

Borders NHS Board**NHS BORDERS SINGLE EQUALITY SCHEME 2011-2014****Aim**

In order to develop a Single Equality Scheme (SES) and Action Plan that are fit for purpose NHS Borders needs to involve its staff and wider community in its development. On, 3rd February 2011, the Board agreed to proceed to consultation on the SES. This paper details the consultation process on the proposed NHS Borders SES 2011-2014 and the feedback received. It seeks approval of the SES revised to take account of comments received.

Background

The Equality Act 2010 came into force in October 2010. It aims to strengthen and streamline existing equalities legislation into a single Act.

As part of the Act, a new public sector equality duty was introduced. This duty requires public authorities to tackle discrimination and promote equal opportunities. The Public Sector Equality Duty came into force in Scotland on 5 April 2011 and replaces the previous race, disability and gender equality duties. This duty covers specific “protected characteristics”: age, disability, gender, gender reassignment, pregnancy maternity, race, religion or belief and sexual orientation. The duty also extends its protection to marriage and civil partnership.

NHS Borders Board has made a strategic commitment to adopting a Single Equality Scheme (SES) approach to ensure that equality, diversity and human rights are a primary consideration in the design and delivery of our services.

The consultation version of the NHS Borders SES 2011 – 2014 set out values, strategic objectives and summarised the legal framework within which the Board must meet its statutory duties. The associated action plan detailed how the Board would deliver its commitments to support diversity, deliver equality of opportunity and uphold the human rights of everyone involved including staff, patients and carers. It also outlined what NHS Borders needed to do to become a leading equality organisation. Strategic leadership continues to come from the Directorate of Public Health with responsibility for implementation being mainstreamed within the appropriate departments.

The consultation ran over a ten week period (10 May – 22 July 2011). It involved NHS Borders staff and the Public Involvement Network. This included 35 networks and community groups across the Borders. Particular effort was made to target existing equality groups, listed in Appendix (i). An “easy read” version of the scheme along with a feedback form was used for the consultation; the information was also available in alternative format upon request.

Disappointingly, there were only 8 responses from the following groups and individuals:

- Hawick Community Council
- Borders Disability Forum
- Scottish Borders Elder Voice
- Lauderdale Community Council
- Individual (access panel)
- Borders Carers Centre
- Two local professionals

Those consulted welcomed the scheme but suggested more detail in some areas as well as better communication of the SES and awareness raising. Comments are detailed in Appendix (ii) and have been used to produce the revised SES which is attached as Appendix (iii).

Recommendation

The Board is asked to **approve** NHS Borders Single Equality Scheme 2011-2014.

Policy/Strategy Implications	<p>This work is crucial to ensuring Board Policy and Strategy is legally compliant:</p> <ul style="list-style-type: none"> • Equality Impact Assessments will be updated in light of the SES. • NHS Borders must consider the needs of all individuals in its day to day work – in shaping policy, delivering services and in relation to our own employees. • Strategic leadership will come from the Directorate of Public Health with responsibility for implementation being held within the appropriate department as outlined in the action plan.
Consultation	<p>A draft was presented to the Board on 3rd February 2011, after which it was sent out for consultation with staff, partner agencies and people who use our services as agreed by the Board – the comments received are included in the consultation report attached in appendix (i). Cnd reflected in the final version of the Single Equality Scheme presented for approval.</p>
Consultation with Professional Committees	<ul style="list-style-type: none"> • The Equality Working Group have developed and approved the SES. • It has been approved by the Operational and Strategy Boards.
Risk Assessment	<ul style="list-style-type: none"> • The SES will enable NHS Borders to meet statutory duties detailed in the Equality Act (2010). • Failure to comply with the Public Sector Duty could result in judicial review proceedings.

Compliance with Board Policy requirements on Equality and Diversity	The SES will outline the new policy requirements of Equality & Diversity in line with the Equality Act (2010) and therefore should not be to the detriment of any group in the community.
Resource/Staffing Implications	It is expected that NHS Borders will be able to deliver on the Single Equality Scheme using existing resources, capacity will need to be monitored to ensure this is sustainable in the long term.

Approved by

Name	Designation	Name	Designation
Eric Baijal	Joint Director of Public Health		

Author(s)

Name	Designation	Name	Designation
Nic Amos	Health Improvement Specialist	Stephen Bermingham	Public Involvement Manager

Appendix (i)

**Single Equality Scheme Consultation list: May
2011**

Access Panels
Action for Children
Addaction Borders
Borders Access Panel
Borders Aspergers & Autism Group Support
Borders Disability Forum
Borders Equality Forum EF - George Higgs Chair
Borders Housing Network
Borders Independent Advocacy Service
Borders Talking Newspapers
Borders Voluntary Sector Forum
Borders Voluntary Community Care Forum
Citizens Advice Borders
Council for Voluntary Service: The Bridge
Deaf and Hard of Hearing Network
Elder Voice
LGBT Forum
Lothian and Borders Police
MS Society
People First
People First Borders
Princess Royal Trust for Carers Borders
RNIB Borders
RNID Borders
SBC Equalities Champion
Scottish Ambulance Service
Scottish Association for Mental Health
Scottish Borders Council and Community Councils
Scottish Borders Sensory Services Team
Scottish Health Council
Volunteer Centre Borders
Who Cares Scotland
WRVS
Youth Borders
Youth Health Forum

Appendix (ii)**Assessment & feedback received**

There were 8 responses from the following groups and individuals:

- Hawick Community Council
- Borders Disability Forum
- Scottish Borders Elder Voice
- Lauderdale Community Council
- Individual (access panel)
- Borders Carers Centre
- NHS staff member
- Scottish Borders Council: Violence Against Women

1. What do you think about NHS Borders Single Equality Scheme?
<ul style="list-style-type: none"> • This is much needed. • The equality scheme looks alright and brings NHS Borders Single Equality Scheme into the 21st Century. • SBEV welcomes this opportunity to comment on this paper the comments are those of the Management Committee and co-opted members and the paper has not been circulated to the wider membership. It is a comprehensive document that commits the organisation to adopting the equality agenda as part of the mainstream policy making and service delivery. • That it is a scheme which will ensure equality and diversity across the NHS Borders services. • This can only improve on what is already there.
2. What do you think about the Action Plan?
<ul style="list-style-type: none"> • Well thought out document but has some shortfalls. • Alright. • The objectives and targets are clear but the paper lacks detail on how these will be achieved and there is no evidence of how progress will be monitored. The individual lines of responsibility /accountability for the achievement of targets is inferred from the corporate accountability but there are no details of how this will be achieved by staff. • The action plan is clear. • Sounds fair but make sure that you all stick to the plan as far as possible.
3. Any ideas on how we can improve the Scheme or Action Plan?
<ul style="list-style-type: none"> • Make public and staff more aware. • More staff training.

- Advertise scheme.
- One way is to link the delivery of the stated outcomes/targets to personal objectives and to routinely publish progress/gaps and in particular to publish evidence of good practice. In addition, it may be useful to consider targeting current publications to report progress.
- It was suggested by some members of the Lauder Community Council that as the law in this area is clear there should be little need for this consultation.
- What is set out seems to cover most things.

4. Any other comments or suggestions?

- Appears to be shortfall in communication. Public are not aware of who to contact in first instance with complaints.
- The document contains many well intentioned statements about improving the services to be more inclusive and to progress this important work but in part the tone strikes an uneasy tension between these aspirations and the genuine ownership for their achievement by hard pressed staff.
- I think it would be a good idea if the Action Plan contained some Actions. At present it contains only aspirations.
- Action plan section should include something about commissioners; ensuring contracts follow the principles of the SES.

In addition to the comments above more extensive feedback was also received from two professionals .



SINGLE EQUALITY SCHEME

NHS BORDERS

2011 - 2014

Review date: February 2014

We aim to ensure that all of our information is accessible.

The Single Equality Scheme and action plan are available on NHS Borders intranet and internet sites.

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:

Tel: 01896 825560

Fax: 01896 823396

Email: equality@borders.scot.nhs.uk

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Foreword

NHS Borders is committed to supporting diversity, delivering equality of opportunity and recognising the human rights of everyone we work with. As the provider of health services within the Borders and an employer of nearly 3500 staff we are acutely aware of our responsibility for promoting equality and diversity principles and practice across our services.

Equality is about creating a fairer society where everyone can participate and have the opportunity to fulfil their potential. Diversity means recognising and valuing differences between people. Human rights is about treating all human beings fairly, respectfully, equally, in a dignified manner and recognising their autonomy. We will ensure that equality, diversity and human rights are a primary consideration in the design and delivery of our services.

The NHS Borders Single Equality Scheme 2011 – 2014 sets out our values, our strategic objectives and summarises the legal framework to enable us to meet our statutory duties detailed in the Equality Act (2010) and deliver these commitments, it also outlines what we need to do to make NHS Borders a leading equality organisation.

As Chair and Chief Executive we are determined to provide an environment in which everyone feels respected and valued. This aim will be underpinned by a framework of actions intended to mainstream equality in all of the services we provide. We intend to provide the leadership and support that is needed to ensure success.

John Raine
Chair

Calum Campbell
Chief Executive

1 Introduction

The Scottish Borders is a large, predominantly rural, geographical area with a population of approximately 113,000. NHS Borders provides a diverse range of healthcare services to protect and improve the health of the people of the Borders with a workforce of over 3300 staff.

NHS Borders is committed to providing healthcare in a way that treats everyone equally and is working to eliminate discrimination against patients and the people who we work with in line with the duties set out in the Equality Act (2010)

The Equality Act (2010) is the law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society. The Act replaces previous anti-discrimination laws with a single act to make the law simpler and to remove inconsistencies and provides 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.

Appendix 1 provides some helpful definitions.

The Equality Act (2010) sets out the different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.

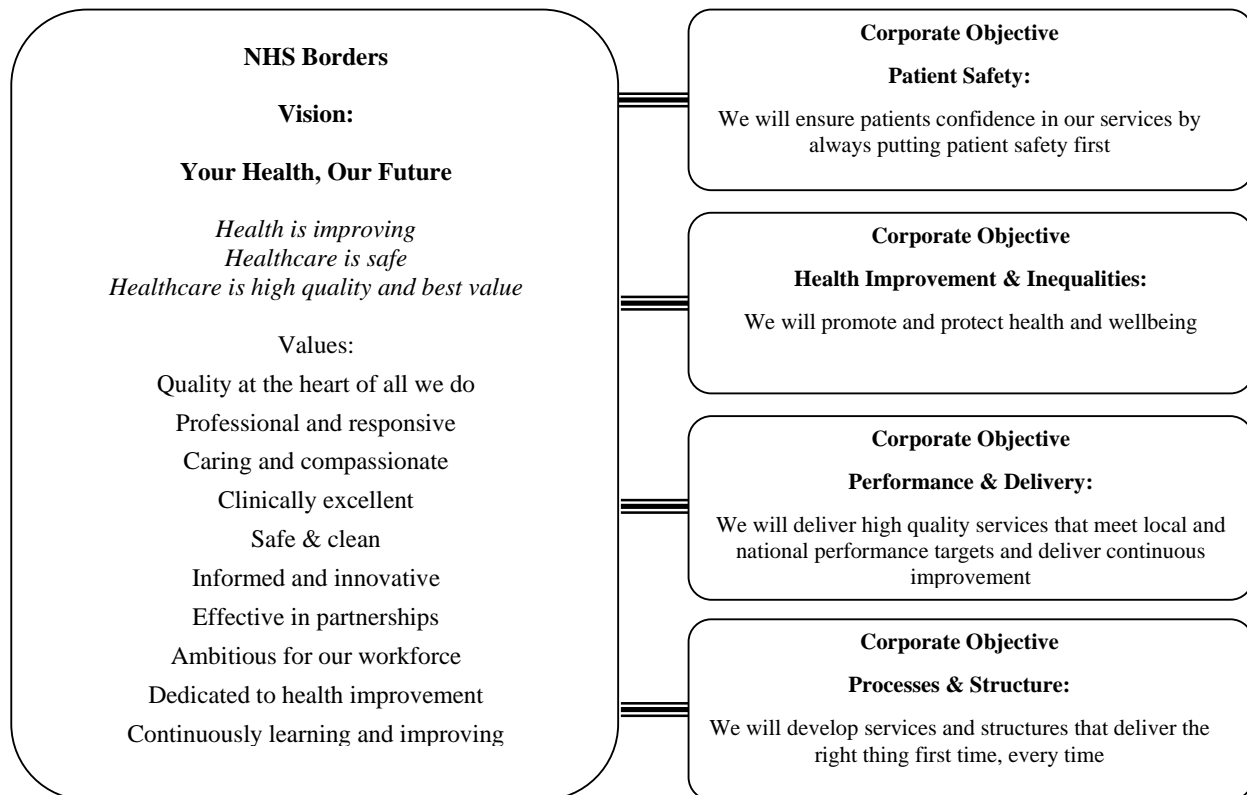
The Equality Act (2010) requires public bodies to have an Equality Duty which requires public bodies to have **due regard** to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

NHS Borders Board has made a strategic commitment to adopting a Single Equality Scheme (SES) approach. Strategic leadership will come from the Directorate of Public Health with responsibility for implementation being held within the appropriate department as outlined in the action plan (**Appendix 7**).

This Single Equality Scheme has been developed in consultation with staff, partner agencies and people who use our services. The action plan, with measurable actions, will provide evidence for real improvement to services taking into account the needs and wishes of local people and our staff.

NHS Borders Vision, Values and Corporate Objectives



Our vision, values and corporate objectives, illustrated above, are also reflected in this Single Equality Scheme, with particular links to the corporate objectives of patient safety; health improvement and inequalities; performance & delivery and processes & structure. These objectives aim to ensure that we have a health service that works with, and for, our population.

The principles underpinning our Single Equality Scheme include:

- Recognising that inequalities are rarely experienced in isolation, but are often linked and require a holistic approach in tackling them, and
- Ensuring that monitoring implementation and progress reporting are streamlined and part of an integrated cycle of improvement

We will deliver the equality, diversity and human rights agenda by:

- Clearly defining roles and responsibilities for our Board, Clinical and Staff Governance committees, Area Partnership Forum, managers, staff and volunteers
- Ensuring implementation of the equality, diversity and human rights agenda in our work programmes through Equality Impact Assessment
- Continuing to monitor the equality, diversity and human rights agenda through our established governance arrangements and
- Evaluating our services and plans against the principles of fairness, respect, dignity, equality and autonomy.

The Single Equality Scheme for NHS Borders describes our objectives which will help us to advance the equality aims by:

- protecting the human rights of everyone we treat and everyone who works for us
- creating a fair organisation where everyone can participate
- valuing and respecting the contribution that can be offered by our diverse workforce and local population
- maintaining a culture where people from all backgrounds can work together positively.

This document also defines how NHS Borders will meet its legal requirements as a public body and how we will implement other policies and guidance with the aim of eliminating discrimination at all levels throughout our organisation. There is also detail on how we will monitor and evaluate our progress towards achieving our equality objectives.

Our aim is that the equality and diversity principles underpin everything we do and are at the heart of our day to day business. NHS Borders will work with other NHS organisations across Scotland and our partners such as Scottish Borders Council and voluntary organizations to ensure good practice is adopted throughout the public sector.

NHS Borders has endeavoured to accommodate the likely outcomes of the consultation on specific duties through the Single Equality Scheme.

2 Baseline Evidence

Baseline data regarding the Scottish Borders population has been obtained from Scottish Borders Council document: Scottish Borders in figures 2010. This can be seen at **Appendix 2**.

NHS Borders uses nationally agreed application forms and staff engagement forms. The data from these is retained in line with legal requirements. NHS Borders also retains appropriate data on the Staff Governance Information System (SGIS) relating to staff throughout their employment journey.

Data on the following can be found at **Appendix 3 & Appendix 4**:

- Job applicants
- Staff in post
- Leavers

A field was added to SGIS during 2010 to allow data on transgender job applicants and staff to be recorded. This data will be available in future.

In addition to the above, we collect data on our volunteer workforce in line with the requirements of the Investing in Volunteers award which NHS Borders achieved in 2010. Data on this can be found at **Appendix 5**.

Information relating to complaints is recorded in line with national guidelines. NHS Borders collates data on the number and nature of complaints received. Data on this can be found at **Appendix 6**.

The Equalities Group and Human Resources will monitor baseline evidence and it will be reported at Human Resources performance reviews.

3 Patient Experience

Patient experience is key to our achievement of our corporate objectives; by providing high quality services that deliver the right thing first time, every time and by protecting and improving the health of our population and by addressing health inequalities We will ensure patients confidence in our service.

NHS Borders strives to keep patient safety and the quality of services at the forefront of everything it does. Our established Quarterly Performance Reviews, our involvement in the Scottish Patient Safety Programme, our HEI Task and Improvement Group, Borders Improvement Support Team, and many other initiatives and reporting schemes are designed to ensure this. We are also committed to ensuring that everyone can access these services in a fair and accessible way where everyone is treated with respect and dignity.

We already have many examples of services having been designed to promote equality and autonomy including a new email booking system within the Audiology department, developed after consultation with patients from the deaf and hard of hearing communities who found the telephone booking system inaccessible. Another example is the ongoing implementation of Chief Executive's Letter (CEL) 41 – routine enquiry about Domestic Abuse, which will enable women experiencing domestic abuse to access support and information. In addition:

- NHS Borders has a well developed Translation and Interpreting Service
- The Joint Learning Disability Service was designed specifically to promote integrated working and remove barriers and preserve independence for those with learning disabilities in Borders.
- Our current ethnic monitoring system continues to have significantly higher levels of completeness than the Scottish average.
- We have a range of ways by which patients can feedback their experiences of their treatment. For example, the Better Together inpatient survey results may provide useful information on equalities that could be used to improve our services.
- We have an active mechanism to examine complaints and compliments and circulate lessons learnt.

We also listen closely to our Public Engagement structures described in Section 4.

4 Consultation, involvement and participation

NHS Borders is committed to involving the public in the development of our services and functions and we will involve the public in the development of the Single Equality Scheme. NHS Borders values public engagement because it helps us make our services more responsive to the diversity of the Borders population and helps promote a greater sense of ownership of the services we deliver.

To support the public involvement processes within NHS Borders a consistent approach and planning tool have been developed and approved by the Board. This is based on the National Standards for Community Engagement (2005) and the [Scottish Government Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services: \(2010\)](#). More information on our approach can be accessed on our website and intranet: www.nhsborders.org.uk.

The Equality Act (2010) and the Single Equality Scheme have been discussed at NHS Borders Public Partnership Forum (PPF). The PPF provides a public perspective on NHS services and is part of NHS Borders wider Public Involvement Network. This network comprises of a wide range of groups, voluntary organisations and individuals. Members of the network are given the opportunity to feed into the work of NHS Borders in a range of different ways from receiving information to being actively involved in groups and committees.

NHS Borders is fully committed to involving staff in the development of this Single Equality Scheme. We acknowledge that a workforce that understands the local population in its demographic make-up is better able to develop responsive, inclusive services, and is directly related to the delivery of high quality care within an equalities framework. During the staff engagement with the Single Equality Scheme we will use existing structure including the staff survey and the Area Partnership Forum to ensure they are fully engaged.

The engagement and consultation activities that will support the development of the Single Equality Scheme will focus on the overarching principles, address any potential barriers and the most accessible way to communicate and engage the Borders community in the equality agenda. During the engagement phase of the Single Equality Scheme particular effort will be made to involve existing equality groups, including (but not solely):

- Housing Strategy Group (this also including links to the gypsy and travelling community)
- LGBT Equality Forum
- Violence Against Women Partnership
- Youth Health Forum
- Borders Independent Advocacy Service (BIAS)
- Disability Forum
- Borders Voluntary Community Care Forum

NHS Borders also works alongside the Integrated Safer Communities Team to address issues that have equality and diversity dimensions, for example violence against women and hate crimes.

5 Equality Impact Assessments

An Equality Impact Assessment (EIA) is a tool aimed at improving the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of policies and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

We will continue to reinforce the current systems for Equality Impact Assessment, participation and involvement, and equality, diversity and human rights awareness training, and make sure they are effective. We will also continue to embrace an inclusive culture where everyone is respected and treated equally irrespective of their age, disability, gender, race, religion or belief, sexual orientation and transgender status.

We will do this by:

- Recruiting and retaining a workforce which reflects the diversity of our population
- Equality Impact assessing our policies, functions and outputs to eliminate barriers to achieving equality
- Ensuring our equality, diversity and human rights agenda is embraced by those we work with, including contractors. NHS Borders clinical boards are required to show mainstreaming of the equality agenda during their quarterly performance reviews. We will use a variety of measures to ensure compliance with equality practice, this will include national contracts eg frameworks, hub, GMS etc. For locally contracted services we will specify compliance with SES duties and will put performance measures in place through EIA. We will EIA tenders and bids for contracted services. We will implement any emerging national guidance.
- Reviewing our approach to engagement and involvement in line with the underpinning principles of our approach and guidelines to involving the public and the equality duties
- Ensuring that our information and buildings are accessible and compliant with regulations.

NHS Borders Equality Impact Assessment guidelines and examples of application are available on our website www.nhsborders.org.uk. We will be updating Equality Impact Assessment in line with the Single Equality Scheme.

6 Equality proofing and mainstreaming

We will continue to train staff in equality, diversity and human rights to ensure that everyone who works with us is equipped with the knowledge and skills to recognise and correctly deal with discrimination.

We will do this by:

- Making use of eKSF, appraisal and the PDP process we give our workforce the opportunity to access a wide range of training that will enable their development and enhance their practice. There is a revised diet of statutory and mandatory training identified and every department/team is required to produce a training plan. As part of the PDP process there is mandatory online equality and diversity training.
- Expanding & updating the current range of equality and diversity training to include human rights and training on new legislation such as the Equality Act (2010), and
- Offering staff and volunteers training on Equality Impact Assessment (EIA) as an equality mainstreaming tool.
- Ensuring that all senior managers undertake in depth equality and diversity training.

Our approach will seek to make maximum use of the tools within A4C (Agenda 4 Change) and the Equality and Diversity dimension. As all staff will now be appraised and are required to give evidence of achievement of the appropriate level this is an essential tool for over 94% of our staff.

A separate training programme is being developed to offer training in different forms to cover our geographic and professional spread.

NHS Borders adopt a coordinated network approach to embed the Equality and Diversity agenda, threaded through the organisation. The Chief Operating Officer will be responsible for allocating specific elements to the Clinical Boards General Managers and Heads of Support Services. Monitoring of this will be through the established Performance Review Process and the Equalities Group chaired by the Executive Lead.

7 Procurement and partnerships

NHS Borders has a responsibility to ensure that suppliers and contractors have demonstratable commitment and standards to equality and diversity. Agreements between the third sector requires collaborative involvement with Scottish Borders Council to ensure a consistent approach to all contracts.

8 Action Plan

NHS Borders Equalities Group has compiled an action plan (**Appendix 7**). This sets out the key steps to implement the Single Equality Scheme within NHS Borders. This plan targets a number of key areas:

- Leadership and Commitment
- Patient Focused Public Involvement
- Workforce
- Training and Learning
- Procurement
- Service Delivery

Progress towards meeting commitments detailed in the action plan will be monitored by the Equalities Group and reported annually to our NHS Borders Staff and Clinical Governance committees.

The Equalities Group membership consists of staff representatives from each of the clinical boards, Public Health, Training & Professional Development, Human Resources, Clinical Governance and Public Involvement.

The role of the Group is to:

- Enable senior staff of NHS Borders to set the strategic direction for work to promote equality and embrace diversity within NHS Borders and within services for patients and their families.
- Raise profile of the equalities agenda across the range of corporate functions in NHS Borders highlighting existing good work and ensuring that the contribution to promoting equality and embracing diversity is corporately recognised and understood.
- Ensure a chain of accountability to deliver governance of work to promote equality and inclusion.
- Promote effective coordination across the Clinical Boards and Support Services.
- Ensure appropriate partnership working is integrated in the mainstream delivery of services to ensure effective delivery of the equality and diversity agenda within NHS Borders.
- Agree corporate responses to address emerging equality and diversity issues within the context of national policy and legislative duties.
- Encourage individuals and groups from all sections of the organisation to engage with, contribute to and participate in the work of promoting equalities and inclusion and put in place appropriate monitoring processes to ensure that this is effective.
- Identify and evaluate all significant risks relating to equalities and inclusion activity and delivery of mitigating action.
- Provide recommendations to the Borders NHS Board for any allocations of funding.

The Equalities Group role as corporate champion for equality and diversity is significant in reinforcing an integrated approach.

The Equalities Group will:

- Monitor implementation and evaluate the effectiveness of our Single Equality Scheme and its action plan
- Update the action plan annually
- Report any barriers to implementation and identify reasons for them
- Advise on appropriate courses of action through the appropriate governance structures
- Provide an annual progress report to our Board through Governance Committees,
- Lead a review of the Single Equality Scheme after 3 years.

While we monitor implementation of the Single Equality Scheme action plan, the Equality and Human Rights Commission will monitor our compliance with the legal duties.

9 Publishing the Scheme

The Single Equality Scheme will be available on the NHS Borders website www.nhsborders.org.uk and the intranet pending final agreement by the Board after which a summary will be included in NHS Borders staff update.

The annual progress reports will also be made available online.

The Single Equality Scheme will be made available in alternative formats on request.

The Single Equality Scheme will be distributed widely to staff and the public ensuring their involvement at all times.

10 Feedback and Comments

If you wish to feedback any comments on NHS Borders Single Equality Scheme please forward them to:

Equality and Diversity
NHS Borders
Newstead
TD6 9DA

Email; equality@borders.scot.nhs.uk

Phone: 01896 825560

Fax: 01896 823396

Appendices

Appendix 1 Definitions

To assist with clarity the following definitions are provided:

Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination and resulting inequalities based on membership of a particular group.

Diversity is the recognition and valuing difference in its broadest sense. It is about creating a culture and practices that recognise, respect, value and harness difference for the benefits of patients, carers, members of the public and members of staff. (*Fair For All - Scottish Executive Health Department*)

Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Marriage and civil partnership Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sexual orientation whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Sex refers to how we are born, the biological and physical differences between men and women. People are born male and female; learn to be boys and girls, and grow into men and women.
(*Gender Equality Duty - Guidance for NHS Scotland Fair for All Gender 2007*)

Gender refers to roles, attitudes and values and behaviours given to women and men by society. These characteristics can vary depending on which society we live in. For example, traditionally, a gender role would suggest that women should look after children, while men continue to go to work.

- **Gender identity** is their internal sense of where they exist in relation to being boys/men or girls/women.
- **Gender expression** is a person's external gender-related clothing and behaviour (including interests and mannerisms).

Transgender - In Scotland, it is currently common to use the terms *transgender people* or *trans people* as 'umbrella' terms to cover the many diverse ways in which people can find their personal experience of their gender differs from the assumptions and expectations of the society they live in. As transgender people have become more widely known and written about, various terms have developed in an attempt to highlight similarities and differences. However, individual people will still always view themselves, and experience their lives, in unique ways. (*Scottish Transgender Alliance*)

Transsexual people are usually distinguished from other transgender people by their strong desire to live completely and permanently as the gender opposite to that which they were originally labelled at birth. Transsexual people seek to bring their body into accordance with their gender identity so that the man or woman that they really are finally becomes clearly visible. (*Scottish Transgender Alliance*)

Gender reassignment is the process undertaken under medical supervision of reassigning a person's sex by changing physical, social or other characteristics. Real life test refers to the transition period in gender reassignment during which the individual must live and work in the new sex. (*Equal Opportunities Commission March 2006*)

Appendix 2 Baseline Evidence - Demographics

Scottish Borders population as at June 2008:	112,430
Percentage of that figure that are children:	17.9
Percentage of that figure that are of working age:	58.8
Percentage of that figure that are of pensionable age:	23.3

The percentage of Scottish Borders school pupils from an Ethnic Minority Group as at 2008: 1.5

Economic Migration: National Insurance Number Registrations by Place of Origin, 2006/2007

Country	Scottish Borders	% of all Scottish Borders registrations
Poland	430	56.6
Rep of Lithuania	50	6.6
Rep of Latvia	30	3.9
South Africa	30	3.9
Czech Rep	20	2.6
Slovak Rep	20	2.6
Australia	10	1.3
Bangladesh	10	1.3
Canada	10	1.3
P.Rep. China	10	1.3
France	10	1.3
Germany	10	1.3

Source: Scottish Borders in Figures 2010 (Scottish Borders Council).

Appendix 3

Baseline Evidence - Job applicants
1 Jan- 31 Dec 2010

		%
Race	Declined to Comment	4.00
	African	0.59
	Any Mixed Background	0.52
	Bangladeshi	0.38
	Caribbean	0.07
	Chinese	0.21
	Indian	1.62
	Other Asian	0.38
	Other Black	0.10
	Other British	3.59
	Other Ethnic Background	0.24
	Other White	4.59
	Pakistani	0.35
	White British	7.63
	White Irish	1.83
	White Scottish	73.90
	Grand Total	100.00

		%
Gender	Female	59.51
	Male	40.46
	Grand Total	100.00

		%
Disabled	Declined to comment	2.28
	No	95.10
	Yes	2.62
	Grand Total	100.00

Appendix 4

Baseline Evidence - Staff in post - Equalities profile

1 Jan 2010 - 31 Dec 2010

		%
Religion	Declined to Comment	60.6
	No data	0.75
	Buddhist	0.23
	Christian - Other	4.7
	Church of Scotland	15.7
	Hindu	0.32
	Muslim	0.14
	No religion	9.9
	Roman Catholic	3.2
	Sikh	0.06
	Other	4.4
	Grand Total	100

		%
Ethnic Origin	Declined to Comment	55.83
	No data	0.03
	African	0.3
	Any Mixed Background	0.2
	Caribbean	0.03
	Chinese	0.03
	Indian	0.55
	Other Asian	0.12
	Other British	0.99
	Other Ethnic Background	0.2
	Other White	1.68
	Pakistani	0.08
	White British	6.4
	White Irish	0.66
	White Scottish	32.9
	Grand Total	100

		%
Disability	Declined to comment	1.48
	No data	.23
	No	97.47
	Yes	.82
	Grand Total	100

		%
Gender	No data	.08

	Female	80.8
	Male	19.12
	Grand Total	100

		%
Sexual Orientation	No data	55.33
	Bisexual	.18
	Declined	9.53
	Gay	.12
	Heterosexual	34.52
	Lesbian	.18
	Other	.14
	Grand Total	100

It is unclear why staff in post have declined to comment or left no data for religion, ethnic origin and sexuality although anecdotal evidence suggests a certain amount of discrepancy in these figures. This evidence also indicates that fear of stigmatisation may be a factor. Recent research undertaken by NHS Borders Health Improvement Team would support this, with specific reference to sexual orientation. The Single Equality Scheme will contribute to the removal of this fear will therefore enable us to gain a clearer picture of the needs of our workforce. National and local strategy and policy also aims to address the issue of stigma.

Staff in post - Personal development

Health Boards should ensure that all staff on Agenda 4 Change permanent contracts take part in an annual review against a KSF post outline. Information on levels of competence and identified training needs must be made available through Boards recording summary information from at least 80% of development reviews on e-KSF by end March 2011. The next stage of the process is to agree personal development plans for each member of staff. NHS Borders is currently working towards this and the Training and Professional Development Department have begun to record training data on the Staff Governance Information System. Data relating to this will be available in future.

Staff in post - Leavers

1 Jan- 31 Dec 2010

		%
Race	Declined to Comment	25.81
	African	0.51
	Caribbean	0.17
	Chinese	0.34
	Indian	2.72
	Other Asian	0.68
	Other British	2.04
	Other Ethnic Background	0.34
	Other White	1.87
	Pakistani	0.85
	White British	14.43
	White Irish	1.70
	White Scottish	48.56
	Grand Total	100.00

		%
Gender	Female	75.04
	Male	24.96
	Grand Total	100.00

		%
Disabled	Declined to comment	2.04
	No	97.28
	Yes	0.51
	Grand Total	100.00

		%
Reasons for Leaving	No information provided	0.68
	Death in service	0.68
	Dismissal	1.00
	End of fixed term contract	27.94
	Ill health	1.87
	New employment with NHS	4.10
	Retirement	13.70
	Voluntary resignation	15.50
	Other	34.53
	Grand Total	100.00

It is unclear at the point of writing what the breakdown of "other" is. Several options are possible and it is noted that there is no option for "new employment outwith NHS" or "bullying" for example. A further breakdown of "other" would therefore be useful in establishing and addressing the needs of our workforce.

Appendix 5

Baseline Evidence - Volunteers

NHS Borders volunteering policy requires that all new volunteers registering after April 2010 to complete an equal opportunities monitoring form. This information will be recorded by Human Resources on SGIS. The Volunteering Steering Group will monitor the data received from this monitoring and agree any necessary follow up actions.

As of October 2010, there were 67 volunteers registered directly with NHS Borders and an additional 16 members of the Public Involvement Network. The volunteers operate within the following teams;

Department	Role	Volunteers
Chaplaincy Centre	Provide bereavement, spiritual and practical support to patients and carers in the Borders General Hospital	24
Health Improvement: Healthy Living Network	Support community based projects that promote healthy lifestyles	20
Cancer Information & Support Services	Provide support to patients and carers in the Cancer Centre	15
Infection Control	Provide a public perspective on infection control as part of an e-group	7
Training & Development	Help deliver domestic abuse training to health and social care staff	1

Volunteers also provide support to NHS Borders via external voluntary organisations, for example the Red Cross and WRVS.

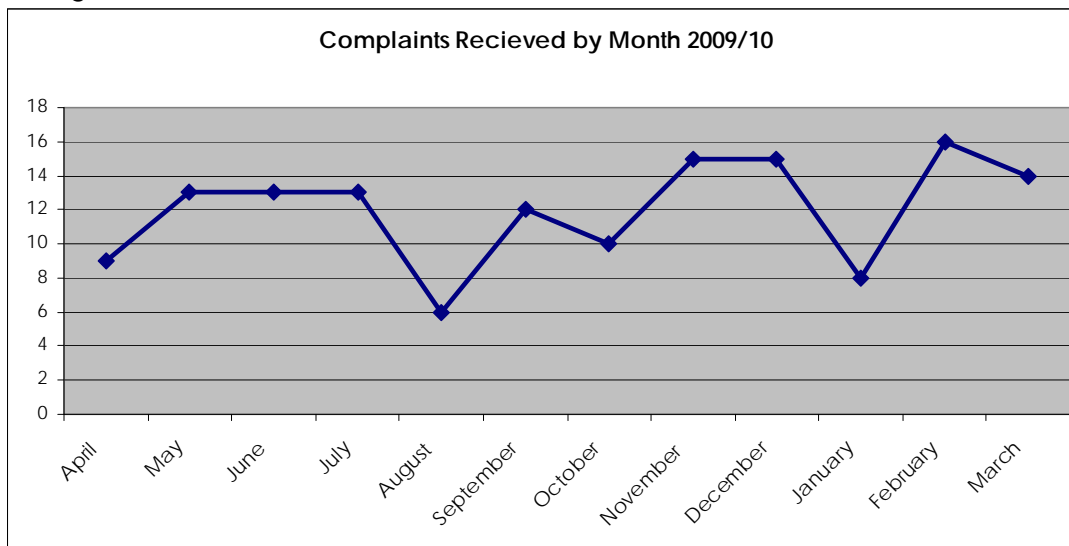
A dedicated volunteering internet site has been developed and can be accessed at <http://www.nhsborders.org.uk/volunteering-with-nhs-borders>

Appendix 6

Baseline Evidence - Complaints

The number of complaints received by NHS Borders in the period 1st April 2009 to 31st March 2010 was **144**. Figure 1 illustrates the number of complaints received in 2009/10 by month.

Figure 1



It should be noted that a total of 2,792 commendations have been formally recorded by the complaints function, a figure far exceeding the number of complaints received.

The table below details the number of complaints received by quarter and by outcome in 2009/10.

Outcome	Qtr 1 Apr–Jun 2009	Qtr 2 Jul–Sep 2009	Qtr 3 Oct–Dec 2009	Qtr 4 Jan–Mar 2009	Totals
Upheld	9	3	8	5	25 (17%)
Partly Upheld	16	10	18	16	60 (42%)
Not Upheld	8	16	11	8	43 (30%)
Ongoing	0	0	1	8	9 (6%)
Withdrawn	1	2	2	1	6 (4%)
Passed to other Unit	1	0	0	0	1 (1%)
Total Complaints	35	31	40	38	144 (100%)

There is an undertaking to flag up any complaints that appear to have an equalities component. This would be recorded, anonymised and any necessary action taken – eg disciplinary, education & training, support.

Appendix 7

NHS Borders Single Equality Scheme Action Plan 2011 – 2014

Objective 1 Leadership and putting the Single Equality Scheme into place					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
1.1	Appoint a NHS Borders Executive Lead for Equalities	Appointment of DPH as lead for Equalities	Lead identified	Completed	Public Health
1.2	An Equalities Lead is identified for each Clinical Board	Appropriate person identified for and supported in this role	Staff aware of named contact for equalities issues	4 th October 2011	Head of Delivery Support
1.3	Promote awareness of NHS Borders commitment to SES	Regular reports to Board, BET and Governance Committees	All stakeholders are aware of SES	March 2012	Equalities group
1.4	Equalities Group established to assure the implementation and review of SES	Role, remit and membership of group to be agreed with appropriate representation from Clinical Boards and support services Action plan completed	Equalities Group in place Action plan agreed for implementation, regular monitoring of implementation	February 2011 - completed February 2011	Director of Public Health
1.5	Equality Impact	Managers are trained to		March 2012	Head of Delivery

	Assessment (EIA) is embedded in policy, service and practice development	<p>undertake EIA</p> <p>BET will ensure that all new strategies, policies and service plans have had an appropriate EIA</p> <p>EIA outcomes are monitored by Steering group</p>			Support / Training & Professional Development
1.6	Pay equality	No specific board action for this as the Equalities Group considers this is subject to nationally set job evaluation structure. E&D monitoring of job applicants will continue.			

Objective 2 Consultation and involvement: involve patients, staff and the wider public					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
2.1	Ascertain the views of patients and of the public on SES	Public consultation	Views of the public and of patients are available and taken into account Identified barriers to equality are addressed as far as possible	Completed. Review 2013	Equalities Group
2.2	Ascertain staff views on SES	Staff consultation	Staff views are available and taken into account Identified barriers to equality are addressed as far as possible	Completed. Review 2013	Equalities Group
2.3	Ensure appropriate engagement and involvement of all relevant stakeholders	Publish SES on internet and intranet Establish communication systems informed by outcomes from public consultation Review progress at regular intervals and feedback to Public Governance Committee Maintain engagement with appropriate equality groups	Continuing dialogue with public through PPF and Involving People Network	Ongoing	Equalities Group
2.4	Ensure that barriers to equality in NHS Borders are understood and	Establish links with local and national groups that represent the views and	NHS Borders is an exemplary employer and health service provider	Completed	<i>NOTE: Links have been made and progress towards</i>

	appropriate actions identified in line with good practice	experiences of key communities of interest			<i>objective/outcome will be monitored by Equalities Group and reported in the annual equalities progress report.</i>
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Objective 3 Assessing the impact of functions, policies and practices Equality Impact Assessment					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
3.1	Ensure recruitment function is based upon good practice and adheres to national public sector standards and the equalities objectives of SES	Deliver recruitment and selection training for recruiting managers Provide guidance on interviewing for staff involved in recruitment	Recruitment and selection procedures adhere to equalities objectives	Completed. Review as appropriate	HR Manager
3.2	Ensure staff are supported and managed in accordance with equalities objectives	Develop clear procedures and guidelines for managers on implementing workplace policies (eg flexible working, sickness absence management, return to work) to meet the equalities objectives Provision of appropriate training	Staff work within a framework that supports equality NHS Borders is regarded as an equal opportunities employer		HR Manager
3.3	Ensure NHS Borders policies meet the equalities objectives of SES	EIA is undertaken of all policies in review process	Policies continue to meet equalities objectives of SES		HR Manager
3.4	Ensure practices of NHS Borders meet equalities objectives of SES	Demonstrate due regard to equalities in delivery of services Ensure information is made	Individual needs of patients are met Barriers to service access		HR Manager

		available in different formats and languages on request to meet the specific needs of individuals Provide access to interpreting and translation services	are addressed		
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Objective 4 Training and awareness – develop a positive and well-informed equality culture					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
4.1	Raise awareness of individual patient need	Develop a training programme offering training in different forms to cover geographic and professional spread Include training in the protection of children and vulnerable adults Promote E Learning Ensure feedback from patient consultations informs practice development Carry out E&D training needs analysis for all staff	All staff have an awareness of their duties & responsibilities under the SES Staff are equipped with the knowledge and skills to identify and respond appropriately to individual patient need All staff work in a non-stigmatising and non-discriminatory way		Training & Professional Development
4.2	Eliminate unlawful discrimination on all grounds	Equalities objectives are applied: In clinical supervision In line management support When dealing with workplace issues including bullying and	Managers have the skills and knowledge required to manage people and issues effectively	Completed Review 2013	

		harassment Publicise to staff how to raise a concern Publicise to patients how to make a complaint about equality	Staff are confident and knowledgeable about raising concerns Patients know how to make a complaint about equality		
4.3	Assess staff competencies in relation to equalities	Achieve HEAT target for EKSF	Gaps in staff knowledge identified and action plans put in place to address these Completion rate for equality & diversity online training is at least 80%	March 2012	Training & Professional Development

Objective 5 Measuring and monitoring – ensure that we meet the equality goals and objectives set					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
5.1	Provide appropriate information on the representation of all staff in NHS Borders by protected characteristics	Identify gaps in equalities baseline data currently available on staff and service users in NHS Borders Maintain appropriate equalities statistical data for all staff and applicants to NHS Borders and for service users	Data are available to report as required on NHS Borders performance	Ongoing	Human Resources

Objective 6 Communicating the results
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No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
6.1	Ensure up to date information is available on the SES	Review and update intranet in line with SES Produce annual report on SES and review action plan	Increased awareness of SES among staff NHS Borders performance is improved	March 2012 and annually thereafter	Eric Baijal/Equalities Group

Objective 7 Procurement					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
7.1	Equality will be reflected in all services provided on behalf of NHS Borders and to NHS Borders (General Practice, Dental Services etc)	Strengthen procurement processes to ensure that equality considerations are clearly specified in compliance with legislative requirements Discussion re independent contractors Single Equality statement	All contractors and those providing a service on behalf of NHS Borders will act consistently with our principles of equality All contractors have a Single Equality statement		
Objective 8 Service delivery					
No	Objective	Action required	Outcome required	Timescale	Person/Team responsible
8.1	Equality will be reflected in all services provided by NHS Borders in line with our vision and values. Access to services and removal of inequalities is at the	Strong leadership from general managers on the importance of removing inequalities and providing inclusive service. Non-judgemental environment for patients, carers, and staff (all the people we have contact with) Where obstacles/issues are	GMS signed up by 2012	Ongoing	Head of Delivery Support

	heart of NHS Borders service delivery.	identified an action plan to address them should be produced within 30 days Training Needs Analysis & ongoing training as appropriate	March 2012		Training & Professional Development/Public Health

