

Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Implement 13 week pause for administration and clerical job family vacancies

Question 2a: Lead Assessor’s details

Name	Claire Berry	Tel. No	
Job Title:	Project Manager	Ext:	
Department	Corporate PMO	Email	claire.berry@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

VMF Process SLWG

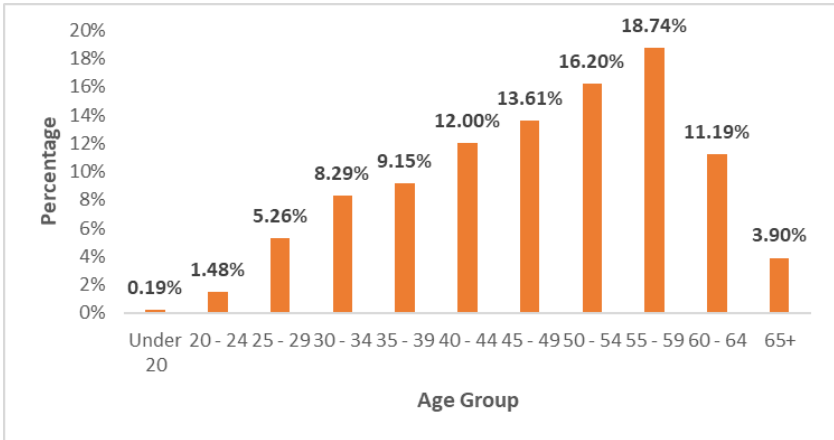
Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	This project has been formed under the RTP Business Transformation Programme in support of the programme working towards associated in-year financial targets. During August 2024 an SBAR paper outlined the top 3 priority areas for Business Transformation Programme. This paper also identified the need for some form of recruitment freeze (outlining options) to enable the programme to make progress towards financial targets. A blanket recruitment freeze was not supported but a
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	<p>mandate instead was provided to investigate the opportunity around a 13 week pause in the process for the Administration Job Family. This option was discussed and endorsed at the Business Transformation Leadership Group 24th September 2024, which then saw a revised SBAR paper discussed at the NHS Board 26th September 2024. The outcome of the discussion was the decision to approve the option of a 13 week pause in the recruitment process for those non-clinical roles within the Administration Job Family.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights																								
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>The age range varies across the existing administration and clerical job family as evidenced in the data below. The age range that could be potentially impacted from the 13 week recruitment freeze is 45-59 which amounts to around 50% of the administration and clerical workforce. We have no feasible mitigations at this time.</p>  <table border="1"> <caption>Workforce Percentage by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Under 20</td><td>0.19%</td></tr> <tr><td>20 - 24</td><td>1.48%</td></tr> <tr><td>25 - 29</td><td>5.26%</td></tr> <tr><td>30 - 34</td><td>8.29%</td></tr> <tr><td>35 - 39</td><td>9.15%</td></tr> <tr><td>40 - 44</td><td>12.00%</td></tr> <tr><td>45 - 49</td><td>13.61%</td></tr> <tr><td>50 - 54</td><td>16.20%</td></tr> <tr><td>55 - 59</td><td>18.74%</td></tr> <tr><td>60 - 64</td><td>11.19%</td></tr> <tr><td>65+</td><td>3.90%</td></tr> </tbody> </table>	Age Group	Percentage	Under 20	0.19%	20 - 24	1.48%	25 - 29	5.26%	30 - 34	8.29%	35 - 39	9.15%	40 - 44	12.00%	45 - 49	13.61%	50 - 54	16.20%	55 - 59	18.74%	60 - 64	11.19%	65+	3.90%
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<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>3.5% of the existing admin and clerical staff have confirmed they have a disability.</p> <p>The redeployment panel will be notified of vacancies subject to the 13 weeks pause as soon as they are approved by the vacancy control panel to allow them to match the job to any suitable candidates in advance of the release. The vacancy will not be released to redeployment until the 13 week period expires. It is recognised this may have a negative impact holding the post for 13 weeks however there are no feasible mitigations at this time.</p>																								

<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>The outcomes of this change will not differ dependent on race or ethnicity; therefore there are no anticipated negative outcomes.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>We recognise that 85% of the admin and clerical workforce are female and this may have a negative impact however there are no feasible mitigations at this time.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>The outcomes of this change will not differ dependent on sexual orientation; therefore there are no anticipated negative outcomes.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The outcomes of this change will not differ dependent on race / ethnicity; therefore there are no anticipated negative outcomes.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>The outcomes of this change will not differ dependent on gender reassignment; therefore there are no anticipated negative outcomes.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>The outcomes of this change will not differ dependent on pregnancy and maternity; therefore there are no anticipated negative outcomes.</p>

<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>The outcomes of this change will not differ dependent on marriage and civil partnership; therefore there are no anticipated negative outcomes.</p>
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Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>

<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>As this change impacts only workforce, there is no expected impacts on this article.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>N/A</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Through discussion with the Business Transformation Project Team and Leadership Group the following considerations remain a feature of the intended proposal.

1. It is recognised that not all roles presented to the Vacancy Control Panel, within the Admin and Clerical Job Family, will be appropriate for a recruitment pause.
2. Services will wish to and be required, through the VMF form to conduct an “impact assessment” to inform the appropriateness of role being introduced to a 13-week pause. The areas of assessment would include impact to clinical risk, impact to existing staff, current levels of vacancy within the area and requirements for prioritisation of activities during the pause period.
3. Services will also need to ensure that the workload is not covered using additional hours or supplementary staffing, thus offsetting the financial benefit derived from the pause.

4. Services will be able to make representation to the Vacancy Control Panel, within the pause period, should further detriment to the impact assessment out with those expected occur.
5. Any vacancy suitable for a pause will be held after the vacancy control panel, have agreed the role is suitable for recruitment.
6. The service will be asked, towards the end of the 13-week period to confirm the requirement for the role as stated in the VMF submission or any alteration through measures introduced during the 13-week period. This could include a reduction in the WTE or a recognition that the role is no longer required due to service improvement/ re-prisonisation work.

Given the considerations above the current assessment would consider 15 vacancies (against a monthly average of 20.8) are suitable for vacancy pause.

All the above considerations and approach have been fully supported by Executive Management via the RTP Executive Group.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	x	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

RTP Executive Group and Business Transformation Leadership Group were consulted to implement a recruitment pause across all job families. A decision was taken to consider implement a 13 week recruitment pause for the administration and clerical job families instead. A sperate proposal was then made related to a 13 week recruitment pause which was fully accepted.

Workforce and HR have also been involved with agreeing the changes to the process. Updated Workforce flowcharts will be uploaded to StaffLink.

An impact assessment has been included within the vacancy management form to enable recruiting managers to justify any 'business critical' admin and clerical vacancies which will be considered as exceptions at the vacancy control panel meeting.

Question 8: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established</p>	<p>Although a recruitment freeze may be viewed negatively by staff there are mitigations in place to ensure it does not impact on business critical posts (as outlined above).</p>

<p>therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>The decision to implement a recruitment freeze does not directly impact on any protected characteristics or children this is a freeze across all admin and clerical posts.</p> <p>The freeze is also not blanket, and only pauses the process for posts risk assessed as being not critical or not having a disproportionate impact on staff wellbeing/day-to-day roles for 13 weeks.</p> <p>This measure is also targeted at controlling turnover and is the least invasive workforce control that can be applied given it is being applied to vacancies. The impact on business as usual activity is being risk assessed by the highest levels of management. Implementing this measure helps prevent more invasive workforce options from needing to be considered at this time.</p> <p>A review and consideration for Stage 2 EQIA will take place if the 13 week pause remains in place beyond a 6 month period.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA’s to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Claire Berry
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Telephone (ext)	
Signature	C Berry
Date	02/12/2024

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	14/1/25

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot