

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">21 OCTOBER 2021 ITEM NO 11.1 FOR APPROVAL</p> <p style="text-align: center;">EQUALITIES AND HUMAN RIGHTS SHORT LIFE WORKING GROUP (SLWG)</p>	
Executive Sponsor:	Director of Strategy, Planning and Performance
Lead Officer/Author:	Head of Stakeholder Engagement / Corporate Governance Manager
Action Required	<p>The Board are asked to:</p> <ul style="list-style-type: none"> • Note and discuss the report from the SLWG • Discuss and approve recommendations and proposed next steps
Key Points to consider	<ul style="list-style-type: none"> • As a public authority in Scotland, NHS 24 is required to meet certain equality and diversity related duties. This requirement is included as part of the Public Sector Equality Duty in Scotland • These can be summarised as eliminating discrimination, advancing equality of opportunity, fostering good relations and considering the socio-economic impact of strategic decisions intended to tackle poverty. • As part of our organisational responsibilities, driving improvement in the quality of our services, it is important that we look to continually strengthen our commitment to Equalities, Inclusion and Human Rights in an ever changing landscape.
Date Presented to EMT and Relevant Committee	A draft report and recommendations was presented to the Board Workshop in September 2021.
Summary of key discussion points/actions arising from respective Committees	<ul style="list-style-type: none"> • The SLWG identified current challenges under key areas: Structures & Processes; Leadership; Governance (decision making and assurance); Awareness & Understanding (ownership) and Data & Intelligence • Considerations concluded that there was a continued requirement for a dedicated focus in order to strengthen and embed improvements across these areas.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	This work supports the achievement of person-centred health and care services that give the public a voice and draws on their experiences to improve the quality of care provided and employment and volunteering opportunities afforded to them.
Key Risks	The Equality Act 2021 (Specific Duties) (Scotland) Regulations 2012 requires listed authorities, including NHS 24, to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions by 30 April 2021.
Financial Implications	All recommendations made should be achieved within business as usual. Any activities that were beyond that would require EMT approval.

Equality and Diversity	The key purpose of the Short Life Working Group is to strengthen the organisational commitment to equalities, inclusion, human rights and diversity.
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1. RECOMMENDATION

The Board is asked to:

- Consider this report and discuss the proposed options.

2. BACKGROUND

- 2.1 Following an equalities focussed presentation at NHS 24 Board Development Session, March 2021, the Board approved the establishment of a Short Life Working Group (SLWG) to consider opportunities to enhance and strengthen NHS 24s responsibilities and commitments in relation to equalities, human rights and health inequalities as we enter the next period of remobilisation and strategy development.
- 2.2 The EQIPP Committee (disbanded in 2016) previously provided assurance to the Board that appropriate structures and processes were in place to addresses issues of diversity and equality and human rights. Responsibility has since transferred to the Clinical Governance Committee.
- 2.3 The most recent cycle of equalities reporting has provided an opportunity to survey current practices and although NHS 24 continues to meet its legal duties, areas for potential improvement were highlighted. This coupled with the significant transformation across not only our own organisation but the broader health and care system acted as key drivers for review.

3. REMIT AND MEMBERSHIP OF SHORT LIFE WORKING GROUP (SLWG)

- 3.1 A cross section of key stakeholders offering different perspectives (strategic and operational) were identified to form the SLWG
- Paula Speirs, Director of Strategy, Planning and Performance (Chair)
 - Arlene Campbell, Head of Stakeholder Engagement
 - Davie Morrison, Participation and Equalities Manager
 - Andrew Moore, Deputy Director of Nursing and Care
 - John McAnaw, Associate Director of Pharmacy (for Medical Director)
 - Gillian Phillips, Corporate Governance Manager
 - Anne Gibson, Non-executive Director
 - Alan Webb, Non-executive Director
- 3.2 The group were tasked with considering NHS 24's current governance arrangements for participation, inclusion and equalities, especially in relation to access to services. The SLWG also considered governance of decision making in the design and development of policies, functions and services, in relation to equalities and human rights.
- 3.3 To support and contribute to the development of the new organisational Strategy, the group also considered potential priorities aligned with, but not restricted to:

- The Equality Act 2010
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- The Human Rights Act 1998
- Patient Rights (Scotland) Act 2011
- Fairer Scotland Duty (2018)
- Planning with People (2021)

3.4 A high level review of the process for Mainstreaming and equality outcomes was undertaken.

3.5 Considerable time was taken in the identification of some of the key areas of challenge and potential gaps.

4. KEY AREAS OF CONSIDERATION

4.1 As a Board delivering services remotely (i.e. not face to face), this requires us to consider equalities from two perspectives. - a national board directly delivering care and the responsibilities of the Board and also our role in the wider system and considering what others are doing (i.e. health inequalities at PHS, community engagement at HIS, local Board service design).

4.2 As a group an opportunity was taken to reflect on historical governance arrangements where there had previously been a dedicated forum providing assurance to the Board and what benefits had been realised from this approach.

4.3 Current Challenges

Structures & Processes

- We do have existing structures and processes. We now need to build on these, truly embed and bring them to life.
- Equality Impact Assessments (EQIAs): These are the cornerstone to ensuring that we give due regard to all of our legal duties in relation to assessing the impact of our work. The Group identified that this needs to be better articulated, understood and the need to carry these out upfront in the process prioritised.
- Responsibilities for equalities considerations i.e. as outlined in Cover papers. We need to improve understanding and responsibility and move beyond the rhetoric.
- Structures and processes strengthened in order they provide Challenge and influence decision making –at every level.

Governance

- Strengthening consultation/ decision making i.e. Mainstreaming and equality outcomes and diversity and inclusion.
- Moving beyond recognised protected characteristics
- Ownership and Responsibility – across the organisation – not exclusive to a particular team (Engagement Team) or Clinical Governance Committee

- **Awareness & Understanding**

- At all levels - being appropriately aware of our duties and feeling empowered to ask questions around how they have been met. In doing so, we need to consider personal and professional development of staff.

- **Data and Intelligence**
 - Opportunity to gather useful intelligence that supports making our services more accessible
 - Provision of more robust data would allow Board to have deeper insight into issues surrounding equalities and human rights.
 - Role of Public Health Scotland – collaboration
- **Leadership**
 - Creating right conditions for good practice to flourish
 - Strengthen our leadership in this area, making Equalities, Inclusion and HR a lens through which we see all of our work, not another tasks or hurdle.
 - In doing so, we need to provide support and challenge and work towards embedding in the practice of all staff

Ultimately we need to move to better embed equalities and human rights into our culture and values

5. POTENTIAL OPTIONS

5.1 Following discussion, the Working Group explored the benefits of three specific options:

Option 1 Focused on existing committees- investing in development around their responsibilities with supporting Executive Lead.

Option 1 as a minimum would provide an investment in committee based development raising awareness and confidence around responsibilities however this would be limited and wouldn't go far enough in facilitating the 'culture' change required to truly embed improvements across the key areas as identified by the SLWG.

Option 2 As option 1, but with specific remit given to Integrated Governance Committee for Equalities, Inclusion and Human Rights for at least 1 year to ensure work is driven and has focus.

Option 2 has limitations also, in that it was never the intended role of Integrated Governance Committee to focus on an explicit agenda but rather establish itself as an overseeing committee.

Option 3 As option 1, but with the establishment of a dedicated, fixed-term committee to oversee implementation of our Equality, Inclusion and Human Rights across strategy areas

Option 3 would provide an opportunity to take a dual approach, in scoping and supporting development for existing committees in readiness to strengthen their role whilst at the same time allowing for a dedicated focus to strengthen and improve the areas of challenge identified by the SLWG. It would also afford an opportunity to consider and align developing thinking /practices across the health and care sector i.e. linkage with SG Digital Equality Group and others.

- 5.2 In summary, the recommended option of the SLWG is option 3.
- 5.3 It is recommended that the current membership of the SLWG continues, with additional support and leadership from the Director of Workforce, to reflect the ambition to strengthen diversity and inclusiveness within NHS 24.

6. FINANCIAL IMPLICATIONS

- 6.1 All recommendations made should be achieved within business as usual. Any activities that were beyond that would require EMT approval.