



# NHS FORTH VALLEY

## EQUALITY AND INCLUSION STRATEGIC FRAMEWORK (2025 – 2029)

## NHS Forth Valley Equality and Inclusion Strategic Framework (2025 - 2029)

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## Foreword

Equality, Diversity and Inclusion should be embedded in everything we do as an organisation. Therefore, we felt it was important to produce a joint statement to confirm our commitment to the work of this Strategic Framework. Within our roles as Chief Executive and Board Chair of NHS Forth Valley, we are delighted to present our new Equality and Inclusion Strategic Framework (2025-2029). This Strategic Framework outlines our approach to working collaboratively with our patients, staff, and partners to build a more inclusive NHS Forth Valley. It reflects our dedication to creating an organisation where everyone feels respected, safe, and supported. By listening to those we serve and work alongside, we can better understand and address their diverse needs. This represents our commitment, at all levels, to driving meaningful change. We are taking deliberate steps to address inequalities and promote an inclusive environment across all levels of our organisation, breaking down barriers and ensuring that every voice is heard and valued.

To ensure sustainable change, we must hold ourselves accountable and to help us achieve this, we will produce annual update reports to share our progress and next steps. We are enthusiastic about the journey ahead and confident that we can work together to create an inclusive NHS Forth Valley where diversity is celebrated and inequalities challenged. Whilst we all have a role to play in shaping a more inclusive future, this starts at the top with a commitment from ourselves and senior colleagues to embed equality and diversity into the heart of our day-to-day working and everything we do.

**Ross McGuffie** **Neena Mahal**

**Chief Executive** **Board Chair**

## Overview and Background

As a public authority, we have a legal obligation under the Public Sector Equality Duty to produce certain Equality Reports and Equality Outcomes every four years. This is due in April 2025 for the new reporting cycle. The objective for our NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029) is to produce a coherent, strategic framework with a series of actions and workstreams aimed at tackling inequality, improving diversity and promoting a culture of inclusion across our organisation.

To avoid overcomplication, we've adopted an integrated approach that places all our required equality reports into one place. Therefore, our NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029) comprises of the following:

- Our Equality Mainstreaming Report
- Our Equality Outcomes for 2024 to 2029
- Our Gender Pay Gap
- Our Equal Pay Statement
- Our Workforce Monitoring Report

We know that not everyone experiences healthcare or employment in the same way. Some people face barriers due to disability, race, poverty, or other factors such as care responsibilities, leading to inequalities in health outcomes and workplace experiences. That's why this Strategic Framework builds on the progress of our previous strategy, 'Everyone Means Everyone' (2021-2025), and focuses on real, meaningful action to address these inequalities. In addition to the above legal requirements, our Strategic Framework ensures we meet our legal duties under the Fairer Scotland Duty.

The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland, including NHS Forth Valley, to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. Whilst our Fairer Scotland Duty is considered as part of this Strategic Framework, it will feature heavily within our Health Equity Plan, which will include actions around child poverty, ANCHOR work and health inequity. Furthermore, our Fairer Scotland Duty also aligns with actions within the Scottish Government's Population Health Framework which will form part of greater data and governance in relation to population health outcomes.

Our Equality and Inclusion Strategic Framework (2025-2029) sets out NHS Forth Valley's commitment to creating a fair, inclusive, and person-centred healthcare system. It ensures that staff, patients, and communities experience equitable access, treatment, and opportunities, aligning with our legal obligations under:

- **The Equality Act (2010)** – legally protecting individuals from discrimination, harassment and victimisation.

- **The Equality Act (Specific Duties) (Scotland) Regulations (2012)** – embedding equality into public sector decision-making.
- **The Fairer Scotland Duty** – taking the needs of people experiencing socio-economic disadvantage into account when making decisions and appreciating how this affects health outcomes.

Our Strategic Framework is designed to:

- Eliminate discrimination, harassment, victimisation and bias in healthcare and the workplace.
- Improve access to healthcare and career opportunities, particularly for disadvantaged groups.
- Foster an inclusive culture where diversity is valued, and everyone feels safe, respected, and supported.
- Tackle health inequalities by addressing social, economic, and systemic barriers to good health.

A more detailed overview of our regulatory equalities duties can be found in appendix 1.

## Introduction - A Fairer, More Inclusive NHS Forth Valley

At NHS Forth Valley, we believe that everyone - patients, staff, and communities - deserves to be treated with fairness, dignity, and respect. Our commitment to equality, diversity, and inclusion (EDI) must be at the heart of everything we do. High-quality care happens when barriers are removed, voices are heard, and services are accessible to all.

Our Equality and Inclusion Strategic Framework (2025-2029) sets out our vision for a more inclusive NHS Forth Valley, ensuring that everyone has equal access to healthcare, employment, and opportunities, regardless of their background, identity, or circumstances. Our Equality Outcomes and associated actions and workstreams will enable us to work together to achieve the following:

- Better healthcare access for all, by reducing barriers for those with protected characteristics or from underrepresented groups.
- A more inclusive workplace where staff feel safe, supported, and valued.
- Stronger anti-discrimination measures, ensuring fair treatment for all.
- Greater awareness and understanding of equality issues across NHS Forth Valley.
- A real commitment to tackling health inequalities, so that no one's background, income, or identity affects their ability to get care.

We appreciate that Equality, Diversity and Inclusion (EDI) can be a complex landscape to navigate. To try and help make our Strategic Framework as straightforward as possible, we've included some definitions that may be helpful to shape your understanding of this document, these can be found in Appendix 2.

## Mainstreaming Equality

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty (2010). This means integrating equality into the day-to-day working of NHS Forth Valley, taking equality into account in the way we exercise our functions. Put simply, equality should be part of everything we do.

The Equality Act (2010) introduced the Public Sector Equality Duty (PSED) which requires public authorities, including Health Boards, in the exercise of their functions, to have due regard to the need to:

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

There are nine protected characteristics referred to in the Equality Act (2010):

- age,
- disability,
- gender reassignment,
- marriage and civil partnership,
- pregnancy and maternity,
- race,
- religion and belief,
- sex,
- sexual orientation.

Mainstreaming equality means taking steps to ensure that equality is considered within everything that we do, and by everyone who works, volunteers, or collaborates with us. NHS Forth Valley seeks to mainstream equality considerations across all work we do. In this section of our report, we provide information about the ways in which we do this at every level across our organisation:

### Our Board

NHS Forth Valley is managed by a Board of Executive and Non-Executive Board Members who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. The overall purpose of our Board is to ensure the efficient, effective and accountable governance of NHS Forth Valley and to provide strategic leadership and direction for the overall system, focussing on agreed outcomes.

Our Board members are committed to developing a shared understanding of equality, diversity and inclusion, building on expertise internally and externally to embed a culture of inclusion and enhance their decision-making by taking account of EDI impacts. Our aim to ensure our Board consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships needed to achieve this. In early 2025, our Board held an Equality, Diversity and Inclusion Seminar to come together to reflect on their role, responsibility and influence in relation to the Equality, Diversity and Inclusion needs of our workforce and local population. This commitment to keep EDI at the heart of Board governance will be a continuing influence in all of our work.

### **Our Senior Leadership Team**

Our Senior Leadership Team deliver visible leadership in relation to equalities through both their personal objectives and through their leadership of services, workstreams and projects. Key plans and proposals reported to the Senior Leadership Team must include information about how our equality duties have been considered and where appropriate, this will include an Equality Impact Assessment (EQIA).

Our Whole System Leadership Team (WSLT) support our Senior Leadership Team (SLT) with the delivery of operational plans and projects. A key aspect of their role is to consider the experience of service users and to ensure we are providing safe, effective and person-centred services. This includes embedding our Equality Duties into everyday practice, utilising data to help tackle health inequalities and improve both patient and workforce experience.

### **Our Services and Teams**

All of our Services and Teams across NHS Forth Valley will play an important role in furthering equality and embedding the principles of our Equality and Inclusion Strategic Framework into day-to-day operations. However, certain Services and Teams will have a specific responsibility in helping to deliver upon our Equality Outcomes and this includes colleagues within Equality Inclusion and Wellbeing, Public Health, Health Improvement, Person-Centred Care, Human Resources, Occupational Health, Learning and Organisational Development and those involved with our dedicated Culture Change and Compassionate Leadership Programme.

### **Our People**

Promoting equality and diversity is everyone's responsibility. Each and every NHS Forth Valley staff member has a duty to conduct themselves in a way that contributes positively to a culture of inclusion and helps us to meet not just our legal obligations but makes NHS Forth Valley a better place to both live and work.

## **Our Procurement**

NHS Forth Valley continues to ensure equality is mainstreamed into our procurement processes to ensure fairness to all potential suppliers and consideration of how inequalities of outcome caused by socio-economic disadvantage may be reduced through the conduct of these procurement processes. We utilise both our Equality Impact Assessments and Fairer Duty Scotland Impact Assessments to ensure our tender processes are ethical and meet our legal equality duties and responsibilities. Furthermore, we are committed to our work as an Anchor Institute and are mindful of ways in which our procurement processes can positively influence and benefit our local population, businesses and communities.

## **Our National Learning and Collaboration**

To ensure effective learning, collaboration, peer support and sharing of best practice, staff from across NHS Forth Valley sit on several National Groups and Networks that will influence our EDI agenda. This includes the NHS Scotland Equality and Diversity Lead Network.

## **Our Strategic Links**

Our Equality and Inclusion Strategic Framework (2025 to 2029) will be relevant to the following strategic priorities:

- Population Health and Care Strategy
- Value Based Health and Care
- Culture Change and Compassionate Leadership Programme
- Participation and Engagement Framework
- Joint BSL Plan (2023 to 2029)
- New Scots Integration Strategy
- Our NHS Forth Valley Anti-Racism Plan

## About Us - Our Local Population

NHS Forth Valley is one of 14 regional health boards and we serve a population of approximately 305,110 in a diverse geographical area which covers the heart of Scotland. Our Board controls an annual budget of approximately £930 million and employs around 7500 staff. Our acute hospital – Forth Valley Royal Hospital in Larbert – is one of the most advanced and well equipped in Europe, and is supported by a network of four community hospitals, 56 health centres, day centres providing care and support for patients with mental illness and learning disabilities and a wide range of community-based services. In addition, NHS Forth Valley provides services to three National Prisons.

### Key Insights and Considerations

A fuller breakdown of our local population demographics can be found in appendix 3, but some key insights are as follows:

1. **Predominantly White Population:** A large majority (96.2%) identify as White, with White Scottish making up the largest share (83.2%).
2. **Growing Ethnic Diversity:** Asian and African populations collectively account for around 2.5%, with Pakistani and Indian communities being the largest non-White groups.
3. **Representation in Healthcare Services:** Given the presence of minority ethnic groups, **language services and culturally sensitive healthcare provision** should be considered for better accessibility.
4. **Future Demographic Shifts:** As Scotland's demographics change, NHS Forth Valley may need to adapt its services to meet the needs of an increasingly diverse population.
5. The majority of people in the region report being in **good or very good health** (over 78%).
6. Around **6.8%** of the population experiences **bad or very bad health**, indicating potential healthcare service demand for chronic conditions and long-term care.
7. **Gay or Lesbian individuals (1.5%) and Bisexual individuals (1.6%)** collectively represent **over 7,500 people** in NHS Forth Valley. The category "Other Sexual Orientation" (1,118 individuals) may include a range of identities that require **inclusive service approaches**.
8. **High Rate of Non-Response (7.7%):** Over **19,000 individuals chose not to disclose their sexual orientation**, indicating either privacy concerns or

potential gaps in inclusive data collection. Encouraging **safe disclosure environments** in healthcare settings could improve future data accuracy.

9. 955 individuals (0.4%) identify as trans or having a trans history. This group may require **specialised healthcare services**, including gender-affirming care and mental health support.
10. Nearly **25% of the total population** has some level of daily activity limitation, reinforcing the importance of **accessible healthcare, mobility support, and social inclusion programs**.
11. **1 in 8 people (12.5%) in NHS Forth Valley provide unpaid care**, highlighting the crucial role of unpaid caregiving in the community. Many of these carers balance their roles alongside work, education and family responsibilities. This include young carers and student carers.
12. **Long-term unemployed (0.7%) and those who have never worked (5.8%) account for over 16,000 individuals**, highlighting economic vulnerability in specific segments.
13. **7.7% of the population are full-time students**, indicating a future skilled workforce that will require strong transitions into professional employment sectors.
14. Nearly **55% of the population reports having no religious affiliation**, reflecting a trend toward secularism in NHS Forth Valley. However, over **17,000 individuals chose not to disclose their religion**, indicating potential privacy concerns or data gaps.

## Equality Impact Assessments (EQIAs)

NHS Forth Valley continues to ensure the ongoing importance of embedding equalities into our organisation through the use of equality impact assessments. An Equality Impact Assessment or EQIA is a tool that helps us to consider the needs of diverse groups as part of projects, policies or service delivery. It is a positive opportunity to review potential impacts (both positive and negative) on any of the nine protected characteristic groups as outlined by the Equality Act (2010).

Conducting an EQIA allows us to consider any potential implications against the above characteristics and make reasonable adjustments to reduce or eliminate any negative impact. EQIAs enable us to promote equality and inclusion by removing discrimination and encouraging engagement with lived experience individuals to make improvements to our policies, projects and services.

As an organisation, we are currently undertaking an improvement project aimed at making our EQIA process as user-friendly and fit-for-purpose as possible, to ensure it makes a tangible difference in further equality. This includes an accessible and easy-to-use template. This will include adapting our current template to give consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC).

We consider socio-economic issues within our Equality Impact Assessments and ensure Fairer Scotland Duty Impact Assessments are conducted when required. The Fairer Scotland Duty requires that we carry out assessments of what we can do to reduce inequalities of outcome caused by socio-economic disadvantage when we make strategic decisions. This includes, but is not limited to, considering issues that could affect access to a service or intervention. We also utilise information obtained from the Scottish Index of Multiple Deprivation (SIMD) to understand where there is variation in service provision related to deprivation.

## Our Journey So Far

Our previous Equality Outcomes for April 2024 to April 2025 were as follows:

**Objective One - Improving Accessibility.** To make our services, premises and resources more accessible, removing barriers and considering potential challenges.

**Objective Two - Awareness, Communication and Engagement.** To promote the work happening across the organisation to support equality and diversity and review the way in which we communicate and engage with our local communities.

**Objective Three - Training and Education.** To review current training, identifying gaps and promoting training and education that promotes inclusion and challenges inequalities.

**Objective Four - Supporting our Workforce.** To continue to review our support offers for staff to improve the working environment, promoting inclusion, compassion and equity.

These outcomes, after review and consultation, have been updated to reflect our learning and current need. We are proud of the progress we have made over the last year but appreciate there is still a lot more to do. That's why there is continuation of these outcomes into our 2025 to 2029 proposed Equality Outcomes as we want to invest more time and resources into associated actions and workstreams that progress these areas.

## Engagement and Consultation

Hearing from lived experience voices is vital for the success of mainstreaming equality and making a more inclusive NHS Forth Valley for all. We have undertaken various stakeholder engagement activities to ensure we are best capturing the needs of our local communities and workforce. Outlined below are a selection of our engagement approaches that have helped to inform our EDI work and therefore the development of this Strategic Framework:

- **Surveys** – we have conducted a range of both public and workforce Equality, Diversity and Inclusion surveys to give a platform for individuals to share their experiences to help inform our work. We wanted to know what went well in relation to EDI and what could have been better. All surveys were anonymous to encourage respondents to share freely and openly.
- **Drop-In Sessions** – we offered three Equality, Diversity and Inclusion public drop-in sessions. These were open to all and were a space for individuals to come and chat to a member of the Equality, Inclusion and Wellbeing Service about their experiences in relation to EDI, exploring barriers and enablers and sharing what was important to them for us an organisation going forward.
- **Targeted Outreach Sessions** – as with all our interactions as an organisation, we are mindful of our easy-to-miss communities and trying to offer specific sessions to engage with such groups. We conducted several targeted sessions with the support of third sector interphase colleagues to help bridge the gap and build trust with community members.
- **Focus Groups** – focus groups were conducted as part of our Joint BSL Plan development framework and also our NHS Forth Valley Culture Change and Compassionate Leadership Programme, with EDI being a key theme for both and the feedback and data helping to inform this strategic framework.
- **One-to-One Meetings** – both our Equality, Inclusion and Wellbeing Service and Person-Centred Care Service offer one-to-one sessions for any member of staff or service user wishing to discuss their experience. Discussions can range from feedback about recent experiences in the workplace or during a healthcare interaction, to more specific support regarding adjustments and ease of access. The key themes and learning from such one-to-ones have been utilised to help inform this Strategic Framework and our ongoing EDI workstreams.
- **Events** – from coffee mornings to attending outreach or development days to celebrations as part of our wider Diversity Calendar, we utilise any opportunity to chat to our workforce and community members and this provides us with lived experience feedback that helps to shape our work and future plans. Board members also participated in an EDI seminar and were able to share their thoughts and considerations for input into our Equality Objectives.

- **Staff Networks** - we aim to have our full range of staff networks operating by June 2025 who we can work in partnership with to improve staff and patient experience across the organisation.
- **Training and Awareness Sessions** - the Equality, Inclusion and Wellbeing Service deliver a range of awareness and training sessions and we utilise the themes and evaluation of these sessions to help us respond to feedback and inform our EDI agenda.
- **Organisational Data** – we have utilised a wide range of organisational data to help inform this Strategic Framework and our wider EDI workstreams. This has included data such as: workforce data, patient compliments and complaints and data from our Culture Change and Compassionate Leadership Programme.
- **Health and Social Care Partnerships (HSCPs)** – as part of working alongside HSCP colleagues and Local Authority colleagues, we have also undertaken a range of engagement with communities and staff with their support and key input.

We feel it is vital that we gain lived experience input and feedback and would like to extend our appreciation to everyone who took the time to share their views with us. Over the period of this Strategic Framework, we will continue to engage with patients, users of our services, unpaid carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley. By listening to feedback from users of our services, their families, those who care for them, our staff and our local partners we aim to better understand the equality needs of those within Forth Valley. We hope also to better understand inequalities which impact on health including poverty, stigma, marginalization and discrimination and how this information can be captured and the needs responded to effectively. We aim to work in partnership with our communities to build better relationships and increase information sharing.

## Our New Equality Outcomes 2025 to 2029

### Background

All Health Boards across NHS Scotland are required to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED). We have utilised the learning, progress and ongoing actions from our previous April 2024 to April 2025 Equality Outcomes to help shape our 2025 to 2029 Equality Outcomes. These new Outcomes have been developed following an extensive period of engagement with our workforce and local communities, in particular targeted work to ensure we heard lived experience voices from easy-to-miss groups.

Before finalising our new Equality Outcomes, we conducted one final survey to sense-check that we had these right. 86% of respondents agreed that these six Equality Outcomes felt right to them. Of the 14% who disagreed, their responses were incorporated into expanding these Outcomes to include their feedback and input.

### Our Priorities for Change

Our six Equality Outcomes focus on key areas that will make a real difference:

1. **Accessibility** – Ensuring NHS services, workplaces, and information are fully inclusive for all.
2. **Awareness, Knowledge & Understanding** – Strengthening staff education and training so that equality, diversity, and inclusion are embedded in everything we do.
3. **Inclusive Environments** – Creating a workplace and healthcare system where everyone feels safe, valued and respected.
4. **Neurodiversity** – Improving understanding and support for neurodivergent individuals, both in the workplace and within healthcare services.
5. **Anti-Racism Plan** – Taking proactive action to challenge racism and ensure fair treatment for all ethnic backgrounds.
6. **Health Inequalities** - Tackling the root causes of poor health, including the impact of poverty and socio-economic barriers.

As suggested in the Equality and Human Rights Commission guidance, these are intended to improve outcomes for those who experience discrimination and disadvantage. They are aligned to our wider strategic priorities and will help us to achieve our vision of a fairer, more inclusive NHS Forth Valley.

### Our Approach

We have intentionally made our Equality Outcomes broad but with explicit actions against each outcome. This gives us the agility to amend our approach if required to meet our longer-term strategic objectives and is in response to feedback from continued community and workforce engagement. We acknowledge and appreciate that the EDI landscape is both complex and fluid and so by adopting this approach, we can be flexible and responsive to the needs of the people we serve, whilst ensuring we meet our legal PSED requirements.

## Equality Outcome One – Accessibility

### Overview

We will ensure NHS Forth Valley's services, facilities, digital platforms, and employment opportunities are fully accessible to everyone.

### Why It Matters

Accessibility is fundamental to fair and equal healthcare. Patients and staff must be able to navigate spaces, access information, and receive support without barriers. By removing obstacles, we enable independent access, improved experiences, and better health outcomes.

### What We Heard

Throughout our engagement, we heard that patient experience was often negatively impacted by accessibility barriers, this ranged from appointment letters and information, to parking and physical environments. We heard that staff wanted additional support and resources to help them make improvements to accessibility, in particular, ways to make our documents and patient information more user-friendly.

### What We Plan to Do

Initially, we will:

1. Conduct accessibility audits of our NHS Forth Valley services and workplaces with an aim to improve physical access, including signage and wayfinding. We will also utilise learning from lived experience feedback and aim to see a decrease in complaints and increase in accessibility-related compliments.
2. Continue to enhance digital accessibility, ensuring websites, patient information, and internal platforms comply with best practices. We will hope to see increased use and positive feedback of our digital resources as well as a reduction in digital accessibility related complaints. However, we will ensure that there are alternatives to digital information in order to be mindful of digital exclusion and associated health inequalities.
3. Strengthen our interpretation and translation services for patients with language barriers, utilising digital solutions to improve user experience.
4. Continue to implement reasonable workplace adjustments for disabled and neurodivergent employees. One example will be utilising Ability Passports to further sustainable employment and increased recruitment of disabled and neurodivergent colleagues. This is in line with the national Fairer Scotland for

Disabled People: Employment Action Plan, seeking to half the disability employment gap.

## What Will Good Look Like?

- Increase in positive feedback from accessibility assessments.
- Reduction in reported accessibility-related complaints.
- Health inequality outcomes measures are being developed.

## Equality Outcome Two - Awareness, Knowledge & Understanding

### Overview

We will embed equality, diversity, and inclusion (EDI) awareness into staff training, leadership development, and everyday workplace culture, raising awareness and increasing understanding of cultural differences.

### Why It Matters

An informed workforce fosters inclusivity and a positive culture. By raising awareness and expectations we ensure staff and communities understand the importance of dignity, respect, and fairness for all.

### What We Heard

Throughout our engagement, we heard that there is a need for a greater understanding of different cultural needs, with individuals (both staff and service-users) wanting to feel included, valued and respected. We heard that stereotypes and misconceptions contribute to misinformation that increases the likelihood of discrimination.

### What We Plan to Do

Initially, we will:

1. Undertake targeted outreach work to explore challenges and misconceptions, hearing first-hand from lived experiences to help us create further actions.
2. Embed cultural competency training to improve patient interactions. Create staff resources and toolkits on best practices.
3. Recognise and celebrate diversity-focused events, reinforcing key messages

### What Good Look Like?

- Fostering good relationships between different groups that is reflected in feedback and organisational data
- Effective and embedded staff networks
- Increased uptake of EDI learning modules and awareness sessions across our workforce

## Equality Outcome Three – Inclusive Environments

### Overview

We will create an inclusive, supportive, and respectful environment for all staff and patients—where everyone feels safe, valued, and heard.

### Why It Matters

A truly inclusive workplace and healthcare system allows diverse perspectives and experiences to be valued. It fosters team collaboration, patient trust, and a strong sense of belonging.

### What We Heard

Throughout our engagement, we heard that patients wanted access to treatment from friendly and open-minded staff, irrespective of individual differences and cultural backgrounds. We heard staff wanted safe spaces to have topical discussions around key EDI issues.

### What We Plan to Do

Initially, we will:

1. Review our policies and processes for raising concerns around discrimination, victimisation and harassment, working to ensure our processes are person-centred and supportive. We will continue with the considerable work ongoing that is exploring how we enable and empower staff to have a safe way of raising concerns and effectively challenging discriminatory behaviour and practice.
2. Strengthen our staff networks to provide peer support and amplify underrepresented voices.
3. Relaunch the Fair for All group to engage staff and patients in shaping inclusive policies.
4. Improve representation in leadership to reflect workforce and community diversity.
5. Embed inclusive design principles in NHS Forth Valley spaces and services, making best use of our resources based on collaborative and creative approaches.
6. Ensure that we recognise, appreciate and respond to the diverse needs of our patients, visitors and colleagues and possible challenges in accessing services and gaining or retaining employment. We will make reasonable adjustments where possible to support inclusive environments that seek to mitigate against such difficulties.
7. Continue with ongoing workstreams around our Whistleblowing process and Speak Up Service to ensure the right level of support is available to staff at the time of their concerns, with the intention to support early intervention and ensure confidence in the Board's commitment to the Whistleblowing process.

### What Does Good Look Like?

- A culture of inclusion where staff feel empowered to speak up and patients feel safe to voice concerns.

- An increase in the number of people raising concerns at early intervention stage.
- A reduction in incidents of discrimination.
- An increase in engagement for our staff networks and diversity calendar events.

## Equality Outcome Four – Neurodiversity

### Overview

We know that approximately 15% of the population in the UK are Neurodivergent (UK Gov, 2024). It's therefore vital that we create the conditions to ensure our environments, services and pathways are neuroinclusive and consider the different needs of both neurodivergent patients and colleagues.

### Why It Matters

A neuroinclusive approach in healthcare settings allows patients to feel more at ease, reducing sensory triggers that can cause discomfort. A neuroinclusive approach in the workplace ensures that colleagues with different ways of thinking and learning feel welcome, respected, and supported. NHS Forth Valley aims to celebrate neurodiversity, ensure fairness, and help everyone have the best possible experience.

### What We Heard

Throughout our engagement, we heard that some neurodivergent patients experienced additional barriers to accessing healthcare. This included physical environments that felt overwhelming and triggering, making healthcare interactions increasingly stressful and challenging. We also heard that without appropriate reasonable adjustments in place, some neurodivergent colleagues struggled with environments, processes and communication methods in what is generally a neurotypically designed workplace.

### What We Plan to Do

Initially, we will:

1. Continue to raise awareness of neurodiversity, helping to promote a better understanding of the challenges experienced by neurodivergent colleagues and patients. This will include the rollout of our staff training resources, co-developed with third sector, lived experience company [Into Work](#).
2. Establish and promote our Disability and Neurodiversity Staff Network. We will also promote the use of Ability Passports to ensure reasonable adjustments are understood and implemented.
3. Work with and hear from lived experience voices, utilising patient and service user feedback to make our healthcare settings more neuroinclusive, such as having quiet areas available.

4. Continue to make our recruitment process as neuroinclusive as possible, ensuring job descriptions, interviews, and onboarding processes are supportive of neurodivergent needs.

## What Does Good Look Like?

- Increased engagement in our Disability and Neurodiversity Staff Network.
- High uptake and positive feedback on Neurodiversity toolkit created in partnership with Into Work.
- Ability Passports widely adopted and actively used in our workplace to support reasonable adjustments.
- Improved patient feedback and experience in relation to neurodiversity.

## Equality Outcome Five – Anti-Racism Plan

### Overview

We will develop a fit-for-purpose Anti-Racism Plan that will make a positive difference and contribute further towards tackling racism and discrimination. This is a Scottish Government requirement for all NHS Boards in Scotland and although our initial Plan will be required to be developed before 2029, we will continue to focus on the associated actions and activities from this Plan as part of this Strategic Framework, to ensure a true commitment to making a positive change.

### Why It Matters

Racism is a significant public health challenge, and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all. Health Boards have been asked by Scottish Government to develop and deliver against our own Anti-Racism Plans, covering both workforce and equity-focused service delivery.

### What We Heard

Throughout our engagement, we heard that some ethnic minority staff and patients have experienced discrimination or racialised inequalities. We heard about the differing experiences of our internationally recruited colleagues and the need to ensure a consistently good experience where colleagues feel welcomed and assimilated into the organisation.

### What We Plan to Do

Initially, we will:

1. Improve our workforce data and further explore the gaps in our wider community data.
2. Collaborate with our Ethnic Diversity Network and key stakeholders to develop a working group to help shape this work and develop our Plan

3. Offer targeted outreach sessions, such as Keepwell appointments and health promotion sessions.
4. Re-establish Fair for All Group – this is a group of key stakeholders and community members aimed at promoting lived experience voices. It was stepped down during COVID and will be refreshed as part of this Strategic Framework.

### **What Good Look Like?**

- Empowering lived experience individuals – both patients and colleagues – to speak up in order to raise issues or share feedback and become involved in decision-making.
- An embedded and effective Ethnic Diversity Staff Network
- Diversity Calendar – Promoting Awareness and Joint Celebrations
- Increased uptake of ethnic minority individuals in preventative screening programmes.

## **Equality Outcome Six – Health Inequalities**

### **Overview**

We will work to identify, understand, and address the health inequalities experienced by our local communities and workforce and take actions to address these.

### **Why It Matters**

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. As an organisation we need to understand the health inequalities experienced by our local communities and workforce to enable us to design and shape our services to tackle these.

### **What We Heard**

Throughout our engagement, we heard that some patient groups often felt ignored or stigmatised, with the goal of good health feeling like an uphill battle. We heard that some staff felt disadvantaged due to their backgrounds and wished for a greater understanding about the impact this can have on their working lives and opportunities.

### **What We Plan to Do**

Initially, we will:

1. Review local data and liaise with key stakeholders to truly understand the health inequalities within NHS Forth Valley and the areas where gaps of mitigating actions exist.
2. Make stronger connections with other Anchor institutes and work collaboratively to focus on implementation of activity that will address health inequalities, being mindful of impact and ongoing evaluation.

3. As aforementioned, health inequalities is one of our strategic risks which means we are developing a specific health inequalities action plan to tackle key issues and make improvements.

### What Does Good Look Like?

- We will provide effective patient care that aligns to our Values Based Health and Care Strategy as we consider possible barriers and inequalities, particularly for areas of intersectionality.
- We will deliver better health outcomes for marginalised and underrepresented groups.
- We will have a consistent approach to Interpretation and Translation, utilising digital and AI solutions to improve access and efficiency.
- We will provide a flexible system that responds to the changing socio-economic landscape of our population and appreciates the importance of financial wellbeing on health outcomes.

## Workforce Monitoring

NHS Forth Valley believes in active involvement with our workforce. The collation of our workforce data forms part of the equality information that we use to help us meet our duty to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce. We believe that a supported inclusive workplace, where our staff, services users and partner agencies are treated with dignity and respect, is everyone's responsibility.

The diversity of our staff as one of our key strengths, and we value the range of knowledge, skills and experience they bring to our work. Respect for each other and recognition of our differences lie at the heart of our values. Our staff are our most important asset, and we want to continue to create an organisation where they can flourish. Furthermore, we want to create a culture that enables and encourages them to make the best contribution they can – a culture in which they feel valued and supported.

NHS Forth Valley is committed to equality and will use the data produced by our monitoring processes to enhance a culture of fairness and equality for all through continuous improvement in all areas. Our workforce data will be subject to regular monitoring to analyse trends and highlight areas requiring attention and assess the impact of appropriate actions.

Our most recent report can be found here: [NHS Forth Valley – Annual Reports](#)

## Equal Pay Statement

### What is an Equal Pay Statement?

NHS Forth Valley's Equal Pay Statement is agreed in partnership and reviewed on a regular basis by NHS Forth Valley and the Staff Governance Committee. Its objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality. NHS Forth Valley supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of any protected characteristic.

### Why is it important?

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate. In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

Close the Gap produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the ONS's Annual Survey of Hours and Earnings (ASHE) indicates that both the median and mean gender pay gaps have decreased between 2022 and 2023 across all measures.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require listed authorities to publish information about the mean gender pay gap which is the percentage difference between men and women's average hourly pay (excluding overtime). The mean pay gaps have had a slightly larger reduction compared to median pay gaps, where falls have been more varied. The mean pay gaps have all seen significant decreases by around 4 percentage points, with the combined pay gap now sitting at 6.3%, the full-time gap at 3.5%, and the part-time at 22.1%.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not all the same, and their experiences of work are shaped by their different identities, and this contributes to the inequalities they may face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing performance and the delivery of sustainable services. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

### **What are the National Terms and Conditions for pay?**

NHS Forth Valley employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include NHS Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Medical and Dental (including General Practitioners) and NHS Scotland Executive and Senior Managers contracts of employment.

NHS Forth Valley recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

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

### **What does the law say?**

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

In line with the Public Sector Equality Duty of the Equality Act 2010, NHS Forth Valley objectives are to ensure we have due regards to the need to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and

- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

### **What is the Staff Governance Standard and how does this link?**

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

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

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where
- Diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

### **What is the Equal Pay Policy?**

This policy has been agreed in partnership and will be reviewed on a regular basis by the NHS Forth Valley Area Partnership Forum and the Staff Governance Committee.

It is well recognised that the gender pay gap is caused by a range of societal and organisational factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Bias and a lack of transparency in recruitment, development and progression employment practices
- Workplace cultures
- Pay and grading systems

NHS Forth Valley is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil

partnership status, pregnancy and maternity, religion or belief, sex or sexual orientation.

NHS Forth Valley understands that workers have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require us to take the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; people who are disabled and who are not; and people who fall into underrepresented racial and ethnic groups and who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; people who are disabled and who are not; and people who fall into a underrepresented racial and ethnic groups and who do not, to be updated every four years.

NHS Forth Valley also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes. We will take steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

### **What actions will be taken to support Equal Pay?**

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

We will:

- Review this policy, statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.

- Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this policy is held by our NHS Forth Valley Chief Executive with our Director of People having lead responsibility for the delivery of the policy.

If a member of staff wishes to raise a concern at a formal level within NHS Forth Valley relating to equal pay, the NHS Scotland Grievance Policy is available for their use.

## Gender Pay Gap Information

Our Gender Pay Gap Summary for 2025 can be found here: [Gender-Pay-Gap-Summary-2025.xlsx](#)

## Reporting, Governance and Continued Engagement

### Our Reporting Schedule – how we will keep you informed on progress

For the duration of this Strategic Framework, each April, we will publish an Equality and Inclusion Strategic Framework Progress Report to provide an update on our EDI actions and workstreams. This will also enable us to meet our legal requirements as set out within the Public Sector Equality Duty (PSED) reporting cycle.

### Our Governance Schedule – how we will be held accountable

We will ensure progress against this Strategic Framework is monitored via our Delivery Tool and Action Log which will be held by the Equality, Inclusion and Wellbeing Service on behalf of the organisation and fed into the appropriate governance routes. We will report to the Staff Governance Committee for assurance and feedback on a biannual basis. We will report to our Board annually.

## Continued Engagement

### Our Staff Networks – how we will encourage our staff voice

At present, NHS Forth Valley has our Ethnic Diversity, LGBT+ and Menopause and Menstruation Staff Networks established, with work ongoing to roll out additional staff networks in line with associated awareness months throughout the remainder of this year. These will include our Disability and Neurodiversity group and our Carer and Care Experienced Group, who all have initial meetings arranged. We will endeavour to work closely with each of our Staff Networks to ensure an effective platform for each to feed into governance routes, sharing their lived experiences and feedback. Each Network will be staff-led and will have a Senior Ally from our Executive Leadership Team. Our Networks will be essential in helping to identify our workforce needs in relation to Equality, Diversity and Inclusion and co-designing activities and workstreams to populate our Action Log.

### Our Community Engagement – how we will encourage community voices

#### What We Need to Do

Over the period of this Strategic Framework, we will continue to engage with patients, users of our services, informal carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley. Our approach was based on listening, learning and co-designing solutions to improve equality, diversity and inclusion across NHS Forth Valley. We need to ensure we have multiple avenues for people to engage with us. Our new Engagement and Participation Framework and ongoing Culture Change and Compassionate Leadership Programme are just two of our ongoing workstreams across NHS Forth Valley that help us to achieve this.

#### What We've Done So Far

We undertook a 12-month period of engagement aimed at involving and hearing from different groups of people who will be affected by our Equality and Inclusion Strategic Framework. This involved surveys, one-to-one meetings, focus groups, drop-in sessions and attending community events and targets outreach sessions. Colleagues from Communication and Person-Centred Care also helped us to gather equalities specific feedback via the annual board review patient sessions and What Matters To You events.

### **What We Will Do**

We are in the process of re-establishing our Fair for All Group. Previously, this group consisted of membership across users of our service, our staff, staff side representatives, Human Resources and Health & Social Care Partnership and Integration Joint Board colleagues, in addition to attendees and specific representation from individuals with lived experience and from groups working within the protected characteristic fields. We will also engage closely to invite key stakeholders from our local partners and third sector such as Police Scotland and Forth Valley Sensory Centre.

We will also continue to undertake a variety of outreach and engagement efforts to ensure we are hearing the voices of our local communities and responding to their feedback, learning from their experiences. It's equally important for us that we not only raise awareness of differing needs and experiences, but also celebrate the diversity within our communities.

We will hold annual equality and inclusion events with partner organisations and interested groups to discuss progress, identify upcoming issues and celebrate successes. We will carry out regular intelligence-gathering and liaison between representatives of the equalities fair for all steering group and other groups with an interest in this agenda. Furthermore, we want to join together in marking important cultural events within our Diversity Calendar each year, celebrating inclusion together.

## Summary – Working Together for Lasting Change

This Strategic Framework isn't just a plan, it's a commitment to real action. It has been shaped by our staff, our patients, and our communities who have shared their lived experiences with us so we can learn and influence change. By working together, we can create an NHS Forth Valley where fairness, inclusion, and equality are at the heart of everything we do.

## Accessibility, Alternative Formats and Contact

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request this document be made available in another language, please contact 01324 590886.

To request this document be made available in another format, please contact:

**Phone:** 01324 590886

**Text:** 07990 690605,

**Email:** [FV.interpretation@nhs.scot](mailto:FV.interpretation@nhs.scot)

## Appendices

### Appendix 1 – Further Background

The following information provides additional detail and background in relation to our regulatory duties around Equality.

All public authorities in Scotland must comply with the Public Sector Equality Duty (PSED), also known as the General Equality Duty, as set out in the Equality Act (2010). The PSED is a legal requirement for public authorities to consider how we can improve society and promote equality in every aspect of our day-to-day business.

The PSED has 2 parts: the general duty and the specific duties. The general duty above has the following aims or needs –

1. To put an end to unlawful behaviour that is banned by the Equality Act 2010 including discrimination, harassment and victimisation
2. To advance equal opportunities between people who have a protected characteristic and those who do not. This means removing or reducing the disadvantage that people with protected characteristics face; taking steps to meet the specific needs of people with protected characteristics; encouraging people with protected characteristics to participate fully in all activities, especially where they are underrepresented.
3. To foster good relations between people who have a protected characteristic and those who do not. This means action being taken to reduce prejudice and increase understanding between different groups of people.

In Scotland we also have nine specific duties that we must abide by:

1. Report on mainstreaming the equality duty
2. Publish equality outcomes and report progress
3. Assess and review the equality impact of policies and practices
4. Use information on the characteristics of members or board members gathered by the Scottish Ministers
5. Gather, use and publish employee information
6. Consider award criteria and conditions in relation to public procurement
7. Publish gender pay gap information
8. Publish equal pay statements
9. Publish in a manner that is accessible

The purpose of these specific duties is to help public authorities improve our performance on the general duties. To comply with the specific duties, public authorities must publish accessible information that shows how we are meeting the needs of the PSED. The information published should give a full picture of how NHS

Forth Valley is performing in the 3 aims of the general duty and cover all functions of the organisation.

## Appendix 2 – Definitions

### **Equality**

Equality is about fair treatment – making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example, making reasonable adjustments for disabled people (such as providing correspondence in audio for visually impaired patients) removes barriers to equality of opportunity and helps prevent discrimination. Equality recognises that people's needs may need to be met in different ways.

### **Diversity**

Diversity is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.

### **Inclusion**

Inclusion is a sense of belonging, of feeling respected and valued for who you are.

### **Human rights**

Human rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

### **Intersectionality**

The concept of 'intersectionality' is that we all have multiple, overlapping identities that impact on our experience, including multiple discriminations and disadvantages. Put simply, intersectionality means that someone can be discriminated against because of more than one thing about them.

### **The Equality Act (2010)**

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

### **Mainstreaming**

Mainstreaming is the process of something becoming accepted as normal by most people. In the context of this document, mainstreaming is about making EDI considerations a routine aspect of our day-to-day working approach.

## **Outcome**

An outcome is the result or consequence of something and can refer to the impact(s) or end result(s) of services on a person's life. In the context of this document, our outcomes are what we aim to achieve through our actions and activities in relation to EDI.

## **Anchor Institute**

An Anchor Institute is a large, typically non-profit, public-sector organisation whose long-term sustainability is tied to the wellbeing of the populations they serve. NHS Forth Valley is considered to be an Anchor Institute and as such has a responsibility to play a role in advocating for health, promoting environmental action in other areas such as recycling, transport and access to nature, within our local community.

## **Health and Social Care Partnership (HSCP)**

A Health and Social Care Partnership (HSCP) is a statutory body formed to integrate health and social care services, managed jointly by local authorities and the NHS. In Scotland, there are 31 HSCPs, each responsible for delivering services within their local area. Within NHS Forth Valley we have two HSCPs:

1. Falkirk HSCP
2. Stirling and Clackmannanshire HSCP

## **Integration Joint Board (IJB)**

An Integration Joint Board (IJB) is the body responsible for the strategic planning and oversight of health and social care services for adults. The means that the IJB sets the budget and strategic direction, whilst the HSCP is responsible for the operational implementation and delivery.

## **Whole Systems Leadership Team (WSLT)**

The Whole Systems Leadership Team (WSLT) supports the Senior Leadership Team (SLT) and is an active group where leaders can influence cultural change, share ideas, influence developments, and access information to inform direction and actions. It acts both as a critical friend to new and developing initiatives and issues, as well as a forum for disseminating news and information which has a whole system impact.

## **Procurement**

Procurement is the process of locating and agreeing to terms for the purchasing of goods, services, or other works from an external source.

## Appendix 3 – Detailed Population Data

### Overall Population

- **Total Population:** 302,784

### White Ethnic Group Breakdown

- **Total White Population:** 291,227 (96.2%)
  - **White Scottish:** 251,899 (83.2%)
  - **Other White British:** 25,728 (8.5%)
  - **White Irish:** 2,662 (0.9%)
  - **White Gypsy/Traveller:** 197 (0.06%)
  - **White Polish:** 3,590 (1.2%)
  - **Other White Background:** 7,150 (2.4%)

### Mixed or Multiple Ethnic Groups

- **Total:** 2,414 (0.8%)

### Asian, Asian Scottish, or Asian British

- **Total:** 6,398 (2.1%)
  - **Pakistani, Pakistani Scottish, or Pakistani British:** 2,792 (0.9%)
  - **Indian, Indian Scottish, or Indian British:** 1,492 (0.5%)
  - **Bangladeshi, Bangladeshi Scottish, or Bangladeshi British:** 70 (0.02%)
  - **Chinese, Chinese Scottish, or Chinese British:** 1,017 (0.3%)
  - **Other Asian Background:** 1,030 (0.3%)

### African Ethnic Groups

- **Total African Population:** 1,231 (0.4%)
  - **African, African Scottish, or African British:** 1,140 (0.37%)
  - **Other African Background:** 91 (0.03%)

### Caribbean or Black Ethnic Groups

- **Total:** 262 (0.09%)
  - **Caribbean, Caribbean Scottish, or Caribbean British:** 102 (0.03%)
  - **Black, Black Scottish, or Black British:** 29 (0.01%)
  - **Other Caribbean or Black Background:** 131 (0.04%)

### Other Ethnic Groups

- **Total:** 1,250 (0.4%)
  - **Arab, Arab Scottish, or Arab British:** 489 (0.16%)
  - **Other Ethnic Background:** 765 (0.25%)

## Key Insights and Considerations

1. **Predominantly White Population:** The vast majority (96.2%) identify as White, with White Scottish making up the largest share (83.2%).
2. **Growing Ethnic Diversity:** Asian and African populations collectively account for over 2.5%, with Pakistani and Indian communities being the largest non-White groups.
3. **Representation in Healthcare Services:** Given the presence of minority ethnic groups, **language services and culturally sensitive healthcare provision** should be considered for better accessibility.
4. **Future Demographic Shifts:** As Scotland's demographics change, NHS Forth Valley may need to adapt its services to meet the needs of an increasingly diverse population.

## NHS Forth Valley - Health and Demographic Summary

### General Health & Disability Overview

- **Total Population:** 302,784
- **Health Status Breakdown:**
  - **Very Good:** 144,160 people (47.6%)
  - **Good:** 94,676 people (31.3%)
  - **Fair:** 43,587 people (14.4%)
  - **Bad:** 15,649 people (5.2%)
  - **Very Bad:** 4,710 people (1.6%)
- The majority of people in the region report being in **good or very good health** (over 78%).
- Around **6.8%** of the population experiences **bad or very bad health**, indicating potential healthcare service demand for chronic conditions and long-term care.

## NHS Forth Valley - BSL User Demographic Summary

### Overall Population (BSL Users vs. Non-Users)

- **Total Population Aged 3 and Over:** 294,926

- **BSL Users:** 6,782 (2.3%)
- **Non-BSL Users:** 288,144 (97.7%)

## BSL User Breakdown by Age Group

- **March 2015 Age Group:**
  - Total: 42,569
  - BSL Users: 1,140 (2.7%)
  - Non-BSL Users: 41,430 (97.3%)
- **Ages 16 - 24:**
  - Total: 32,224
  - BSL Users: 798 (2.5%)
  - Non-BSL Users: 31,426 (97.5%)
- **Ages 25 - 49:**
  - Total: 91,541
  - BSL Users: 2,450 (2.7%)
  - Non-BSL Users: 89,090 (97.3%)
- **Ages 50 - 64:**
  - Total: 67,863
  - BSL Users: 1,641 (2.4%)
  - Non-BSL Users: 66,222 (97.6%)
- **Ages 65 and Over:**
  - Total: 60,732
  - BSL Users: 756 (1.2%)
  - Non-BSL Users: 59,976 (98.8%)

## Key Insights and Considerations

1. **Age Distribution:** The highest number of BSL users is within the **25-49 age group** (2,450 individuals), suggesting active engagement with communication support services.
2. **Elderly Population and Accessibility:** The **65+ group has the lowest proportion of BSL users (1.2%)**, possibly indicating different communication needs or underreporting.
3. **Healthcare Service Planning:**
  - a. Given that **over 6,700 people** in NHS Forth Valley use BSL, ensuring **sign language interpreters, digital accessibility, and healthcare staff training** is essential.
  - b. The **working-age population (25-64)** represents the largest group needing **accessible NHS services**, particularly in primary care and hospitals.
4. **Youth Engagement:** The **16-24 age group (798 users)** highlights the need for **inclusive education and healthcare communication strategies** to support young BSL users.

## Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

## Sexual Orientation Breakdown

- **Heterosexual/Straight:** 224,228 (88.9%)
- **Gay or Lesbian:** 3,774 (1.5%)
- **Bisexual:** 3,925 (1.6%)
- **Other Sexual Orientation:** 1,118 (0.4%)
- **Not Answered:** 19,314 (7.7%)

## Key Insights and Considerations

1. **Representation of LGBTQ+ Community:**
  - a. **Gay or Lesbian individuals (1.5%) and Bisexual individuals (1.6%)** collectively represent **over 7,500 people** in NHS Forth Valley.
  - b. The category "Other Sexual Orientation" (1,118 individuals) may include a range of identities that require **inclusive service approaches**.
2. **High Rate of Non-Response (7.7%):**
  - a. Over **19,000 individuals chose not to disclose their sexual orientation**, indicating either privacy concerns or potential gaps in inclusive data collection.
  - b. Encouraging **safe disclosure environments** in healthcare settings could improve future data accuracy.
3. **Healthcare Considerations:**
  - a. The LGBTQ+ population may have **specific healthcare needs**, including **mental health support, sexual health services, and inclusive GP practices**.
  - b. Ensuring **LGBTQ+ competency training** for NHS staff can enhance service provision.
4. **Future Implications:**
  - a. As more individuals feel comfortable self-identifying, numbers in the LGBTQ+ categories may **increase over time**, requiring ongoing service adaptation.
  - b. Further **engagement with LGBTQ+ communities** can help NHS Forth Valley tailor healthcare services to be more inclusive and accessible.

## Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

## Trans Status Breakdown

- **Not Trans / No Trans History:** 237,115 (94.0%)
- **Trans or Has a Trans History:** 955 (0.4%)
- **Not Answered:** 14,283 (5.6%)

## Key Insights and Considerations

1. **Trans Representation in NHS Forth Valley:**
  - a. 955 individuals (0.4%) identify as trans or having a trans history.
  - b. This group may require **specialised healthcare services**, including gender-affirming care and mental health support.
2. **High Rate of Non-Response (5.6%):**
  - a. Over **14,000 individuals did not disclose their trans status**, potentially indicating privacy concerns or limitations in data collection methods.
  - b. Encouraging **safe disclosure environments** can improve future data accuracy and service provision.
3. **Healthcare Considerations for Trans Individuals:**
  - a. Increased access to **gender-affirming healthcare services, hormone therapy, and mental health support**.
  - b. Training healthcare professionals in **trans-inclusive practices** to enhance patient experiences.
4. **Future Implications:**
  - a. As **societal awareness and acceptance grow**, the number of openly trans individuals may **increase over time**, necessitating responsive NHS services.
  - b. Continued **community engagement and policy development** can help ensure NHS Forth Valley meets the healthcare needs of trans individuals.

## Overall Disability Statistics

- **Total Population:** 302,784
  - **Day-to-day activities limited a lot:** 32,279 (10.7%)
  - **Day-to-day activities limited a little:** 40,551 (13.4%)

- **Day-to-day activities not limited:** 229,954 (75.9%)

## Disability Breakdown by Age Group

- **Ages 0 to 15:**
  - Limited a lot: 1,439 (2.9%)
  - Limited a little: 2,703 (5.4%)
  - Not limited: 46,281 (91.7%)
- **Ages 16 to 24:**
  - Limited a lot: 1,369 (4.2%)
  - Limited a little: 3,166 (9.8%)
  - Not limited: 27,688 (86.0%)
- **Ages 25 to 34:**
  - Limited a lot: 1,884 (5.3%)
  - Limited a little: 3,481 (9.8%)
  - Not limited: 30,088 (84.9%)
- **Ages 35 to 49:**
  - Limited a lot: 3,982 (7.1%)
  - Limited a little: 5,884 (10.5%)
  - Not limited: 46,228 (82.4%)
- **Ages 50 to 64:**
  - Limited a lot: 8,657 (12.8%)
  - Limited a little: 9,946 (14.7%)
  - Not limited: 49,260 (72.5%)
- **Ages 65 and over:**
  - Limited a lot: 14,948 (24.6%)
  - Limited a little: 15,369 (25.3%)
  - Not limited: 30,415 (50.1%)

## Key Insights and Considerations

1. **Aging and Disability Correlation:**
  - a. The **65+ age group has the highest proportion of individuals with disabilities** (49.9%), highlighting a need for **elderly care services**.
  - b. The prevalence of severe disability increases with age, impacting **long-term healthcare planning**.
2. **Middle-Age Impact (50-64 Age Group):**
  - a. Around **27.5% of individuals in this group report limitations in daily activities**, indicating a demand for **workplace accommodations and disability support services**.
3. **Younger Age Groups:**
  - a. **Children (0-15 years) and young adults (16-24 years) have lower disability rates**, though they still require targeted support in **education and early intervention healthcare**.

#### 4. Healthcare and Social Support Needs:

- a. Nearly **25% of the total population** has some level of daily activity limitation, reinforcing the importance of **accessible healthcare, mobility support, and social inclusion programs**.
- b. **Specialised medical care, rehabilitation services, and assistive technologies** should be prioritised to improve the quality of life for disabled individuals.

#### Overall Population (Aged 3 and Over)

- **Total Population:** 294,926
  - **Not a Carer:** 257,986 (87.5%)
  - **Unpaid Carers:** 36,940 (12.5%)

#### Unpaid Carers Breakdown by Hours of Care Provided

- **Providing 1 to 19 Hours of Care per Week:** 21,011 (56.9%)
- **Providing 20 to 34 Hours of Care per Week:** 3,560 (9.6%)
- **Providing 35 to 49 Hours of Care per Week:** 3,607 (9.8%)
- **Providing 50 or More Hours of Care per Week:** 8,762 (23.7%)

#### Key Insights and Considerations

##### 1. Significant Proportion of Unpaid Carers:

- a. **1 in 8 people (12.5%) in NHS Forth Valley provide unpaid care**, highlighting the crucial role of informal caregiving in the community.
- b. Many of these carers balance their roles alongside work and family responsibilities.

##### 2. High-Intensity Caring Responsibilities:

- a. **Over 23% of unpaid carers provide 50+ hours of care per week**, suggesting a group at high risk of **burnout, financial strain, and mental health challenges**.
- b. Supporting these individuals through **respite care, financial assistance, and mental health services** is essential.

##### 3. Majority Provide Low to Moderate Care Hours:

- a. **57% of carers provide 1-19 hours of care per week**, often assisting with routine activities.
- b. Ensuring **community support programs and workplace flexibility** can help these carers balance responsibilities effectively.

##### 4. Healthcare and Social Support Needs:

- a. Given the **aging population and increasing care demands**, healthcare policies should focus on **sustaining unpaid carers** through **training, financial aid, and emotional support initiatives**.
- b. **Integrated health and social care planning** is vital to reduce strain on unpaid carers and prevent escalation of health issues.

## Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

## Socio-Economic Classification Breakdown

- **L1: Employers in large establishments:** 194 (0.1%)
- **L2: Higher managerial & administrative occupations:** 7,919 (3.1%)
- **L3: Higher professional occupations:** 21,686 (8.6%)
- **L4: Lower professional & higher technical occupations:** 36,755 (14.6%)
- **L5: Lower managerial & administrative occupations:** 8,441 (3.3%)
- **L6: Higher supervisory occupations:** 7,556 (3.0%)
- **L7: Intermediate occupations:** 30,497 (12.1%)
- **L8: Employers in small establishments:** 4,596 (1.8%)
- **L9: Own account workers:** 14,462 (5.7%)
- **L10: Lower supervisory occupations:** 8,493 (3.4%)
- **L11: Lower technical occupations:** 10,919 (4.3%)
- **L12: Semi-routine occupations:** 28,494 (11.3%)
- **L13: Routine occupations:** 36,485 (14.5%)
- **L14.1: Never worked:** 14,735 (5.8%)
- **L14.2: Long-term unemployed:** 1,726 (0.7%)
- **L15: Full-time students:** 19,403 (7.7%)

## Key Insights and Considerations

1. **Skilled Workforce & Professional Employment:**
  - a. **26.3% of the population (L2-L4) are in professional and managerial roles**, indicating a strong presence of **highly skilled workers**.
  - b. **Employers in small and large establishments make up a small fraction (1.9%)**, suggesting that most professionals work within larger corporate or public sector institutions rather than owning businesses.
2. **Routine & Semi-Routine Occupations:**

- a. **25.8% of the population (L12-L13) work in semi-routine and routine jobs**, reflecting significant employment in service, manual labor, and operational roles.
- 3. Unemployment & Economic Vulnerability:**
  - a. **Long-term unemployed (0.7%) and those who have never worked (5.8%) account for over 16,000 individuals**, highlighting economic vulnerability in specific segments.
  - b. Support programs aimed at employment training and career progression may benefit these groups.
- 4. Self-Employment & Entrepreneurial Sector:**
  - a. **Own account workers (5.7%) and employers in small establishments (1.8%)** represent the self-employed and small business owners, emphasising the need for **local business support initiatives**.
- 5. Student Population & Future Workforce:**
  - a. **7.7% of the population are full-time students**, indicating a future skilled workforce that will require strong transitions into professional employment sectors.

### Healthcare & Policy Considerations:

- **Workforce Well-being:** Programs addressing **occupational health, stress, and work-life balance** should be prioritised, particularly for high-stress professional and managerial roles.
- **Economic Support for Vulnerable Groups:** Enhancing employment training and educational opportunities for those in **routine occupations, the unemployed, and those who have never worked**.
- **Business & Self-Employment Support:** Encouraging **entrepreneurial programs and small business funding initiatives** to boost local employment.
- **Student & Youth Employment Initiatives:** Ensuring **graduates have access to employment pathways and skill-building programs** to sustain long-term workforce growth.

### Overall Population

- **Total Population:** 302,784

### Religious Affiliation Breakdown

- **Church of Scotland:** 67,754 (22.4%)

- **Roman Catholic:** 31,309 (10.3%)
- **Other Christian:** 13,707 (4.5%)
- **Buddhist:** 607 (0.2%)
- **Hindu:** 761 (0.3%)
- **Jewish:** 131 (<0.1%)
- **Muslim:** 3,621 (1.2%)
- **Sikh:** 318 (0.1%)
- **Pagan:** 1,126 (0.4%)
- **Other Religion:** 661 (0.2%)
- **No Religion:** 165,761 (54.8%)
- **Religion Not Stated:** 17,024 (5.6%)

## Key Insights and Considerations

1. **Secular Majority:**
  - a. Nearly **55% of the population reports having no religious affiliation**, reflecting a trend toward secularism in NHS Forth Valley.
  - b. Understanding this shift is important for **policy and healthcare inclusivity**.
2. **Christianity as the Largest Religious Group:**
  - a. **Church of Scotland (22.4%) and Roman Catholic (10.3%)** represent the majority of religiously affiliated individuals.
  - b. This indicates continued **cultural and historical ties** to Christian institutions.
3. **Religious Diversity and Minority Faiths:**
  - a. **Islam (1.2%), Hinduism (0.3%), Sikhism (0.1%), and Buddhism (0.2%)** highlight the presence of diverse religious communities.
  - b. NHS services should ensure **inclusive and culturally competent healthcare** to meet the needs of different faith groups.
4. **Religious Identity and Healthcare Considerations:**
  - a. Some faith groups have specific **dietary, end-of-life, and medical care preferences**.
  - b. **Chaplaincy services and spiritual care** should remain available in hospitals and healthcare settings.
  - c. Awareness of **religious holidays and fasting periods** (e.g., Ramadan for Muslims) can enhance patient care planning.
5. **Unstated Religious Affiliation (5.6%):**
  - a. Over **17,000 individuals chose not to disclose their religion**, indicating potential privacy concerns or data gaps.

## Future Implications:

- As **demographics shift**, NHS Forth Valley must adapt to ensure **inclusive and respectful healthcare** for all religious and non-religious groups.

- Further research could explore how **religion or lack thereof impacts healthcare choices and well-being**

## Overall Population (Aged 16 and Over)

- **Total Population: 252,359**

## Marital Status Breakdown

- **Never Married & Never in a Civil Partnership:** 89,506 (35.5%)
- **Married or in a Registered Civil Partnership:** 116,810 (46.3%)
- **Separated, but Still Legally Married or in a Civil Partnership:** 6,370 (2.5%)
- **Divorced or Civil Partnership Dissolved:** 21,444 (8.5%)
- **Widowed or Surviving Civil Partnership Partner:** 18,229 (7.2%)

## Key Insights and Considerations

1. **High Rate of Marriage & Civil Partnerships:**
  - a. Nearly **46.3%** of individuals are married or in a civil partnership, which could impact healthcare needs related to **sexual and reproductive health services, , care of the elderly, and joint healthcare decision-making.**
2. **Large Proportion of Single Individuals:**
  - a. **35.5%** of the population has never been married or in a civil partnership, reflecting changing societal trends and potential differences in **healthcare utilisation, housing, and social care needs.**
3. **Divorced & Separated Population (11%):**
  - a. **Divorce and separation affect 11% of individuals**, which may lead to increased **mental health support needs** due to life transitions, financial strain, and family restructuring.
4. **Widowed Population & Elderly Care:**
  - a. **7.2% of individuals are widowed or surviving civil partnership partners**, a group that is more likely to experience **isolation, bereavement-related mental health challenges, and long-term care needs.**
5. **Healthcare & Social Policy Considerations:**
  - a. Ensuring **support services for recently separated, divorced, or widowed individuals.**
  - b. Recognising that marital status influences **health outcomes, caregiving responsibilities, and healthcare decision-making.**

- c. Providing **social and mental health programs tailored to different marital groups**, particularly for older widowed individuals and divorced individuals undergoing significant life changes.

## Future Implications

- As **marital trends evolve**, NHS Forth Valley may need to adapt services to address the **growing number of single, separated, and widowed individuals**.
- Promoting **social support networks, elderly care programs, and family counselling services** will be essential in supporting these demographic shifts.

## NHS Forth Valley - Healthcare Services & Public Health Overview

### Primary Care Services

- **General Practitioners (GPs):**
  - NHS Forth Valley's official records state there are **49 GP practices**.
  - NHS Inform's service directory lists **62 GP practices**, suggesting differences in classification or service availability.
- **Dental Services:**
  - NHS Forth Valley oversees **46 dental practices**.
  - NHS Inform lists **118 dental services**, which may include multiple locations or specialised services.
- **Community Pharmacies:**
  - In 2016, **79 community pharmacies** were recorded.
  - Recent NHS Inform data shows **68 active pharmacies**, indicating service changes over time.

### Demographic Insights

- **Aging Population:**
  - Higher proportion of adults **65+**, increasing demand for **elderly care, chronic disease management, and social care services**.
- **Youth Population:**
  - **Lower proportion of under-18s**, impacting future healthcare and education planning.

### Key Health Concerns

#### 1. Chronic Conditions:

- a. Higher-than-average rates of **heart disease, diabetes, and respiratory illnesses**.
- 2. **Mental Health:**
  - a. Growing demand for mental health services, with **significant improvement in Child and Adolescent Mental Health Services (CAMHS)**.
  - b. In **March 2024, 92.8% of CAMHS patients** were seen within the **18-week standard**, up from **42.5% in March 2023**.
- 3. **Substance Abuse:**
  - a. Ongoing challenges with **alcohol and drug-related health issues**, particularly in **urban areas like Falkirk**.
- 4. **Lifestyle-Related Illnesses:**
  - a. Rising cases of **obesity and related conditions**, prompting **preventative health programs**.

## Healthcare Access & Inequalities

- **Deprivation Levels:**
  - **Clackmannanshire and parts of Falkirk** rank among the most deprived areas in Scotland, leading to **lower life expectancy and worse health outcomes**.
- **Rural Access Challenges:**
  - Rural communities experience **difficulties accessing GP and hospital services**, driving the need for **digital health and community care initiatives**.

## Future Considerations

- Strengthening **primary care infrastructure**, particularly in under-served areas.
- Expanding **mental health support** and **substance abuse intervention programs**.
- Enhancing **digital healthcare services** to bridge access gaps in rural areas.
- Investing in **preventative healthcare** to address rising lifestyle-related illnesses.