69
Yes	0.77%	0.76%	24	23
Grand Total	100.00%	100	3111	3043

Due to the low numbers involved, further analytical breakdown is not provided.

5. Sexual Orientation

The proportions have remained fairly constant over the last two years.

Figure 13 - Workforce Sexual Orientation Profile

	Staff by percentage		Staff by Numbers	
Sexual Orientation	**2013**	**2014**	**2013**	**2014**
Bisexual	0.19%	0.20%	6	6
Not recorded	51.91%	50.28%	1615	1530
Gay/Lesbian	0.16%	0.20%	5	6
Heterosexual	33.78%	35.13%	1051	1069
Other	0.16%	0.16%	5	5
Prefer not to say	13.79%	14.03%	429	427
Grand Total	100.00%	100.00%	3111	3043

Due to the low numbers involved, further analytical breakdown is not provided.

6. Gender Reassignment

The proportions have remained fairly constant over the last two years. With no-one indicating they have, or intend to have, gender reassignment no further analytical breakdown is provided.

Figure 14 - Workforce Gender Reassignment Profile

	Staff by percentage		Staff by Numbers	
Gender Reassignment	**2013**	**2014**	**2013**	**2014**
Not recorded	4.60%	4.60%	143	140
No	92.99%	92.90%	2893	2827
Prefer not to say	2.41%	2.50%	75	76
Grand Total	100.00%	100.00%	3111	3043

7. Religion/Belief

The proportions have remained fairly constant over the last two years.

Figure 15 - Workforce Religion/Belief Profile

	Staff by percentage		Staff by Numbers	
Religion	**2013**	**2014**	**2013**	**2014**
Buddhist	0.16%	0.16%	5	5
Christian - Other	3.95%	4.04%	123	123
Church of Scotland	13.60%	13.87%	423	422
Not recorded	13.89%	13.44%	432	409
Hindu	0.19%	0.23%	6	7
Muslim	0.23%	0.20%	7	6
No Religion	9.35%	9.99%	291	304
Other	3.66%	3.58%	114	109
Prefer not to say	52.23%	51.56%	1625	1569
Roman Catholic	2.70%	2.89%	84	88
Sikh	0.03%	0.03%	1	1
Grand Total	100%	100.00%	3111	3043

Due to the low numbers involved, further analytical breakdown is not provided.

8. Marital Status

Some years ago this field was removed from the NHS recruitment paperwork and so there is little data of value. Hence no analysis is recorded. This data will be entered on eESS by employees.

9. Carer Responsibilities

This data has not been recorded. It is intended that this will be rectified with the roll-out of eESS to employees.

TRAINING ANALYSIS

There is no data available at this time due to changes in HR and Training systems.

GRIEVANCE ANALYSIS

Where an employee has a concern it would normally be raised directly with the line manager, or with the Trade Union representative as an informal approach on the employee's behalf.

It is only if the grievance is not resolved at this level and HR is involved that grievance figures are recorded. Where the characteristic is missing from Figure 16, there were no minorities involved.

Figure 16 – Grievance Analysis, All Presented Characteristics

	2013	2014
Gender		
Female	2	6
Male	2	2
Age Group		
16-29	0	1
30-44	0	1
45-59	2	6
60 and over	2	0
Ethnic Origin		
Prefer not to say	1	5
White Scottish	3	3
Disability		
No	4	8
Sexual Orientation		
Heterosexual	1	1
Prefer not to say	3	7
Religion		
Prefer not to say	4	7
Roman Catholic	0	1
Total Grievances	**4**	**8**

DISCIPLINE ANALYSIS

1. Gender

Figure 17 – Discipline Analysis by Gender

	Female	Male	Grand Total	Female	Male	Grand Total
Outcome	2013			2014		
Dismissal				1	2	3
First & Final Written Warning		1	1	2	3	5
First written warning	2		2	1	1	2
No further action	5	3	8	7	2	9
Referred to disciplinary - ongoing				1		1
Resigned	1		1		1	1
Grand Total	8	4	12	12	9	21

2. Age

Figure 18 – Discipline Analysis by Age Group

	16-29	**30-44**	**45-59**	**Grand Total**	**16-29**	**30-44**	**45-59**	**Grand Total**
Outcome	**2013**				**2014**			
Dismissal					1	2		3
First & Final Written Warning			1	1		1	4	5
First written warning	1		1	2		1	1	2
No further action	1	1	6	8		4	5	9
Referred to disciplinary - ongoing							1	1
Resigned			1	1	1			1
Grand Total	2	1	9	12	2	8	11	21

3. Ethnic Origin

Figure 19 – 2013 Discipline Analysis by Ethnic Origin

	Ethnic Origin				
Outcome	**Other Ethnic Group - Other**	**Prefer Not to Say**	**White - Other British**	**White Scottish**	**Grand Total**
First & Final Written Warning				1	1
First written warning	1			1	2
No further action	1	1	2	4	8
Resigned			1		1
Grand Total	2	1	3	6	12

Figure 20 - 2014 Discipline Analysis by Ethnic Origin

	Ethnic Origin			
Outcome	**Prefer not to say**	**White - Other British**	**White Scottish**	**Grand Total**
Dismissal	1		2	3
First & Final Warning	3		2	5
First Level Warning	1		1	2
No further action	3	1	5	9
Referred to disiciplinary - ongoing			1	1
Resigned			1	1
Grand Total	8	1	12	21

4. Disability

There was no disciplinary activity involving anyone who described themselves as disabled in either 2013 or 2014

5. Sexual Orientation

There was no disciplinary action involving groups besides heterosexual or 'prefer not to say' in either 2013 or 2014.

6. Gender Reassignment

There was no disciplinary action involving persons who had or intend to have gender reassignment in either 2013 or 2014.

7. Religion/Belief

This analysis is not presented as it would be possible to identify an individual's characteristic from other data

8. Marital Status

Data not collected

9. Carer Responsibilities

Data not collected

RECRUITMENT ANALYSIS

Figure 21 - Overall Recruitment Activity

	2013	2014
Total applications	2397	2334
Total Invitations	1895	1175
Total Offers	619	367

In the following figures the items in parenthesis under activity represent the status:
FT = Fixed Term; P = Permanent

1. Gender

Figure 22 – Recruitment by Gender Profile

Gender	Female	Male	Total	Female	Male	Total
Activity	**2013**			**2014**		
Applied (FT)	1136	356	1492	902	206	1108
Invited to interview (FT)	863	229	1092	492	79	571
Offered job (FT)	299	67	366	162	22	184
Applied (P)	738	167	905	879	347	1226
Invited to interview (P)	646	157	803	449	155	604
Offered job (P)	213	40	253	141	42	183
Total applications	1874	523	2397	1781	553	2334
Total Invitations	1509	386	1895	941	234	1175
Total Offers	512	107	619	303	64	367

2. Age

Figure 23 - Recruitment by Age Group Profile

Age Group	16-29	30-44	45-59	60 and over	not given	Total	16-29	30-44	45-59	60 and over	Not given	Total
Activity	**2013**						**2014**					
Applied (FT)	549	474	390	23	56	1492	463	286	266	22	71	1108
Invited to interview (FT)	409	352	281	17	33	1092	201	169	151	11	39	571
Offered job (FT)	142	119	96	5	4	366	51	66	53	3	11	184
Applied (P)	302	313	240	13	37	905	243	147	168	11	53	622
Invited to interview (P)	281	268	208	12	34	803	167	110	114	5	25	421
Offered job (P)	83	90	74	5	1	253	68	63	42	1	9	183
Total applications	851	787	630	36	93	2397	941	606	590	39	158	2334
Total Invitations	690	620	489	29	67	1895	368	279	265	16	64	992
Total offers	225	209	170	10	5	619	119	129	95	4	20	367

3. Ethnic Origin

Figure 24 - 2013 Recruitment by Ethnic Origin Profile

Ethnic Origin	Applied (FT)	Invited to interview (FT)	Offered job (FT)	Applied (P)	Invited to interview (P)	Offered job (P)
African	13	8	1	2	2	
Any Mixed Background	3	1	1	1	0	
Caribbean	2	2	1	0	0	
Declined to Comment	37	25	13	25	22	8
Indian	8	3	2	4	3	1
Other Asian	6	6	1	1	1	
Other Black	4	2	1	0	0	
Other British	128	100	32	58	52	17
Other Ethnic Background	1	1		5	5	
Other White	56	40	3	37	32	6
Pakistani	7	2		0	0	
White British	74	49	17	59	43	12
White Irish	29	26	7	19	17	7
White Scottish	1124	827	287	694	626	202
Grand Total	1492	1092	366	905	803	253

Figure 25 - 2014 Recruitment by Ethnic Origin Profile

Ethnic Origin	Applied (FT)	Invited to interview (FT)	Offered job (FT)	Applied (P)	Invited to interview (P)	Offered job (P)
African	4	1	0	3	2	0
Any Mixed Background	6	5	0	10	5	0
Caribbean	0	0	0	1	1	0
Chinese	3	1	0	1	1	0
Declined to Comment	20	10	5	26	17	5
Indian	8	4	0	3	1	0
Other Asian	1	0	0	4	3	0
Other Black	0	0	0	2	1	0
Other British	51	25	4	31	17	7
Other Ethnic Background	1	0	0	1	0	0
Other White	105	34	6	94	44	6
Pakistani	2	1		4	2	0
White British	61	40	14	78	39	14
White Irish	34	15	4	19	11	1
White Scottish	812	435	151	949	460	150
Grand Total	1108	571	184	1226	604	183

4. Disability

Figure 26 - Recruitment by Disability Profile

	Disabled Yes / No									
	Declined to answer	No	Not given	Yes	Total	Declined to answer	No	Not given	Yes	Total
Activity	2013					2014				
Applied (FT)	45	1399	0	48	1492	20	1065	1	22	1108
Invited to interview (FT)	31	1026	0	35	1092	11	548	1	11	571
Offered job (FT)	9	350		7	366	3	177	1	3	184
Applied (Perm)	33	838	1	33	905	21	1157	22	26	1226
Invited to interview (Perm)	27	746	1	29	803	11	575	4	14	604
Offered job (Perm)	6	244		3	253	4	177	2	0	183
Total Applications	78	2237	1	81	2397	41	2222	23	48	2334
Total Invitations	58	1772	1	64	1895	22	1123	5	25	1175
Total Offers	15	594	0	10	619	7	354	3	3	367

5. Sexual Orientation

Figure 27 - 2013 Recruitment by Sexual Orientation Profile

	Sexual Orientation 2013						
Activity	**Bisexual**	**Declined**	**Gay/ Lesbian**	**Hetero-sexual**	**Not recorded**	**Other**	**Grand Total**
Applied (FT)	2	118	20	1348	0	4	1492
Invited to interview (FT)	2	75	12	999	0	4	1092
Offered job (FT)	0	24	2	338	0	2	366
Applied (Perm)	3	66	8	824	0	4	905
Invited to interview (Perm)	3	60	7	729	0	4	803
Offered job (Perm)	1	18	1	231	0	2	253
Total Applications	5	184	28	2172	0	8	2397
Total Invitations	5	135	19	1728	0	8	1895
Total Offers	1	42	3	569	0	4	619

Figure 28 - 2014 Recruitment by Sexual Orientation Profile

	Sexual Orientation 2014						
Activity	**Bisexual**	**Declined**	**Gay/ lesbian**	**Hetero-sexual**	**Not recorded**	**Other**	**Grand Total**
Applied (FT)	8	73	8	1016	0	3	1108
Invited to interview (FT)	2	37	0	531	0	1	571
Offered job (FT)	2	15	0	167	0	0	184
Applied (Perm)	7	76	14	1122	2	5	1226
Invited to interview (Perm)	0	29	5	386		1	421
Offered job (Perm)	0	13	0	169	1	0	183
Total applications	15	149	22	2138	2	8	2334
Total Invitations	2	66	5	917	0	2	992
Total offers	2	28	0	336	1	0	367

6. Gender Reassignment

Figure 29 - Recruitment by Gender Reassignment Profile

	Gender Reassignment									
	Declined to answer	No	not recorded	Yes	Total	Declined to answer	No	Not recorded	Yes	Total
Activity	**2013**					**2014**				
Applied (FT)	47	1445	0	0	1492	14	1092	1	1	1108
Invited to interview (FT)	33	1059	0	0	1092	8	562	1	0	571
Offered job (FT)	9	357		0	366	2	181	1		184
Applied (Perm)	31	873	1	0	905	18	1186	22		1226
Invited to interview (Perm)	26	776	1	0	803	10	590	4	0	604
Offered job (Perm)	8	245		0	253	4	177	2		183
Total Applications	78	2318	1	0	2397	32	2278	23	1	2334
Total Invitations	59	1835	1	0	1895	18	1152	5	0	1175
Total Offers	17	602	0	0	619	6	358	3	0	367

7. Religion

Figure 30 - 2013 Recruitment by Religion Profile

Religion Code	Applied (FT)	Invited to interview (FT)	Offered job (FT)	Applied (Perm)	Invited to interview (Perm)	Offered job (Perm)	Total Applns	Total Invited to Interview	Total Offers
Buddhist	4	4		6	6	2	10	10	2
Christian - Other	113	80	32	64	52	11	177	132	43
Church of Scotland	450	342	111	292	259	98	742	601	209
Declined to Comment	123	78	29	64	58	17	187	136	46
Hindu	1	0		3	2	1	4	2	1
Jewish		0		1	1		1	1	0
Muslim	4	2			0		4	2	0
No religion	672	484	164	384	345	104	1056	829	268
Other	14	9	2	10	8	1	24	17	3
Roman Catholic	109	91	26	79	71	19	188	162	45
Sikh	2	2	2	2	1		4	3	2
Grand Total	1492	1092	366	905	803	253	2397	1895	619

Figure 31 - 2014 Recruitment by Religion Profile

Religion Code	Applied (FT)	Invited to interview (FT)	Offered job (FT)	Applied (Perm)	Invited to interview (Perm)	Offered job (Perm)	Total Applns	Total Invited to Interview	Total Offers
Buddhist	2	2	0	5	4	1	7	6	1
Christian - Other	96	42	11	75	33	9	171	75	20
Church of Scotland	274	162	58	353	184	61	627	346	119
Declined to Comment	73	38	16	79	45	9	152	83	25
Hindu	6	3	0	2	1	0	8	4	0
No religion	553	275	87	602	283	91	1155	558	178
Other	17	9	2	8	3	0	25	12	2
Questionnaire	1	1	0	0	0	0	1	1	0
Roman Catholic	85	38	10	102	51	12	187	89	22
Sikh	1	1	0	0	0	0	1	1	0
Grand Total	1108	571	184	1226	604	183	2334	1175	367

8. Marital Status

This data was not collected

9. Carer Responsibilities

This data was not collected

PROMOTION ANALYSIS

This application form tick field has been largely ignored by applicants so the data available is not viable. The introduction of the new recruitment HR system should improve data capture.

GENDER PAY GAP/EQUAL PAY

The gender pay gap is the difference between men and women's full time hourly earnings. Using guidance and the standard calculation that is set out by the Equality and Human Rights Commission, the Board's equal pay gap was calculated.

The calculations are based on the basic hourly rate – excluding overtime and shift payments (enhancements). Should the latter be included it is highly likely that the female pay would exceed the male pay.

The high differential is skewed by the medical workforce where the pay to both genders is significantly higher and the proportion of male/female is not the same as the Agenda for Change workforce. If we remove the L and K medical payscales from the pay gap equation we get a better result.

2013 - All Staff	
Average female hourly rate	£14.42
Average male hourly rate	£18.40
Pay gap % differential	**21.62%**
This equates to an hourly difference of	£3.96
2013 – Less L & K Scales	
Average female hourly rate	13.61
Average male hourly rate	13.76
Pay gap % differential	**1.07%**
This equates to an hourly difference of	£0.15

2014 – All Staff	
Average female hourly rate	£14.22
Average male hourly rate	£18.32
Pay gap % differential	**22.38%**
This equates to an hourly difference of	£4.10
2014 – Less L & K Scales	
Average female hourly rate	£13.44
Average male hourly rate	£13.57
Pay gap % differential	**0.97%**
This equates to an hourly difference of	£0.13

The L & K Scales Pay gap is as follows. The increase in differential is due to the significant change in female/male population ratio and their enhancements in the L Scale pay band.

2013 – L & K Scales	
Average female hourly rate	£36.55
Average male hourly rate	£37.76
Pay gap % differential	**3.20%**
This equates to an hourly difference of	£1.21

2014 - L & K Scales	
Average female hourly rate	£40.52
Average male hourly rate	£43.55
Pay gap % differential	**6.97%**
This equates to an hourly difference of	£3.04