

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

CT Organisational change

Question 2a: Lead Assessor's details

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

No- departmental group comprising of Deputy Radiology Manager, CT Lead Radiographers, Staff side representatives and HR

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 CT team are working on an on call model from 5pm Monday to Friday and 24 hours Saturday and Sunday. The proposed change is to implement a 12 hour shift system which will give a consistent and robust staffing model. This will allow for improved patient access to the CT service and staff wellbeing by way of reducing the need for additional hours.
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	<p>Objectives of this organisational change:</p> <p>Operational Efficiency: A consistent and sustainable staffing model that meets service needs, including weekend and overnight coverage.</p> <p>Policy Compliance: Adherence to NHS Fife and Scottish Government guidelines on organisational change and pay protection.</p> <p>Staff Engagement and Retention: Clear expectations and fair compensation for additional duties, supporting morale, retention and staff wellbeing.</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
All domains	<ul style="list-style-type: none"> Improved access to imaging which can help with the health journey of people of all protected characteristics.
<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>Patients –</p> <ul style="list-style-type: none"> Inclusive appointments that help adults with work, caring or other commitments to attend appointments that work for their individual situations. Patients requiring support from relatives have flexibility for their appointments which have minimum impact on other aspects of their life. <p>Staff –</p> <ul style="list-style-type: none"> Better work/life balance Ability to engage in employment due to reduction in contracted on call and additional hours. Unsocial hours will be included in substantive hours.
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Patients –</p> <ul style="list-style-type: none"> Patients requiring support from relatives have flexibility for their appointments which have minimum impact on other aspects of their life. Potential restrictions to access to

	<p>support services such as interpreters. Risk would be managed by use of 'interpreter on wheels' or scheduling appointment during core hours to facilitate support particularly for languages which have restricted times such as BSL</p> <p>Staff –</p> <ul style="list-style-type: none"> • OHSAS referrals will be used as appropriate. • Less stress for staff as the rota requires less on call hours/overtime to be worked with improved time off.
<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>	<ul style="list-style-type: none"> • Potential restrictions to access to support services such as interpreters. Risk would be managed by use of 'interpreter on wheels' or scheduling appointment during core hours to facilitate support particularly for languages which have restricted times.
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p><u>No anticipated impacts relating to this Protected Characteristic</u></p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p><u>No anticipated impacts relating to this Protected Characteristic</u></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><u>No anticipated impacts relating to this Protected Characteristic</u></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><u>No anticipated impacts relating to this Protected Characteristic</u></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>Staff</p> <ul style="list-style-type: none"> • This will be managed by supportive conversations and regular use of risk assessments. • No lone working on new model with more support available. • OHSAS referrals will be used as appropriate. • Less stress for staff as the rota requires less on call hours/overtime to be worked with better time off.
<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></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p><u>No anticipated impacts relating to this Protected Characteristic</u></p>

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>Patients -</p> <ul style="list-style-type: none"> • Core team of CT Radiographers who are specialist in providing high level of CT imaging for complex paediatric cases. This will help to provide a positive health care experience in formative years. • We have been able to extend the type of work we can perform with support from Paediatric Radiologists to avoid transfers to Edinburgh. <p>Staff –</p> <ul style="list-style-type: none"> • Part time staff with caring commitments have been offered fixed week days/pro rata night shifts and

	<p>weekend day shifts. This facilitates child care challenges and allows for better work/life balance while protecting income.</p> <ul style="list-style-type: none"> • Staff will be supported as their situation changes in line with organisation policy. This method of work aims to drive safe, inclusive and flexible work processes for staff and their families.
<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><u>As above. There is no anticipated impact on these rights.</u></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><u>There is no anticipated impact on these rights.</u></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><u>There is no anticipated impact on these rights.</u></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><u>There is no anticipated impact on these rights.</u></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>Patients -</p> <ul style="list-style-type: none"> • Core team of CT Radiographers who are specialist in providing high level of CT imaging for complex paediatric cases. This will help to provide a positive health care experience in formative years.

Other relevant UNCRC articles:
Note: Please list any other [UNCRC](#) articles that are specifically relevant to your proposal.

n/a

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.

CT demand continues to grow at about 9% per year, and the existing workforce model is no longer fit for purpose.

If Scottish Government targets for key diagnostic tests are to be met in 2025/26 our CT team need to move to 7 day working to protect them as individuals but also enable us to provide the service our patients need.

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?

Radiology staff – service management, CT Radiographers. Very positive.

Senior Leadership Team – to gauge impact on their services and the feedback is positive.

HR – Mechelle Sinclair-Forrow has been involved in the organisational change process from the outset.

Staff side – Our SOR reps have been involved in the organisational change process from the outset. They are also Radiographers working within our department so have first hand knowledge of the challenges.

Patients – Evening and weekend CT working has been conducted on an ‘ad hoc’ basis for several years and conversational feedback from patients to the clinical and appointments team is positive. This is also reflected in the low level of missed appointments.

Paediatrics – we have extended the type of work we can perform with support from Paediatric Radiologists to avoid transfers to Edinburgh and Glasgow.

Scottish Government – Funding bids for recurring funding to increase number of team members have been successful and recruitment has been successful. This has already improved staff morale.

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	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>I am confident the redesign of the CT service is vastly positive and the risks have been identified and effective mitigations have been put in place.</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>	

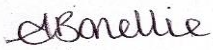
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


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	Amanda Bonellie
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Signature	
Date	24/10/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
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Telephone (ext)	29557
Signature	
Date	19/01/26

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