

# 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

Reform Transform Perform (RTP) - Infrastructure Programme

## Question 2a: Lead Assessor's details

Name	Ben Johnston	Tel. No	
Job Title:	Head of Capital Planning & Project Director	Ext:	
Department	Estates & Facilities	Email	ben.johnston2@nhs.scot

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

RTP Infrastructure Programme 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	<p>The RTP Infrastructure Programme has been established to support the wider Reform, Transform, Perform organisational agenda.</p> <p>Infrastructure includes both property and e-health/digital aspects. The key success measure is delivery of desired financial benefits from projects (£2M initial Infrastructure target saving by 24/25).</p>
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	<ul style="list-style-type: none"> <li>• Closure of Hayfield House (staff impacts to be considered)</li> <li>• Closure of Cameron House (staff impacts to be considered)</li> <li>• Closure of Haig House (staff impacts to be considered)</li> <li>• Site consolidation in general (detail to be confirmed) – may be subject to EQIA Stage 2 (staff and patient impacts to be considered)</li> </ul>
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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><b>Age -</b> <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>This will impact the workforce in age range 16-67 approximately.</p> <p><u>Neutral Impact 1:</u> Teams that are required to remain on site will be accommodated within existing hospital area.</p> <p><u>Positive Impact 1:</u> There will be opportunities for individuals to work closer to their homes through increased hot desking availability.</p> <p><u>Potential negative Impact:</u> Some individuals may be impacted in terms of travel/location and familiarity.</p>
<p><b>Disability –</b> <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>A staff requirements gathering exercise was carried out to identify needs of individuals. New solutions will ensure wheelchair accessibility and all desks will be set up to meet DSE requirements.</p> <p><u>Positive Impact 1:</u> Those with a physical disability that are/were be based within a building with difficult access (e.g. Hayfield House narrow lifts, prone to break downs, only operating on certain floors) will have individual requirements considered in the design and accessibility of new hot desk/flexible work spaces.</p> <p><u>Positive Impact 2:</u> Individuals in corporate roles will also likely have more flexibility to work from home/other improved office environments via hot desking solutions that may be more suitable.</p> <p><u>Negative Impact 1:</u> By working in a more decentralised manner from a home office, there is the risk of feelings of isolation and loss of support from informal conversations with team colleagues, which may negatively impact staff mental health. Support will be offered via existing line manager</p>

	<p>referral to Occupational Health if required. A Work at Home Risk Assessment has been developed in addition to a Managers Briefing Pack as a reminder/ to assist team and/or service leads with guidance.</p>																																																												
<p><b>Race and Ethnicity –</b> <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>Data from Human Resources shows the breakdown by Equality and Diversity as at 23/04/24 (no available data for Haig House as a stand alone location):</p> <table><tr><th colspan="4">Choose the measure :- Headcount</th></tr><tr><th></th><th>Hayfield House</th><th>Cameron House</th><th>Haig House</th></tr><tr><td colspan="4"><b>Breakdown by Equality and Diversity as at 23/04/2024 00:00:00</b></td></tr><tr><td>Ethnic Group</td><td>Headcount</td><td>Headcount</td><td></td></tr><tr><td>Asian - Indian, Indian Scottish or Indian British</td><td>*</td><td>*</td><td></td></tr><tr><td>Asian - Pakistani, Pakistani Scottish or Pakistani British</td><td>*</td><td></td><td></td></tr><tr><td>Don't Know</td><td>*</td><td></td><td></td></tr><tr><td>Prefer not to say</td><td>16</td><td>8</td><td></td></tr><tr><td>White - Irish</td><td>*</td><td></td><td></td></tr><tr><td>White - Other</td><td>*</td><td></td><td></td></tr><tr><td>White - Other British</td><td>18</td><td>6</td><td></td></tr><tr><td>White - Polish</td><td>*</td><td>*</td><td></td></tr><tr><td>White - Scottish</td><td>145</td><td>28</td><td></td></tr><tr><td>Unknown</td><td>33</td><td>9</td><td></td></tr><tr><td>Grand Total</td><td>223</td><td>53</td><td></td></tr></table> <p>There are no anticipated positive or negative impacts on this group.</p>	Choose the measure :- Headcount					Hayfield House	Cameron House	Haig House	<b>Breakdown by Equality and Diversity as at 23/04/2024 00:00:00</b>				Ethnic Group	Headcount	Headcount		Asian - Indian, Indian Scottish or Indian British	*	*		Asian - Pakistani, Pakistani Scottish or Pakistani British	*			Don't Know	*			Prefer not to say	16	8		White - Irish	*			White - Other	*			White - Other British	18	6		White - Polish	*	*		White - Scottish	145	28		Unknown	33	9		Grand Total	223	53	
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<p><b>Sex –</b> <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p><u>Negative Impact 2:</u></p> <p>Studies have shown that working from home and the flexibility this provides allows individuals and particularly carers to maintain their working hours and achieve a better work life balance.</p> <p>However other studies have shown that home working may also have a negative impact on mental health with work and home life boundaries being blurred and the increased risk of work/ family conflict.</p> <p>The majority of staff working from the three buildings identified for closure identify as female. The transition to a permanent home and agile working model will initially disproportionately impact female staff groups.</p> <p>The change in working practices will also raise concerns regarding deployment of those undertaking soft facilities management activities (e.g. domestic duties) again primarily staffed by those who identify as female. Staff will be redeployed where appropriate.</p> <p>Working from home can also create new avenues or exacerbate existing domestic abuse so it is</p>																																																												

	important that those individuals that feel they need to come into a work environment should be supported to do so and that managers are able to support team members and understand the role of the workplace in supporting victim-survivors. This does not change existing core managers duties but guidance was included in the Managers Briefing pack.
<b>Sexual Orientation -</b> <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i>	<u>No anticipated impact</u> related to this characteristic.
<b>Religion and Belief -</b> <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>	<u>Positive impact 1:</u> Working from home will give more freedom for individuals to pray at home. <u>Negative impact 1:</u> Individuals may no longer have access to prayer space they found beneficial (e.g. The Haven) although this is expected to be mitigated by Positive Impact 1 above.
<b>Gender Reassignment –</b> <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i>	<u>Positive Impact 1:</u> Working from home will give additional privacy for this group in terms of toilet facilities compared to previous office accommodation. <u>Potential Positive/Negative Impact:</u> Depending on previous and new base location, toilet provisions may change but managers have access to training and advice to enable appropriate provisions and/or adjustments. Additionally, managers will communicate with Estates & Facilities team to ensure appropriate provisions are offered to all staff.
<b>Pregnancy and Maternity –</b> <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>	<u>Positive Impact 3:</u> With moves to enable more flexibility in working space/home working and through the creation of spaces in more modern buildings with less backlog maintenance issues, this should provide added flexibility/improved options regards supporting staff with pregnancy/maternity. Mothers can chose whether to work at home or within an NHS Fife office environment to suit their specific requirements.
<b>Marriage and Civil Partnership –</b> <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>	<u>No anticipated impact</u> related to this characteristic.

## 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><b>Article 3 - Best Interests of the Child</b>  <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><a href="#">Positive impact 1:</a> Introduction of agile working solutions should add flexibility to those with children and enable working closer to home, schools/nurseries or childcare providers.</p> <p><a href="#">No anticipated negative impact.</a></p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <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><a href="#">No anticipated impact.</a></p>
<p><b>Article 12 &amp; 13 – Respect for Children's Views and Access to Information</b>  <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><a href="#">No anticipated impact.</a></p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <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><a href="#">Positive impact 1:</a> Introduction of agile working solutions may add additional flexibility and additional benefits to this group.</p>
<p><b>Article 23 – Disabled Children</b>  <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><a href="#">No anticipated impact.</a></p>

<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b></p> <p><i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p><a href="#">No anticipated impact.</a></p>
<p><b>Other relevant UNCRC articles:</b></p> <p><i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>	<p><a href="#">None.</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.**

Executive Directors Group (EDG) direction in response to the most challenging financial position facing NHS Fife since devolution.

NHS Fife Infrastructure Concept Report and Site Analysis.

NHS Fife, office buildings occupancy analysis and staff requirements gathering exercise.

Feedback/Lessons from Fife Council and Health & Social Care Partnership (H&SCP) which transitioned to similar ways of working in office environments. Fife Council started in 2010 and implemented across the Corporate estate by 2012. H&SCP implemented similar ways of working across Rothesay House 2014, and continued this way of working in more recent moves to Fife House (Dec 2020).

Feedback/lessons learned from ways of working in NHS Fife during the Covid response.

**Reports that informed assessment/will inform approach and solutions developed in new spaces/ways of working:**

<https://www.cipd.org/uk/knowledge/guides/planning-hybrid-working/>

<https://post.parliament.uk/research-briefings/post-pb-0049/>

<https://www.forbes.com/sites/bryanrobinson/2022/02/04/3-new-studies-end-debate-over-effectiveness-of-hybrid-and-remote-work/>

<https://www.gov.scot/publications/working-home-during-covid-19-pandemic-benefits-challenges-considerations-future-ways-working/pages/4/>

### **Existing Policies**

HR50 NHS Fife Working from Home Policy

Flexible Work Location Policy

Organisational Change Policy

Support for Employees Experiencing Domestic and/or Sexual Abuse Policy

**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?

All Consulted March 2024.

**Executive decision makers involved in RTP overall and Infrastructure Programme specifically (via 1-2-1 conversations/online document collaboration)**

Ben Hannan (Executive Director Pharmacy)

Neil McCormick (Director of Property and Asset Management)

Ben Johnston (Head of Capital Planning/Project Director)

**Infrastructure services impacted (via staff requirements gathering exercise that will inform solutions)**

Hayfield House Stakeholders

Kirsty MacGregor (Associate Director of Communications)

Rhona Waugh (Head of Workforce Planning and Staff Wellbeing)

Tracy Gardiner (Capital Projects Accountant) /Maxine Michie (Deputy Director of Finance)

Gemma Couser (Associate Director of Quality and Clinical Governance)/Susan Fraser (Associate Director of Planning and Performance)

Nicola Robertson (Director of Nursing)

Cameron & Haig House Stakeholders

Lisa Cooper (Head of Primary and Preventative Care Services)

Lynne Garvey (Head of Community Care Services)

Rona Laskowski (Head of Complex & Clinical Care Services)

Lynn Barker (Director of Nursing)

Joy Tomlinson (Director of Public Health)

Alistair Graham (Associate Director Digital & Information)

**Infrastructure Key Stakeholders via 3-weekly infrastructure 1-hour meetings (in addition to those already identified above):**

Paul Bishop (Head of Estates)

Wilma Brown (Partnership Coordinator)

Adie Carey (Facilities Manager)



[Craig Hamilton \(Communication Manager\)](#)  
[Aileen Lawrie \(Director of Midwifery\)](#)  
[Russell Miller \(Finance Business Partner\)](#)  
[Billy Nixon \(Health and Safety Manager\)](#)  
[Louise Noble \(Staff Side\)](#)  
[Jimmy Ramsey \(Head of Sustainability\)](#)  
[Sandra Raynor \(Head of Workforce Resourcing & Relations\)](#)  
[Garry Robertson \(Programme Manager\)](#)  
[Jim Rotheram \(Head of Facilities\)](#)  
[Claire Steele \(Head of Pharmacy, Medicines Supply & Quality\)](#)  
[Andy Verrecchia \(Staff Side\)](#)  
[Carron Waterson \(Project Support\)](#)  
[Mimms Watts \(General Manager – Acute\)](#)  
[Allan Young \(Head of Digital Operations\)](#)

**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
<b>1. No Further Action Required.</b> 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)	
<b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	<p>There may be some specific requirements e.g. site consolidation that may lead to an EQIA Stage 2 and once these requirements are known this will be undertaken. Requirements in relation to office consolidation and staff working are considered to fall within the parameters of an EQIA Stage 1.</p> <p>The below outlines considerations and mitigations related to the negative impacts identified in the above sections:</p> <p><u>Negative Impact 1 =</u> This can be offset to some extent through the use of technology options (e.g. MS Teams), additional/updated guidance for staff and managers working/managing in such a decentralised environment. Also where there are office spaces/hot desks in buildings, this should</p>



	<p>lead to an improved concentration of use and offer other cross working opportunities/collaboration opportunities with colleagues from other team structures.</p> <p><u>Further Consideration:</u> Infrastructure Programme will consider the provision of collaborative/team zones that could be booked by Services to bring teams physically together as required. Wider considerations will be undertaken by the Workforce workstream, as an organisational priority remains to improve staff experience and wellbeing; as such a specific piece of work focussed on wellbeing of those disrupted by change will be commissioned.</p> <p><u>Negative Impact 2 =</u> Team member individual requirements from new ways of working will be gathered using a spreadsheet tool, to be issued to managers for staff in scope of proposed changes. This will help identify any particular arrangements required for individuals. To offset disruption a communication plan and engagement strategy will be developed to ensure feedback from stakeholders is regularly provided as an input into delivery plans. A delivery plan will be developed, and staff will be supported throughout that with help related decanting a building, accessing files and any eventual moves/new working arrangements.</p> <p>Related to the impact on soft facilities management staff, NHS Scotland operates a no redundancy policy. Excess capacity will be re-invested in wider services. There are also no plans to make changes to staff existing work patterns, contractual hours of work etc.</p> <p>Analysis has been undertaken and there are six facilities staff impacted:</p> <ul style="list-style-type: none"> <li>• Three part time Domestic staff are assigned to Hayfield House. Operationally these staff currently spend most of their time covering wards at Victoria Hospital due to service gaps through vacancies and sickness.</li> <li>• Two Domestic staff are assigned to Cameron House and are in a similar position covering wards to the above, with one position currently vacant.</li> <li>• One Domestic staff member is assigned to Haig House (along with a part of SSGU), instead they would be reassigned to other areas.</li> </ul> <p>Overall, it is assessed there is very little material change impacting Domestic staff from the</p>
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	<p>changes proposed.</p> <p><u>Additional Mitigations to offset impact beyond identified characteristics above:</u></p> <p>Working from home will not be applied on a blanket basis and will align with considerations set out in the Flexible Work Location Policy. Team and individual requirements will be identified, and this will inform the office solutions developed. Therefore, if a home working environment is identified as inappropriate for an individual, other arrangements will be made. However, it is thought based on current low building occupancy rates and use of informal ways of working, there is enough critical mass from the staff groups identified that working in a more flexible manner (including the use of home locations) will support a reduction in office estate and not represent a big change for most staff in scope.</p> <p>Where a change of base occurs and staff are negatively impacted (e.g. longer commuting distances) this will be managed via the BAU process with compensation provided as appropriate. The longer-term asset strategy will also look to develop other hot desking locations in other locations as well as explore facility sharing with other public sector agencies, which should create additional opportunities for staff to locate an office desk closer to home.</p>
<p><b>3. Continue Without Adjustments</b> 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><b>4. Stop the Proposal</b> 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>	

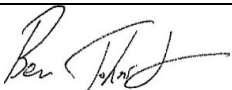
**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


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](mailto: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	<a href="#">Ben Johnston</a>
Email	<a href="mailto:ben.johnston2@nhs.scot">ben.johnston2@nhs.scot</a>
Telephone (ext)	
Signature	
Date	<b>15 August 2024</b>

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	<a href="#">Isla Bumba</a>
Email	<a href="mailto:Isla.bumba@nhs.scot">Isla.bumba@nhs.scot</a>
Telephone (ext)	<a href="#">29557</a>
Signature	
Date	<a href="#">16/8/24</a>

**Return to Equality and Human Rights Team at**  
**[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)**