

**NHS 24
BOARD MEETING
27 FEBRUARY 2025
ITEM NO 11.2
FOR APPROVAL**

ANTI-RACISM ACTION PLAN

Executive Sponsor:

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Action Required:

The Board is invited to review and approve the NHS 24 Anti-Racism Action Plan 2025 to 2028.

Key Points for the Board to consider:

- A Director's Letter from Scottish Government in September 2024 asked Health Boards to progress work to tackle the impacts of racism through development and delivery of anti-racism plans covering both workforce and racialised healthcare inequalities.
- National guidance was shared to support NHS Boards in the development of their anti-racism plans; this guidance closely underpins the actions within the plan.
- The NHS 24 Anti-Racism Action Plan is planned to be published alongside NHS 24's Equality Mainstreaming Report in April 2025.

Governance process:

This paper had been presented at:

- Staff Governance Committee – 04 February 2025
- Clinical Governance Committee - 06 February 2025
- Equality, Inclusion and Rights Group – 20 February 2025

Strategic alignment and link to overarching NHS Scotland priorities and strategies:

- Staff Governance Standard
 - Ensure staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
- Scottish Government:

- Anti-racist employment strategy – A Fairer Scotland for All.
- Framework for Action.

Strategic alignment and link to Corporate Delivery Plan activity:

NHS 24 Corporate Strategy 2023 – 2028

- Deliver a sustainable workforce and a supportive workplace that ensures we have the right people with the right skills.

Specifically, Corporate Delivery Plan item:

Activity 3.2: Ensure the organisation has effective leaders and managers that role model values and behaviours which enable an inclusive and supportive environment and strengthens their capacity and confidence to engage, develop and challenge staff to deliver excellence.

Key Risks:

RI-00003944 Workforce Strategy Priority 2: Inclusive Culture. There is a risk that without changing the current organisational culture, attrition will continue to rise, grievance levels will continue to be high and attendance levels challenging.

RI-0003966 Workforce Strategy Priority 1: Sustainable Workforce. There is a risk that NHS 24 are unable to recruit and retain the right people due to skills shortages across NHS Scotland, and NHS 24 not being seen as an employer of choice.

Financial Implications:

No financial implications identified at this time.

Equality and Diversity:

This work positively impacts on equality and diversity and is demonstration of the Public Sector Equality Duty and The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

1. RECOMMENDATION

1.1 The Board is asked to review and approve the NHS 24 Anti-Racism Action Plan.

2. TIMING

2.1 The NHS 24 Anti-Racism Action Plan will launch in April 2025, comprising of both workforce related actions and actions to improve racialised healthcare inequalities for patients.

The workforce related actions are planned over three years from 2025, although these will be reviewed in line with the development and launch of the new Workforce Strategy and Plan in 2026, to ensure full alignment and currency in approach.

If the action plan is approved, additional staff and stakeholder engagement will be undertaken within Q4, building awareness and feedback opportunities prior to Board final approval in February 2025.

3. BACKGROUND

3.1 Scottish Government's Anti-Racist employment strategy (2022) provides the following background: "Covid-19 shone a light on the fact that people from minority ethnic groups experienced stark inequalities in health outcomes, as well as inequalities in access to and experience of health services. This applied to health and social care staff as well as patients.

Structural racism contributes to and creates additional barriers, challenges, and unequal treatment across wider determinants of health, for example employment and housing, which further impact negatively on health".

3.2 Scottish Government approach:

Reducing health inequalities, improving population health, and creating a more sustainable health and care system are top priorities for the Scottish Government. Dismantling systemic racism in Scotland is an integral part of this ambition and racism is increasingly recognised as a driver of inequalities for staff, as well as patients.

A report by the Equality and Human Rights Commission ('Is Scotland Fairer?' published in November 2023) highlighted that despite increasing employment levels, ethnic minority workers in Scotland on average experience both a lower quantity and poorer quality of work, with consistently lower average hourly earnings and higher levels of insecure work.

The Scottish Government's Race Equality Framework for Scotland 2016 to 2030 highlights that Scottish public bodies have very low proportions of minority ethnic staff in comparison to national and local demographic profiles. The framework notes that to develop a representative workforce, most of Scotland's public bodies will need

to invest additional effort – including tackling discrimination and looking at opportunities to take positive action.

3.3 Scottish Government guidance states that an anti-racism approach in the workplace will ensure that there is:

- Appropriate training for everyone.
- Visible and accountable leadership.
- Direct engagement with minority ethnic staff.
- Psychological safety to report incidences when they occur.

3.4 A Once for Scotland Anti-Racism Guide will be launched in February 2025 and will be communicated to NHS 24 staff and managers. The purpose is to educate all employees on racism in the workplace, provide advice and support for managers and employees subjected to racism, and signpost employees to sources of support, including relevant workplace policies.

3.5 A working group was established in June 2023 comprising of Workforce and Engagement Team representatives, to jointly progress an Equality, Diversity, and Inclusion (EDI) Workforce Action Plan. The plan is refreshed annually and contains a range of actions relating to wider inclusion as well as an initial anti-racism approach. The development of the specific workforce actions in relation to anti-racism presented in this paper builds on that work, and alongside the EDI Workforce Action Plan, provides assurance that NHS 24's commitment to an inclusive culture remains a key area of focus.

3.6 **Related requirements:**

A Director's Letter was issued from Scottish Government in September 2024, recognising racism as a public health issue across Scotland, and asking Health Boards to make more rapid progress in tackling the impacts of racism on colleagues, service users and on health outcomes.

Prior to this, Scottish Government's Chief People Officer wrote to Chief Executives, Board Chairs and HR Directors in March 2024, setting out a requirement to embed anti-racism within Executive objectives for 2024/25. Each individual set of Executive objectives were asked to include a commitment that the Board would develop and deliver against their own anti-racism plan, covering both workforce and racialised healthcare inequalities.

National guidance to support the development of NHS Scotland Board anti-racism plans was shared in September 2024, whilst leaving adequate scope for Boards to take ownership of plans, and to identify additional local priorities for action.

3.7 NHS Scotland Boards were asked to report on the progress with developing and delivering against their anti-racism plan, via the Quarterly Annual Delivery Plan (ADP) 2024/25.

Work progressed in Q3, following receipt of the guidance received, to identify appropriate workforce related actions, for inclusion into the NHS 24 Anti-Racism Action Plan, for launch in April 2025. These actions are presented for review in **Appendix 1**.

4. ENGAGEMENT

4.1 Engagement has included:

- NHS 24 staff
- NHS 24 Volunteers
- Third Sector Organisations that represent the interests of minority ethnic people
- Members of the public from minority ethnic communities
- NHS Grampian and other NHSScotland Special Boards
- Workforce directorate
- The Engagement Team
- The Communications Team

4.2 Further engagement will take place on the actions, to build awareness and seek a range of feedback, particularly from those with a lived experience perspective:

- Equality, Inclusion and Rights Group
- Staff Experience Groups
- Staff survey
- Trade Unions and Professional Bodies
- External partner organisations (Cemvo, West of Scotland Regional Equality Council)

5. FINANCIAL IMPLICATIONS

5.1 There are no financial implications identified in this paper.

6. MEASURABLE BENEFITS

6.1 The development of the Anti-Racism Plan contributes to the following workforce benefit:

- Increased diversity of workforce, and the following specific benefits:
 - Increase in % of minority ethnic staff employed in roles at Band 5 and upwards against 30/09/24 baseline.
 - Increase in % of minority ethnic staff retained for >12 months against 30/09/2024 baseline.
 - Increase in % of minority ethnic staff promoted internally to roles at Band 5 and upwards.
 - Reduction in race pay gap against 30/09/2024 baseline.
 - Reduction in data gaps (“prefer not to say” and “data not held” categories) against 30/09/2024.

6.2 This approach demonstrates NHS 24's commitment to both the strategic ambition of “providing a workplace in which our people can thrive” and the Workforce Strategy priority of “inclusive culture”. Although difficult to measure at this stage, it is

anticipated that there will be wider benefits, both at organisational level (through attraction and retention for example) and at a collective national level. Whilst the actions articulated are driven from an anti-racism perspective, aspects such as improving the completeness of data, involving staff with lived experience, and supporting retention and career progression can be applied to dismantle other forms of discrimination.

7. **NEXT STEPS**

- 7.1 The report once signed-off by the Board will be published on www.nhs24.scot alongside the 2025 Equality Mainstreaming Report in April 2025.



Anti-Racism Action Plan 2025-2028

1. Introduction

On 6 September 2024, the Cabinet Secretary for Health and Social Care, Neil Gray, published a statement that identified racism as a significant public health challenge, and a key cause of health inequalities.

This statement follows a request made near the start of the year for all Health Boards in Scotland to make rapid progress to tackle the impact racism can have on patient and staff experiences.

To support an improved staff and patient experience, Health Boards have been asked to develop and deliver against their own Anti-Racism Action Plans. Plans should set out each Boards ambition, the action they will take to address racism, and a commitment to achieve improved outcomes for minority ethnic people.

The Equality Act 2010 protected characteristic of race refers to people who face different opportunities and challenges because of their race, colour, nationality (including citizenship), ethnic or national origins.

2. Terminology

We have used the term "minority ethnic" to include all non-White Scottish or White British ethnic groups.

We understand people belonging to minority ethnic communities will identify themselves and their communities using a variety of specific individual terms. Though we are using a single term to describe a group of people with different backgrounds, heritage and experiences, we are aware that the barriers people experience will differ. When implementing actions, we will therefore seek to consider the experiences of each ethnic group, as reported in the Census data we have shared and beyond.

We are aware that terminology changes as societal understanding of how race inequality impacts people and we will always seek to reflect what is most inclusive at the time we publish new information. We recognise that terms such as "adversely racialised communities", "racially minoritised/racialised minorities", and "racialisation" are now being introduced and used by the Scottish Government. These terms are intended to help highlight that it can be systems and structures that do not work for people when they are categorised on the basis of their race, and because of this they are sometimes treated differently or disadvantaged.

However, the term 'minority ethnic' is still used by Scottish Government and third sector organisations that represent the interests of minority ethnic people and so we have used it within our anti-racism action plan. We recognise and support people's right to self-identify according to the terms they most prefer.

3. NHS 24 Anti-Racism Vision Statement

NHS 24 understands that becoming an anti-racist organisation can be a long process and it will require an ongoing commitment from everyone at NHS 24 to:

- **Acknowledge** that racism exists in Scotland, and that includes within NHS 24, and that positive action is required to tackle this.
- **Learn** about racism, its impact on NHS 24 service users and staff.
- **Understand** where we are on our journey towards becoming an anti-racist organisation, and our individual responsibilities.
- **Take action** to actively stand up against racism, challenging and changing policies, practices, beliefs and behaviours that can unfairly disadvantage people from minority ethnic groups.
- **Create** an inclusive organisational culture that celebrates diversity and proactively works to ensure an inclusive working environment.
- **Involve and engage** minority ethnic communities and staff, ensuring that their views and experiences help to inform our work.
- **Develop and deliver** services in a way that fairly meets the needs of everyone living in Scotland.

Our Anti-Racism Action Plan is intended to support NHS 24 to work towards becoming an exemplar organisation that is committed to continually improving the experience of our service users and staff.

4. Evidence

Understanding racism

In Scotland, there may be a perception amongst some people that racism is not as prevalent as it once was, and that it is now limited to certain groups of people who openly express personal prejudices. However, the social construct of race inequality stemming from our national history, such as the formation of the British Empire, colonialism and the marginalisation of some ethnic and national groups, such as Gypsy/Travellers or Irish people, is still something that impacts people today. Minority ethnic people living in Scotland, including those whose families have been born and brought up in Scotland, can still experience discrimination, exclusion and unfair barriers.

It can be hard for people to talk about racism in any context. For victims, it is often easier not to take action to address feelings of unfair treatment as people can be reluctant to cause upset to others or disruption, particularly in the workplace. This quiet acceptance of being treated differently allows racism to prevail. For employers, simply discussing racism can often be taboo, with many employers wanting to believe that it is not a problem within their own organisation.

Someone does not have to be overtly offensive towards a minority ethnic person to be considered racist. Racist thoughts, behaviours and attitudes can lead to minority ethnic people being treated unfairly and may create unfair barriers that prevent them from attaining the best possible outcomes in life, including in their health and employment.

We understand that racism exists in Scotland, that includes within NHS 24, and we understand that we are in a position of power to take positive action to help to address this.

Demographic Data

As a national Health Board, with office locations across the country, NHS 24's potential and current staff and service users will be the entire Scottish population.

Scotland's Census 2022 shows that 12.9% of people in Scotland have a minority ethnic background, which is an increase from 8.2% in 2011.

Within the Census, 'Minority ethnic group' is used to refer to all ethnic groups other than White Scottish or White British. This includes some ethnic groups that were in the White category on the census form such as Irish, Polish, Gypsy/Traveller, Roma and Showman/Showwoman.

The 'Other white' category sits at 2.92% of the population and is the largest minority ethnic group. Around three out of four people in this group had European heritage – they either wrote in 'European' or wrote in a European country to define their ethnic background.

Census Data - Minority Ethnic Group	%
Other White	2.92%
Polish	1.67%
Pakistani, Scottish Pakistani or British Pakistani	1.12%
African, Scottish African or British African	1.08%
Irish	1.05%
Indian, Scottish Indian or British Indian	0.97%
Chinese, Scottish Chinese or British Chinese	0.87%

Other Asian	0.59%
Other ethnic group	0.5%
Arab, Arab Scottish or Arab British	0.41%
Bangladeshi, Scottish Bangladeshi or British Bangladeshi	0.13%
Caribbean or Black	0.12%
Roma	0.06%
Gypsy/Traveller	0.06%
Showman/Showwoman	0.03%

Employment

The Scottish Parliament's Equalities and Human Rights Committee's report, Race Equality, Employment and Skills: Making Progress?, stated "The ethnicity employment gap remains unacceptable and much more needs to be done to reduce the ethnicity pay gap and occupational segregation."

The Equality and Human Rights Commission (EHRC) published a report in November 2023, "Is Scotland Fairer?", it highlighted that despite increasing employment levels, ethnic minority workers in Scotland on average experience both a lower quantity and poorer quality of work, with consistently lower average hourly earnings and higher levels of insecure work.

The Scottish Government's Race Equality Framework for Scotland 2016 to 2030 highlights that Scottish public bodies have very low proportions of minority ethnic staff in comparison to national and local demographic profiles. The framework notes that to develop a representative workforce, the majority of Scotland's public bodies will need to invest additional effort – including tackling discrimination and looking at opportunities to take positive action.

NHS 24 Workforce Data

	Minority ethnic group	White - British	White - Other	Not recorded	Prefer not to say
2023/2024	7.31%	83.55%	2.64%	0.24%	6.27%
2022/2023	5.92%	84.65%	2.32%	0.20%	6.91%
2021/2022	3.15%	86.04%	2.48%	0.22%	8.11%

Minority ethnic representation across pay bands as at 30/09/2024*

Band	Minority ethnic not inc. white other	Minority ethnic inc. white other	Non-minority ethnic	Data not held
2	11.76%	11.76%	74.12%	2.35%
3	9.71%	11.54%	74.81%	3.94%
4	2.56%	2.56%	87.18%	7.69%
5	3.23%	6.68%	83.87%	6.22%
6	3.91%	6.42%	78.77%	10.89%
7	6.06%	7.58%	77.27%	9.09%
8a	0.00%	15.63%	81.25%	3.13%
8b	0.00%	2.38%	83.33%	14.29%
8c	0.00%	5.56%	94.44%	0.00%
8d	0.00%	0.00%	83.33%	16.67%
Senior Grades	12.50%	25.00%	58.33%	4.17%

Percentage of the total workforce employed at each pay band as at 30/09/2024*

Band	Minority ethnic not inc. white other	Minority ethnic inc. white other	Non-minority ethnic	Data not held
2	0.47%	0.47%	2.97%	0.09%
3	4.76%	5.66%	36.68%	1.93%
4	0.05%	0.05%	1.60%	0.14%
5	0.66%	1.37%	17.16%	1.27%
6	0.66%	1.08%	13.30%	1.84%
7	0.57%	0.71%	7.21%	0.85%
8a	0.00%	0.24%	1.23%	0.05%
8b	0.00%	0.05%	1.65%	0.28%
8c	0.00%	0.05%	0.80%	0.00%
8d	0.00%	0.00%	0.24%	0.05%
Senior Grades	0.14%	0.28%	0.66%	0.05%

*Data drawn from NHS 24 Workforce Equality Monitoring Report 2025

Annual equal pay gap comparison reported by race

	Race pay gap in favour of any White – British ethnic group
2023/24	12.82%
2022/23	9.59%
2021/22	1.45%
2020/21	7.01%

In the 2023 NHS 24 Workforce Equality Monitoring Report, additional data and analysis of our recruitment, as reported by the protected characteristic of race, was included as in 2021, NHS 24 set an equality outcome intended to help improve the experience of minority ethnic people applying for and working with NHS 24. The additional data highlighted the success rate of applicants for each ethnic group. Overall, the success rate for applicants in non-white minority ethnic categories was reported to be disproportionately low. The combined average success rate for all white categories was 13.84%. The combined average success rate for all non-white minority ethnic categories was 6.40%.

It was noted that NHS 24 commonly receives applications from international candidates, who at the time of application are either not qualified for the role or have no right to work in the UK. It was also noted that NHS 24 also regularly receives applications from international candidates who are seeking an NHSScotland sponsor. These two factors will have had an impact on the overall success rate of minority ethnic candidates as they will not be eligible to be shortlisted.

In August 2024, a presentation to the NHS 24 Executive Management Team highlighted that staff whose ethnic group is 'African – Other' were 2.97 times more likely to leave the organisation than those from other ethnic groups.

Public Services

Data relating to the outcomes experienced by minority ethnic people when accessing public services, including health services, in Scotland is limited. The health and socio-economic inequalities experienced by some groups of minority ethnic people were highlighted during the national response to COVID-19. The Scottish Government established an Expert Reference Group (ERG) to assess the impact of COVID-19 on minority ethnic and migrant communities in Scotland. It was established that the intersectional nature of issues such as racism, discrimination, language barriers, poverty and homelessness can lead to minority ethnic groups experiencing disproportionately poorer health outcomes.

In 2022, Public Health Scotland published a report, [“Monitoring ethnic health inequalities in Scotland during COVID-19”](#). This report noted that there was an increased risk of serious illness and death from COVID-19 among many ethnic minority groups, and vaccination uptake rates were persistently lower in some ethnic minority groups compared to the rest of the population. The report also highlighted the impact of having a lack of equalities data and noted improvements have since been made to ensure ethnicity recording is now mandatory as part of the hospital admission data.

Scottish Government-commissioned research exploring mental health reported that racism played a role in challenging minority ethnic people's sense of self and belonging, and it undermined their capacity to manage stressful events in their lives. It was reported that those who sought guidance on how to access mental health support believed that their GP's were not aware of the community organisations that ethnic minority patients could be referred to.

The Scottish Government set an outcome within their Race Equality Framework for Scotland 2016 to 2030 that stated, “Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs”. This recognised the barriers minority ethnic people can experience when seeking health and care services.

We recognise that there is a limited amount of data that we can use to assess the usage and experience of minority ethnic people when it comes to NHS 24's services. We do not collect equality monitoring data as part of our Patient Experience Surveys, nor do we ask for this when someone contacts us via the Patient Experience Team.

We do have information relating to the number of times we provide access to our telephony services via a Language Line interpreter. Looking at the data over a 3-month period in 2024, it shows that in July 2024, 615 calls were supported by a Language Line interpreter. In June there were 541 calls that required a Language Line interpreter and in May there were 589. Arabic was the most requested language in each of these 3 months. Polish and Mandarin were also in the top 3 requested languages for this period.

5. Engagement

Staff Engagement

Below is a summary of the key points, thoughts and recommendations from the minority ethnic staff we engaged.

- NHS 24 should prioritise cultural sensitivity in policies and practices. NHS 24's policies, especially regarding holidays, can be seen to be “Christian-centric”, which may alienate staff from diverse cultural or religious backgrounds.

Greater awareness of the needs of minority ethnic staff and greater flexibility was suggested.

- When contacting NHS 24, non-native English speakers can encounter communication challenges that can affect their experience. NHS 24 should consider utilising staff members multi-lingual skills to help improve patient care and promote inclusivity.
- Positive workplace culture: Positive experiences of inclusion were noted, particularly in leadership interactions. Staff felt that leadership efforts to include staff, including minority ethnic staff, in decision-making contributed to a sense of belonging.
- Recruitment: It was noted that recruiting staff from diverse backgrounds, particularly in regions with smaller minority ethnic populations, can be challenging. Enhanced community engagement was suggested.
- Understanding perceptions of racism: It was suggested that there is a need for more clarity around addressing racial issues and understanding individual perceptions of racism.
- Values-based recruitment and retention: It was suggested that implementing recruitment and retention strategies that appreciate unique staff contributions could create a more inclusive workplace.
- Inclusive conversations and involvement: Creating staff experience groups that include all racial and ethnic backgrounds, including those who may perpetuate racist behaviours, could help foster understanding and constructive conversations.
- Shifting conversations: It was suggested that NHS 24 should seek to move beyond only addressing overt racism and instead try to address subtle racism, with a focus on integration and equality, emphasising cultural sensitivity and awareness amongst leaders.
- Highlight the importance of small educational initiatives like podcasts to promote cultural understanding and inclusivity.
- Barriers to minority ethnic participation: Consider if there is a lack of male participation in anti-racism initiatives, research underlying reasons for their absence and address this if necessary.
- Diverse engagement approaches: Use different approaches such as anonymous surveys or written submissions to make discussions accessible and allow people to share their experiences comfortably.
- Leadership: Encourage leaders to prioritise inclusive practices and create a culture of diversity in decision-making and behaviour.
- Comprehensive anti-racism initiatives: Ensure anti-racism efforts engage all stakeholders, including those who may not appreciate the impact of sharing their views.

NHS 24 Youth Forum and Public Partnership Forum Members

Below is a summary of the key points, thoughts and recommendations from the minority ethnic volunteers we engaged.

- Volunteer Experience: Overall people reported a positive experience with ample support.
- Inclusivity: It was felt that NHS 24 has a welcoming culture, but an explicit promotion of diversity and inclusion could help improve diversity.
- Youth engagement and mental health: Reluctance among young people to seek mental health support; NHS 24 should consider promotion of mental health services targeted at young minority ethnic people.
- Service design and accessibility: The importance of involving minority ethnic people in service design was highlighted. Developing services that account for cultural and linguistic differences to improve patient experiences was noted as important.
- Cultural awareness: The anti-racism plan is an opportunity to implement explicit diversity and inclusion campaigns both internally and externally.
- Training: NHS 24 should improve cultural awareness training for staff and ensure clear communication with patients from minority ethnic groups.
- Enhance cultural awareness training for staff to prevent misdiagnosis.
- Conduct diversity and inclusion campaigns to foster a welcoming environment for all service users.
- Ensure clear and effective communication with patients from minority ethnic groups to improve understanding and trust.
- Improve feedback mechanisms to allow young people, particularly those from marginalised communities to voice their concerns and suggestions effectively.

External Stakeholders including third sector organisations and individuals

Below is a summary of the key points, thoughts and recommendations from the third sector organisations that represent the interests of minority ethnic people and individuals we engaged.

- Awareness of services: Many participants reported a limited awareness of NHS 24 services and information resources. Participants felt there is an opportunity to improve awareness of NHS 24 services through targeted campaigns and community engagement.
- Engagement with young people could be achieved through schools.
- Experience with services: Some concerns expressed about the wait times and feeling unheard when on a call.
- Access to health services: Racial bias and cultural insensitivity reported by participants when accessing all types of health services across Scotland.

- Communication preferences: There is a preference for simple, easy-to-understand communication, with a dislike for lengthy written resources. Instead, NHS 24 should consider using short, digestible content, animations, videos etc. Engage more via digital platforms like TikTok and YouTube.
- Trust and support: Varied levels of trust in NHS Scotland, with negative experiences influencing people's overall perception of all NHS services.
- Address racial bias by properly implementing anti-racism policies and cultural sensitivity training for staff.
- Cultural and language barriers: Some participants discussed the implications of misdiagnosis due to cultural misunderstandings and highlighted the need for better cultural awareness.
- Build trust: Demonstrate that feedback is valued and acted upon, and actively engage with community leaders.
- Improve feedback mechanisms: Create clear, accessible channels for young people to voice concerns and suggestions.
- Provide multilingual resources: Offer more health guides, videos, and website content in different languages.
- Collaborate with third sector organisations: Develop tailored content in partnership that resonates with diverse communities.
- Promote mental health resources: Raise awareness of mental health services like Breathing Space and create safe spaces for discussions.
- Implement peer support: Train people from minority ethnic communities to allow them to help others navigate the healthcare system.
- Integrate social support services: Consider collaborating with local organisations to provide holistic support, including housing and food assistance.
- Barriers to engaging with healthcare services: Marginalised women, especially refugees, struggle with language barriers, particularly with telephone interpreters. Cultural sensitivity and the need to be alert to providing staff of the patients preferred sex when discussing sensitive matters is also significant.
- Experiences with NHS24's service: Positive overall, though waiting times and the triage system could be improved. Cultural sensitivity in healthcare is crucial, particularly for the women some of the third sector organisations support.
- Perceptions of discrimination and racism: Microaggressions and racial biases lead to marginalised women feeling their health concerns are dismissed. It was noted that English proficiency does not always result in better care due to racial prejudices.
- Fear among refugees and asylum seekers: Concerns about being reported to immigration authorities can deter refugees and asylum seekers from accessing healthcare. Ensure refugees and asylum seekers feel safe seeking medical care without fear of immigration repercussions.

- Women's health: Overlapping challenges such as mental health issues, domestic abuse, and stress are often not linked to physical health concerns, leading to a lack of appropriate interventions.
- Improve interpreter services, addressing technical issues and dialectic differences.
- Adopt a holistic approach to healthcare, recognising the link between mental and physical health.
- Address microaggressions and racial biases to ensure respectful treatment of all patients.
- Language Barriers and Digital Literacy: Language barriers and low digital literacy hinder refugees and asylum seekers from accessing healthcare effectively.
- Lack of Awareness and Access to Services: Many refugees and asylum seekers are unaware of NHS 24 and how to use its services.
- Increase outreach efforts and raise awareness of NHS 24 through community groups.
- Simplify digital processes and create clearer links to language support.

NHS 24 – Anti-Racism Action Plan

To embed an anti-racism approach within NHS 24, this plan will focus on the following areas, which are supported by the NHS 24 Workforce Strategy and Plan:

- **Utilising data and evidence**
- **Involving staff with lived experience**
- **Leadership and accountability**
- **Supporting recruitment, retention, and progression**
- **Supporting workforce, culture, and wellbeing**

Aim	We will achieve this by	Owner	2025/26	2026/27	2027/28
Utilising data and evidence	<ul style="list-style-type: none"> • Building understanding and confidence on why data collection is important, and how it will be kept safe, fostering an inclusive culture to encourage the sharing of individual equalities data. • Monitoring and improving levels of completeness and accuracy of equalities data collection, particularly race and ethnicity data. • Undertaking baselining activities and monitoring our data annually to identify and address inequalities. • Improving reporting, monitoring themes and reviewing case management of incidents related to racism, discrimination, bullying and harassment of a race/ethnicity nature, and regular monitoring of cases to take necessary action for continuous improvement. 	R&P R&P SHE&I PS	X X X X	X X X X	X X X X
Involving staff with lived experience	<ul style="list-style-type: none"> • Prioritising meaningful involvement of minority ethnic colleagues in the development and evaluation of anti-racism plans, through a communication strategy including Staff Experience Groups and a staff survey. • Establishing an anti-racism staff network to embed learning from lived experience, collaborative decision making and guidance on NHS 24 approach. 	SHE&I/ODLL SHE&I/ODLL	X X	X X	X X
Leadership and accountability	<ul style="list-style-type: none"> • Senior leadership making an explicit, visible commitment to anti-racism through creation of an NHS 24 statement and identification of an Executive sponsor. • Defining robust governance and accountability (including Board oversight, approval of plan, regular discussion, and scrutiny of progress). 	SHE&I SHE&I	X X	X X	X X
Supporting recruitment, retention, and progression	<ul style="list-style-type: none"> • Ensuring that through recruitment, retention and internal progression, we are improving workforce diversity. • Adding anti-racism statement extract to NHS 24 job adverts. • Refreshing Corporate Induction to align to anti-racism commitment. • Delivering a suite of training, learning and CPD opportunities in anti-racism, for all staff and leaders. • Identifying minority ethnic colleagues with high potential for career advancement across roles at Bands 5/6/7/8 and offering access to career development support, including mentoring. 	R&P R&P ODLL ODLL ODLL	X X X X	X X X X	X X X X
Supporting workforce, culture, and wellbeing	<ul style="list-style-type: none"> • Mainstreaming anti-racism awareness into current communications strategies across NHS 24, including the creation of profiles/personas of minority ethnic leaders and staff • Promote awareness, inclusion, and intersectionality through the celebration of key events, customs, and traditions, aligned to annual calendar. 	SHE&I SHE&I		X X	X X

Aim	We will achieve this by	Owner	2025/26	2026/27	2027/28
The quality of care provided by NHS 24 is consistently fair regardless of an individual's race	<ul style="list-style-type: none"> Ensuring NHS 24's workforce is fully aware of and understands racism and the impact this can have on people, both in work and in the delivery of services Promoting anti-racism messages to all staff and stakeholders Ensuring that NHS 24's corporate documents, including future strategies, delivery plans etc. highlight NHS 24's stance on anti-racism in a meaningful way 	SHE&I/ODLL SHE&I	X X X	X X X	X X X
Improved awareness, confidence and access to NHS 24 services for minority ethnic groups	<ul style="list-style-type: none"> Proactively targeting communications at minority ethnic groups known to experience health inequalities Reviewing how we deliver translated health information, making use of the latest technology where possible to support improved access Using promotional Images that reflect diversity and a commitment to inclusion Working with communities and third sector organisations that represent the interests of minority ethnic people to promote NHS 24's services, including mental health services • 	SHE&I/TBC TBC SHE&I		X X X	X X X
The views of minority ethnic people regularly inform the design, development and improvement of NHS 24's services	<ul style="list-style-type: none"> Ensuring that the NHS 24 Youth Forum and Public Partnership Forum include members who are minority ethnic Proactively engaging minority ethnic communities to seek their views on our work Seeking input from third sector organisations that represent the interests of minority ethnic people 	SHE&I SHE&I SHE&I	X X X	X X X	X X X

Proposed Overall Indicators of Success:

- Increase in % of minority ethnic staff employed in roles at Band 5 and upwards against 30/09/24 baseline
- Increase in % of minority ethnic staff retained for >12 months against 30/09/2024 baseline
- Increase in % of minority ethnic staff promoted internally to roles at Band 5 and upwards
- Reduction in race pay gap against 30/09/2024 baseline
- Reduction in data gaps ("prefer not to say" and "data not held" categories) against 30/09/2024
- Stakeholder feedback
- Improved patient experience
- Improved patient access
- Increase in number of people accessing 111 via translated IVR messaging
- Increase in the number of people accessing translated information on NHS inform
- Increase in the number of people who request Language Line interpretation support

Additionally, this plan contributes to the following Workforce benefits and key performance indicator measurements:

Workforce benefit		Measure of progress
Inclusive Culture	We will enable a values led culture informed by our people	Increased % completion of Cultural Alignment Programme Increased iMatter response rate year on year Increased iMatter EEI score year on year Monitoring of Staff Pulse Survey results Monitoring of CCA Audit results
Sustainable Workforce	We will plan our workforce to meet service requirements through attracting and retaining people from the communities we serve	Increased % of applications received from minority ethnic groups
	We will develop programmes for minority ethnic groups and others	Increased % of employment opportunities for minority ethnic groups to build talent pipelines

Contact NHS 24

If you would like us to consider producing this report in a different format please contact us with details of your request. You can phone us on 0800 22 44 88 or call us via Relay UK or Contact Scotland BSL.

If you prefer, you can also email us your request at NHS24.engagementteam@nhs24.scot.nhs.uk. If you wish further information on the contents of this report, please email us using the email address above.