

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 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.

Consideration of the impacts using evidence and public/patient feedback is necessary.

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

NHS Fife Volunteer Policy

Question 2a: Lead Assessor's details

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Job Title:	Volunteer Development Lead (Acute Services)	Ext:	20797
Department	Patient Experience	Email	Fife.volunteers@nhs.scot

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

Volunteer Strategy Group

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	The Volunteer Policy formally acknowledges and supports the role of volunteers. It sets out the principles governing the involvement of volunteers and provides a set of procedures to ensure good working practise. The policy defines the roles, rights and responsibilities of the organisation and of its volunteers. It also encourages and enables, rather than limits, the involvement of volunteers from socially diverse backgrounds, and supports those who wish to be more involved in the business of NHS Fife.
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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: children and young people, adults, older age etc.</i></p>	<p>NHS Fife actively encourages and supports volunteering from the 16+ age group with provisions in place to ensure appropriate placing of volunteers and clear roles. Consideration and relevant formats and assistance are provided to assist demographics throughout the recruitment and training process i.e. hard copies provided in place of digital options to support those less confident with IT proficiency, such as our older adult cohort.</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>As part of the recruitment process every volunteer is assessed via occupational health colleagues to determine if any additional supports or adjustments are required to enable them to participate. Volunteer Leads work closely with occupational health colleagues and placement managers to ensure any required reasonable adjustments are in place.</p> <p>Volunteers are supported via the direct nurse in charge or line managers for each area.</p> <p>There are some volunteering opportunities which actively seek people with lived experiences of health and disability.</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> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Race and culture is welcome and respected in the NHS Fife settings; the volunteer service specifically encourages volunteer applicants from diverse backgrounds and those with additional language skills.</p> <p>HR Policy applies to volunteers to protect from lack of fairness, dignity and respect.</p>

<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>Equal and appropriate volunteering opportunities for men and women. Our present cohort of volunteers is predominately female (77%). If there were placement opportunities in gender specific services, volunteers with lived experience would be supported.</p>
<p>Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>Equal and appropriate volunteering opportunities for all applicants regardless of sexual orientation.</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> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>Equal and appropriate volunteering opportunities for all applicants regardless of religion or belief.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<p>Equal and appropriate volunteering opportunities for all applicants regardless of gender reassignment status.</p> <p>Appropriate additional support for those who are transgender will be provided as and when is required by Volunteer Lead and placement area manager.</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> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>In instances of pregnancy or return to volunteering post maternity, Volunteer Leads would seek relevant guidance from occupational health colleagues and health and safety colleagues.</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>Equal and appropriate volunteering opportunities for all applicants regardless of marriage or civil partnership status.</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.

At a local and operational level NHS Fife volunteer service has used the following as guidance to support volunteering;

[Volunteering for All: national framework](#)

[Volunteering Action Plan](#)

[Volunteer Scotland: quality standards](#)

[Make your Mark: inclusive volunteering tool kit](#)

[Healthcare Improvement Scotland- NHS Scotland Volunteer Programme resources](#)

On an annual basis NHS Fife Volunteer Service is undertaking an anonymous equality and diversity monitoring survey, which includes all protected characteristics. These are then compared with local census data to allow us to ensure the volunteer cohort adequately reflects the community which we serve; by taking positive action to attract and onboard a diverse range of volunteers.

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

(Please tick)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Volunteer Leads, Equality and Human Rights Lead, Head of Patient Experience, learning from comments, feedback and gatherings held with volunteers, direct feedback to Volunteer Leads.

Question 10: 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 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

No negative impacts identified, and this volunteer policy promotes good practise around all equality aspects. Only positive impacts identified. No requirement for stage 2 EQIA.

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

N/A

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

N/A

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A


PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.


If you have identified that a full EQIA 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 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	Amy Walker
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Telephone (ext)	20797
Signature	
Date	30/1/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	29/1/24

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