Meeting: Equality Impact Assessment Focus Group Meeting - COVID-19 Test and Protect Deliverables
Date: 19/06/2020, 12.30 – 14.30
Location: Microsoft Teams Meeting

Attendees

Louise MacLennan [LM] **(Chair)**	Head of Equality and Engagement, NHS NSS
Sarah Booth [SB]	Scottish Human Rights Commission
Katie Cosgrove [KC]	Lead on Gender Equality, PHS
Laura Hutchison [LH]	Equality and Human Rights Commission
Kristi Long [KL]	Equality and Diversity Lead, NHS NES
Eilidh McLaughlin [EM]	Associate Director for Information Security and Governance, NHS NSS
Mario Medina [MM]	Engagement Manager, NHS 24
Pauline Nolan [PN]	Head of Leadership and Civic Engagement, Inclusive Scotland
Kyle Stuart [KS]	Project Support Officer, PHS Contact Tracing Programme
Nicola Thompson [NT]	Health Improvement Team Manager, PHS

Background:

NHS National Services Scotland (NHS NSS) are delivering, on behalf of Public Health Scotland the new National Contact Tracing Centre (NCTC). In line with the Test and Protect strategy, the centre will be the first point of contact for contact tracing in Scotland and aims to contact those who have tested positive for Covid-19 to identify those who have come into close contact with them in the past 48 hours. At this point, they will be asked to isolate for 14 days and arrange for a test in line with the current government guidelines. Those employed as contact tracers are to be band three staff, with band five staff acting as supervisors. It is anticipated there may need be to be a large number of contact tracers employed in the centre, however at the moment a small number have been recruited.

Staff have been recruited both externally to and internally within the NHS. Staff are provided with in-depth training in order to be able to perform their role. Due to shortages in equipment globally due to the pandemic, some staff may be asked to bring their own device (BYOD), rather than be provided kit by NHS NSS. A device in this circumstance is classified as a laptop.

Staff will be using the Case Management System (CMS) while on shift. The system has been developed to respond to the needs of the National Contact Tracing Centre. Previously, local Health Protection Teams across NHS Scotland used the Simple Tracing Tool to conduct Covid-19 contact tracing. Previously, an Equality Impact Assessment was conducted on the Simple Tracing Tool and the results were provided to those developing the CMS. As of the 22nd of July, NHS Grampian were the first Health Board to be on-boarded to the National Contact Tracing Centre.

Recommendations:

Area	Recommendation(s)	Context & Key Discussion Points
Employment of staff in line with the Fairer Scotland Action plan Commitments	1. For future rounds of recruitment, when asking those who noted their interest to submit an application, an additional sift is conducted to identify those who are disabled and are eligible for an interview in line with the Right to Interview scheme operated by NHS Scotland. 2. For future rounds of recruitment, advertisement of vacancies should be done via Disability Positive Organisations and other membership bodies in addition to SG or NHS Scotland recruitment sites.	• Thousands of candidates noted interest in becoming contact tracers, therefore a pragmatic approach was required when proceeding with the recruitment campaign. • With all recruitment in the NHS, including this campaign, candidates are given access to the Right to interview scheme if applicable. • Due to the high number of notes of interest in the positions, it was agreed that approximately the first 500 candidates were responded to and asked to submit a full application for the role. Therefore, if there were disabled candidates out-with the initial 500 notes of interest, then they may not yet have gotten into the employment rota for the current tranche. • It was suggested that the vacancies for the current tranche were not advertised via DPOs or other membership bodies which may have helped those who are disabled find, enquire and apply for the posts available.
Accessible communications for all staff employed by the NCTC	3. Further planning going forward is required to ensure staff who use BSL have access to all of the necessary support to work in the NCTC.	• Questions were asked as to whether anyone recruited uses British Sign Language (BSL) and how this will be dealt with by the National Contact Tracing Centre if it happens in the future. • Louise MacLennan has prepared an initial plan for those who use BSL.
Approach to the recruitment to the NCTC in relation to equipment, which may create any issues in relation to protected characteristics	4. To ensure the BYOD requirement in previous applications is no longer a barrier to applying for a post in the NCTC in the future, it is recommended	• Regarding equipment, PN noted that employees who may be from a deprived background may not have access to adaptable equipment or might not have any equipment at all. Noting that as disabled people are more likely to live in poverty, it was asked have they been disadvantaged by the BYOD decision.

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	that recruitment information (job descriptions and person specifications) be re-worded to include a statement clarifying that BYOD is not a barrier to employment. 5. Additionally, NSS could consider a commitment to providing devices for all staff offered positions as soon as they are available and/or conducting an individual assessment of all candidates to assess whether they would better benefit from being supplied a device rather than bringing their own. 6. To ensure a holistic approach to on-boarding is taken for NCTC staff, they should be eligible for a risk assessment to be conducted to ensure their personal needs have been fully assessed and acted upon. 7. Recruitment information (job descriptions and person specifications) for posts within the NCTC are clear that reasonable adjustments will be made	• EM clarified that while the advertisement stated BYOD, NHS NSS are taking a pragmatic approach and therefore worked to ensure that while they asked for a laptop to be available for use, if this could not be provided or was not up to date with the necessary specifications to run the systems required of the NCTC, then NHS NSS would do what they can to resolve these issues to ensure they would not act as a barrier to employment for anyone. There is an acute awareness that the BYOD requirement may have been a barrier to people applying to this role. • Staff employed by the NCTC should be entitled to all of the rights and benefits NHS NSS provides to its staff, including DSE assessments. For example, are staff who may be more suited to working in the office be able to? It is possible not being able to work in an office has been a barrier to employment to the NCTC. • In addition to digital exclusion, there are other reasons as to why candidates may be disadvantaged when working at home, such as having a lack of an appropriate space or the conditions to work in. Therefore, consideration is required as to whether staff may require reasonable adjustments to their home working environment.

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	for staff who join the service. This should be a conversation between their supervisor and the post holder on-boarded.	
Approach to the training provided to staff in the NCTC.	8. The group to have sight of the final training programme to ensure all the points raised have been acknowledged or addressed as part of the training package.	• All training materials that has been produced to date is for the Minimal Viable Service (MVS) of the NCTC, therefore enhancement of the training materials is expected and there is the opportunity to influence the next iterations of the materials. Updates to the materials already published can be provided to make them accessible to everyone. • PN recommends disability equality training on top of disability awareness training. This training helps workers be aware of all the barriers of inclusion and it could be adapted to be about inclusive communication. • Has the training to date been culturally sensitive, and has there been engagement and relations with BAME communities? Contact tracing practices need to be culturally sensitive. Does there need to be conversations with organisations that can assist and support sessions such as these. • There is a need to ensure that the NCTC has trained staff so that they can conduct outgoing calls to those who are deaf or who do not have English as their first language. LM has discussed this with the Programme Director in the development of the NCTC.
Approach to monitoring and recording calls within the NCTC and whether it will have any impact to protected characteristics	9. Complete a check and balance exercise of the CMS to confirm what contact tracers will be prompted to ask those they contact, focusing on how they are to approach asking contacts if they have a disability.	• Questions were asked as to what information will be recorded by the NCTC and whether they are recording information about protected characteristics. It has been agreed that all calls will be recorded and kept in line with data protection guidelines. Within the CMS, specific characteristics will be recorded for PHS to provide frequent analytical and management information to the Scottish Government. • LH questioned whether equalities monitoring data will be kept separate from information about individuals being traced, as usually it is kept separate as it can be used to monitor the protected characteristics of all people who are being contacted

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		and so does not need to relate back to the specific case file/ record. Specific systems for equality monitoring should be set up and guidance for contact tracers so they know the best way to ask for this information, to explain what it will be used for and that it will be kept separate from their case file/ record. Decisions about what characteristics to include for equality monitoring purpose should be carefully thought through. • Age, Gender and Ethnicity information will be captured by the CMS. • Currently, it is not known whether the contact tracers will be asking each case they contact whether they have a disability and recording this in the system. PN and LH noted that for example those with learning disabilities are at higher risk of contracting Covid-19 due to a high percentage of those with learning disabilities dying from respiratory diseases. They felt it important to flag this point as it is important to capture this data as part of equality monitoring, but also to check that information like this will form part of the case file of index cases as these individuals may be at particularly high risk if infected.
In relation to socio-economic factors and human rights are there any matters in relation to the above elements of the policy that should be highlighted	10. Local community groups and support networks be approached to provide the NCTC with guidance and support to ensure the service can engage with all community populations in Scotland.	• Calls from contact tracers may trigger concerns in those contacted if they are at higher risk of contracting COVID-19 at work as they may be unable to isolate as easily as those in other low risk professions, possibly due to weaker employment rights and a lack of support to do so. • How will the service manage contacting those who are homeless and other protected groups who may be hard to reach (for example, those with mental health conditions and the elderly)? Are actions in place to confront and mitigate these issues now? Can the NCTC draw on the community groups that already exist to support populations such as those who are homeless or hard to reach to ensure they can be contacted.

Additional Thoughts:

Area	Recommendation	Comments & Key Discussion Points
Testing of personal assistants to those requiring care	1. To be noted by this EQIA to be raised with the appropriate team in the Testing Programme.	• It was brought up in the wider discussion a concern that personal assistants of those being cared for are not eligible for testing if they are asymptomatic. It is understood that these individuals would have to be formally referred for a test by their GP rather than be able to request a regular test for themselves. Because of this, they may not be contact traced.
Tracing complex cases	2. A further session is required to identify recommendations in how to deal with EQIA issues relating to key issues such as (but not exclusive to) gender based violence, prostitution and human trafficking.	• KC asked how the NCTC intends to deal with situations where they attempt to trace those involved in situations such prostitution or those involved in human trafficking, ensuring the safety of all involved is maintained at all times. • A session will be scheduled in the coming weeks to address issues such as those raised by KC. Date TBC.
Background checks	3. It is recommended to clarify that staff employed by the NCTC have undergone the necessary background checks in order to be in post.	• MM asked whether those recruited to the NCTC have undergone all necessary background checks, such as PVG and disclosure checks.

Actions:

Action Ref	Action	Owner
NCTC EIA – A001	KL to provide EM and LM the contact details of her partners in the SCVO as they can provide excellent information on the issue of digital exclusion.	KL
NCTC EIA – A002	LM to confirm what the arrangements are regarding consent within the NCTC for contacting children and those who are dependent on others for their care.	LM
NCTC EIA – A003	LM to double check with Programme Director if conversations are continuing around how local HPTs are able to engage with ROMA, travelling and homeless communities in Scotland. Are they using local community groups to support their engagement with these populations?	LM
NCTC EIA – A004	LM to confirm with HR Lead what the contract period for staff of the NCTC will be.	LM
NCTC EIA – A005	LM to confirm whether the NHS model complaints handling procedure (MCHP) will be used by the NCTC.	LM
NCTC EIA – A006	LM to feedback to NSS HR regarding the lost opportunity to advance the equality of opportunity of disabled people during the recent recruitment campaign and address the indirect discrimination that has arisen as a result.	LM
NCTC EIA – A007	Clarity is sought as to whether there are clear escalation processes for the call handlers and their supervisors when dealing with contacts with Mental Health issues.	LM
NCTC EIA – A008	LM to confirm whether SG engaged with organisations like Inclusion Scotland to shape the guidance for shielders?	LM
NCTC EIA – A009	Further sessions to be arranged to discuss in more detail issues raised in today's session. (Initially, a session discussing the approach the NCTC is adopting when tracing cases where for example gender based violence, prostitution or human trafficking may be taking place).	LM/KS

Next Steps:

1. Outcomes of this meeting are to be shared and reviewed by those invited to today's session on the 23rd of June. Comments to be received by 30th June.
2. Group to consider if there are any areas which were not discussed today, and if there may be a need to hold a separate workshop to ensure these areas are discussed in depth.
3. Group to consider whether more information/guidance/materials from the NCTC are required at future workshops to support the discussions taking place.
4. Future sessions to be arranged, with their content and date to be decided at a later date.