



# Equality Impact Assessment

Staff Changing & Toilet Facilities Practice

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# Part 1: Background and Overview

## a. Key Information

Title	<i>Staff Changing &amp; Toilet Facilities</i>
Reference	<i>EQ-EST-230226</i>

## b. Purpose and Background of Proposed Work

NHS Fife is undertaking a Stage 2 Equality Impact Assessment (EQIA) regarding the organisation’s current arrangements for staff changing and toilet facilities, in line with the commitment made following the initial EQIA completed in Autumn 2025.

No new policy or service change is being introduced at this stage. This assessment reviews existing practice to ensure arrangements remain appropriate, legally compliant, and consistent with NHS Fife’s duties under the Equality Act 2010, including consideration of any unintended impacts for staff with protected characteristics.

The review also reflects the evolving legal context, including the 2025 Supreme Court clarification relating to the Equality Act 2010.

Definitions relating to changing and toilet facilities are provided in Appendix 1.

In line with the 2025 Supreme Court clarification, the terms male and female refer to biological sex (male at birth and female at birth) for the purposes of this review.

### **Current Practice**

NHS Fife provides a mix of single-sex, gender-neutral/inclusive and accessible facilities to ensure staff have access to appropriate provision.

Some staff are required to change into uniforms on site for reasons including hygiene, personal protective equipment (PPE), and professional standards. Appropriate changing facilities are provided in these areas. Where feasible, single-occupancy, fully lockable facilities are provided to maximise privacy and dignity, recognising the practical constraints of the existing estate.

Staff who do not require on-site changing continue to have access to gender-neutral storage areas for clothing and personal belongings. Provision varies across the NHS Fife estate due to the age, design, and layout of buildings.

Facilities signed as male or female are designated according to biological sex. Single-occupancy toilets, washing or changing rooms that are fully lockable and intended for use by one person at a time can be used by any individual.

Where gender-neutral facilities are not available and an individual does not feel comfortable using facilities aligned with their biological sex, individual arrangements will be discussed with the relevant line manager.

Accessible toilets are provided to meet the needs of staff with the protected characteristic of disability and are not intended to function as additional gender-neutral facilities.

### **Facilities Audit and Engagement**

An audit of staff toilets, showers, changing, and locker facilities across the NHS Fife estate was undertaken using the national room-numbering dataset (MICAD), supported by local knowledge and physical inspection. Facilities were assessed against the Workplace (Health, Safety and Welfare) Regulations 1992 and relevant equality guidance.

The audit indicates that overall provision is adequate, with only limited localised issues identified. Improvement works have been completed within the Accident and Emergency Department at Victoria Hospital, Kirkcaldy, alongside limited re-designation, and signage updates in a small number of areas.

To support the assessment, NHS Fife also undertook a staff focus group survey to help access individual views on existing facilities, safety, comfort, and any perceived barriers to use. Findings are summarised in the evidence section of this EQIA.

### **Summary**

This EQIA provides a review of existing practice rather than an assessment of a proposed change. It allows NHS Fife to consider available evidence, identify any unintended impacts and implement mitigations where required.

In undertaking this assessment, NHS Fife has considered the potential impacts across relevant protected characteristics and sought to balance the rights, safety, dignity, and privacy of all staff.

It is anticipated that further national statutory guidance will be issued in this area. Should changes to current practice be required, this EQIA will be reviewed and updated accordingly.

### c. Who will be affected by the proposals

This EQIA applies to the workforce only and covers all individuals undertaking work on NHS Fife premises, including staff from other boards or organisations, bank staff, and contractors.

The impact of these arrangements may vary for staff and may be particularly relevant in relation to those with protected characteristics under the equalities act. The NHS Fife workforce is predominantly adults aged 18 and over. A small number of individuals under 18 (for example apprentices, trainees, or work experience students) may also work on site and potential impacts for this group have been considered.

Staff required to change into uniform or personal protective equipment (PPE) on site may also experience greater impact.

This EQIA relates only to staff toilet and changing facilities required under workplace legislation and does not apply to facilities provided for patients, visitors, or the public.

### d. Please outline your approach to undertaking this EQIA

A 'stage 1' EQIA was completed and published in September 2025 to identify potential impacts at a strategic level. This indicated that further consideration and a 'stage 2' EQIA assessment was required. A range of actions were identified including: ongoing assessment and review of our practice in relation to our provision of toilet and changing facilities, further detailed assessment and consideration as part of any redesign work undertaken by estates and facilities in relation to staff toilets and changing facilities, a commitment to undertaking engagement with a range of key groups, and completion of a 'stage 2' EQIA to inform our work. It was anticipated that this stage 2 EQIA would be undertaken by March 2026.

Since that time, NHS Fife has undertaken further engagement and evidence-gathering to inform a supplementary EQIA.

It should be noted that since the stage 1 EQIA was published, NHS Fife has updated and improved its EQIA process and templates, including removing the 2-stage process. This means that a second EQIA has been completed using the revised templates (this document).

Preparation of this EQIA has included:

- Staff consultation with a broad range of identified groups and individuals across the organisation to understand staff experiences, concerns, and expectations regarding changing and toilet facilities. The findings have been included in the evidence section.
- Consideration of the existing review of facilities across all NHS Fife sites to assess current provision, capacity, accessibility, and any

identified gaps undertaken as part of the 'stage 1' EQIA in September 2025.

- A review of an anonymised incident trends was undertaken and no incident reports relating to these facilities were found.

Delivery of further actions as work progresses, with implementation informed by emerging guidance and relevant local principles and policies to ensure a consistent, proportionate, and compliant approach. This EQIA has been prepared to reflect the findings from these engagement and evidence-gathering activities and to ensure that the evolving approach remains aligned with equality duties. The assessment has been developed collaboratively with key stakeholders.

The approach ensures that decisions are informed by robust evidence, staff feedback, legal obligations, and the commitment to uphold dignity, privacy, and safety for all staff.

# Part 2: Gathering the Evidence

The table below describes the evidence that has been considered as part of this EQIA.

	Relevant group	What you found <i>(e.g. who uses your service, what inequalities do they experience, what barriers do they face accessing your service)</i>	Source of Evidence <i>(e.g. data, research, consultations)</i>										
2.1.0	<b>Age</b> - a person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	<p><u>NHS Fife Data</u></p> <p>The table below shows the age bracket of staff in post on 31st March 2025</p> <ul style="list-style-type: none"> <li>NHS Fife employs 9,920 people.</li> <li>The age profile of our workforce in 2025 is as follows:</li> </ul> <table border="1" data-bbox="696 855 1496 1177"> <thead> <tr> <th>Age</th> <th>% of NHS Fife's Workforce</th> </tr> </thead> <tbody> <tr> <td>Under 20</td> <td>0.1</td> </tr> <tr> <td>20-24</td> <td>3.0</td> </tr> <tr> <td>25-29</td> <td>8.0</td> </tr> <tr> <td>30-34</td> <td>11.7</td> </tr> </tbody> </table>	Age	% of NHS Fife's Workforce	Under 20	0.1	20-24	3.0	25-29	8.0	30-34	11.7	Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a>
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55-59	14.5																
60-64	9.2																
65+	2.2																
2.1.1	<b>Disability</b> - a person has a disability if she or he has a physical or mental impairment which has a	<p><u>NHS Fife Data</u></p> <p>All NHS Fife workforce data is collected at the time of appointment. This means that over time it may not accurately</p>	<p>Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a></p>														

	<p>substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	<p>reflect the disability status of the workforce. For example, where a member of staff acquires a disability at a point in time after recruitment. Additionally, we acknowledge that certain groups of staff with Protected Characteristics may choose to not disclose this. Available data from staff shows:</p> <ul style="list-style-type: none"> <li>• Only 29.11% of employees have provided details on their disability status.</li> <li>• 3.28% of employees identified themselves as Disabled.</li> <li>• The remaining 70.89% of employees have either: <ul style="list-style-type: none"> <li>○ Confirmed they don't know</li> <li>○ Have omitted the information</li> <li>○ Indicated they prefer not to say</li> </ul> </li> </ul> <p><b><u>Public Evidence</u></b></p> <p>The UK Government undertook an EQIA and consultation regarding the provision of toilets in buildings other than dwellings, in 2024. Findings from this include:</p> <ul style="list-style-type: none"> <li>• Where universal toilets are not provided demand pressure on available accessible toilets may increase. This could lead to queuing and waiting times for people, especially disabled people, who may need the specific facilities available in an accessible toilet. The increased competition for use of an accessible toilet may result in a negative reaction from other people. It should be noted that some accessible toilets may be secured with a device such as a Radar key, preventing use by non-disabled people.</li> </ul>	<p><a href="#">Equality impact assessment for the provision of toilets - GOV.UK</a></p>
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		<ul style="list-style-type: none"> <li>Any change may be confusing for some people, including some disabled people. Altering habitual practices requires adjustment and initial confusion may take longer to overcome for some groups.</li> </ul>	
2.1.2	<p><b>Gender Reassignment</b> - where a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.</p>	<p><u>NHS Fife Data</u></p> <p>All NHS Fife workforce data is collected at the time of appointment. This means that for this data, it may not be accurate for the current workforce. Additionally, we acknowledge that certain groups of staff with Protected Characteristics may choose to not disclose this. Available data from staff shows:</p> <ul style="list-style-type: none"> <li>35.02% of employees have provided details on their Gender Reassignment status</li> <li>The remaining 67.52% of employees have either: <ul style="list-style-type: none"> <li>Confirmed they don't know.</li> <li>have omitted the information.</li> <li>Indicated they prefer not to say.</li> </ul> </li> </ul> <p>The number of employees who have responded Yes to this Protected Characteristic shows a headcount <math>\leq 5</math> This information is considered as person identifiable, meaning further analysis has not been possible.</p> <p>The NHS Fife Uniform policy states that staff from certain job roles will be required to change into uniform on site and therefore use the designated changing facilities. The uniform policy may have an impact on staff who share the protected characteristic of gender</p>	<p><a href="#">Equality impact assessment for the provision of toilets - GOV.UK</a></p>

		<p>reassignment, due to the requirement to identify and use an appropriate facility in which to change.</p> <p><b><u>Public Evidence</u></b></p> <p>The UK Government undertook an EQIA and consultation regarding the provision of toilets, in 2024. Findings from this include:</p> <ul style="list-style-type: none"> <li>• Where provided, gender-neutral toilets in addition to single-sex toilets increase options and safety and may reduce intimidation, harassment, and questioning.</li> <li>• The guidance on providing a wider range of sanitary facilities with clear signage has a positive benefit, as it may create clarity for all.</li> <li>• The absence of a gender-neutral toilet may result in self-exclusion from the toilet facilities and the building.</li> <li>• The addition of a number of new types of toilet facilities with a wider range of signage may be confusing and potentially subject to misinterpretation and unintended misuse.</li> </ul> <p><b><u>Case Examples</u></b></p> <p>Recent case law has been taken into consideration in relation to this protected characteristic. Recent tribunal findings emphasise the need for Boards to balance rights proportionately and comply with statutory requirements, ensuring that decisions on access to facilities are fair, evidence-based, and supported by suitable alternatives where required.</p>	
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2.1.3	<p><b>Marriage &amp; Civil Partnership</b> - marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act). <i>(only in employment situations)</i></p>	<p><u>NHS Fife Data</u></p> <p>All NHS Fife workforce data is collected at the time of onboarding. This means that for this data, it may not be accurate for the current workforce.</p> <p>The Marital Status of an employee is a mandatory field within the electronic Employee Support System. Consequently, we have the marital status of 100% of employees. Within the Staff, the marital status of the workforce shows:</p> <ul style="list-style-type: none"> <li>• 53.06% of staff identified have responded that they are Married or in a Civil Partnership.</li> <li>• 41.29% of employees identified themselves as single.</li> <li>• The remaining workforce have identified themselves as being Divorced / Dissolved Civil Partnership, or Widowed.</li> </ul>	<p>Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a></p>
2.1.4	<p><b>Pregnancy &amp; Maternity</b> - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this</p>	<p><u>NHS Fife Data</u></p> <p>Specific, real-time percentage data regarding the exact number of staff currently pregnant across all of NHS Fife is not readily available at the time of completing this EQIA.</p> <p><u>Public Evidence</u></p> <p>The institute for Fiscal Studies has identified that:</p>	<p>Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a></p>

	<p>includes treating a woman unfavourably because she is breastfeeding.</p>	<ul style="list-style-type: none"> <li>Between January 2014 and March 2020, 17.1% of nurses and midwives and 17.7% of female doctors and dentists aged under 50 working in the NHS hospital and community sector had at least one spell of maternity leave.</li> </ul> <p><u>Literature</u></p> <p>There is considerable evidence that pregnant people may require increased access to toilets due to physiological changes that cause frequent urination.</p>	<p><a href="#">Maternity and the labour supply of NHS doctors and nurses   Institute for Fiscal Studies</a></p> <p><a href="#">The Effect of Pregnancy on Urinary Symptoms - PMC</a></p>
2.1.5	<p><b>Race</b> - a race is a group of people defined by their colour, nationality (including citizenship) ethnicity, or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.</p>	<p><u>NHS Fife Data</u></p> <p>All NHS Fife workforce data is collected at the time of onboarding. We acknowledge that groups of staff with Protected Characteristics may choose to not disclose this. The ethnicity distribution of the staff is as follows:</p> <ul style="list-style-type: none"> <li>68.7% of staff have provided details on their ethnicity</li> <li>The remaining 31.3% have either confirmed that they <ul style="list-style-type: none"> <li>don't know,</li> <li>have omitted the information,</li> <li>indicated they prefer not to say.</li> </ul> </li> <li>54.66% of employees identified as White Scottish</li> <li>5.12% of employees identify as African, Asian, Caribbean, Black and Mixed or Multiple Ethnic Groups (including "Don't Know")</li> </ul>	<p>Review of the <a href="https://www.nhsfife.org/media/psxpik1/nhs-fife-equal-opportunities-report-22-05-2024.pdf">https://www.nhsfife.org/media/psxpik1/nhs-fife-equal-opportunities-report-22-05-2024.pdf</a> Workforce Overview and Equality and Diversity Monitoring Report</p>



		<ul style="list-style-type: none"> <li>• Provision of single sex toilets may result in positive impact, as they could be required by some people with religion or beliefs.</li> </ul> <p><u>Case Examples</u></p> <p>Recent case law has been taken into consideration in relation to this protected characteristic. Recent tribunal findings emphasise the need for Boards to balance rights proportionately and comply with statutory requirements, ensuring that decisions on access to facilities are fair, evidence-based, and supported by suitable alternatives where required.</p>	
2.1.7	<b>Sex</b> - a man or a woman	<p><u>NHS Fife Data</u></p> <p>The sex of the staff is as follows:</p> <ul style="list-style-type: none"> <li>• 84.57% of staff identifies themselves as female.</li> <li>• 15.41% of staff identifies themselves as male.</li> </ul> <p>The NHS Fife Uniform Policy states that staff in certain roles are required to change into uniform on site and therefore use designated changing facilities. As a result, these arrangements are relevant to staff in relation to sex, given the need to access and use an appropriate facility in which to change.</p> <p><u>Public Evidence</u></p> <p>The UK Government undertook an EQIA and consultation regarding the provision of toilets, in 2024. Findings from this include:</p>	<p>Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a></p> <p><a href="#">Equality impact assessment for the provision of toilets - GOV.UK</a></p>

		<ul style="list-style-type: none"> <li>• Potential for improved safety, privacy, and dignity. Concerns for safety (particularly women’s safety in the absence of single-sex toilets) were noted by respondents to both the call for evidence and the technical consultation.</li> <li>• The provision of single sex toilets in addition to universal toilets may address a range of issues relating to the use of a toilet by a person of one sex after use by another sex. This has a multiple characteristic impact.</li> <li>• The absence of single-sex toilets in buildings where space precludes provision may be discriminatory to this characteristic group. The test of reasonableness may be difficult to evaluate without further spatial guidance.</li> <li>• The addition of a number of new types of toilet facilities with a wider range of signage may be confusing and potentially subject to misinterpretation and unintended misuse.</li> <li>• Any change may be confusing for some people. Altering habitual practices requires adjustment and initial confusion may take time to overcome.</li> </ul> <p><u>Case Examples</u></p> <p>Recent case law has been taken into consideration in relation to this protected characteristic. Recent tribunal findings emphasise the need for Boards to balance rights proportionately and comply with statutory requirements, ensuring that decisions on access to facilities are fair, evidence-based, and supported by suitable alternatives where required.</p>	
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2.1.8	<p><b>Sexual Orientation</b> - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. It covers employment, education, public services, housing, and the provision of commercial services.</p>	<p><u>NHS Fife Data</u></p> <p>All NHS Fife workforce data is collected at the time of onboarding. This means that for this data, it may not be accurate for the current workforce. It is also recognised that some staff may not disclose their sexual orientation, reflecting concerns about potential negative impact or adverse treatment. Available data on the sexual orientation of the workforce shows:</p> <ul style="list-style-type: none"> <li>• 54.27% of staff have provided details on their Sexual Orientation <ul style="list-style-type: none"> <li>○ 51.95% of employees identified themselves as Heterosexual</li> <li>○ 2.33% of the workforce identified themselves as Lesbian, Gay, Bisexual or other.</li> </ul> </li> <li>• The remaining 45.73% confirmed they: <ul style="list-style-type: none"> <li>○ Don't know,</li> <li>○ Have omitted the information,</li> <li>○ Indicated they prefer not to say.</li> </ul> </li> </ul>	<p>Review of the <a href="#">Workforce Overview and Equality and Diversity Monitoring Report</a></p>
2.1.9	<p><b>Care Experienced People</b></p>	<p><u>NHS Fife Data</u></p> <p>No data is available at the time of the completion of the EQIA of the proportion of the NHS Fife Workforce that are care experienced. However, data suggests that around 0.5% of the Scottish population has experienced the care system.</p>	<p><a href="#">Representing care-experienced children &amp; young people in police custody: A good practice guide - Children and Young People's Centre for Justice</a></p>
2.1.10	<p><b>Carers</b></p>	<p><u>NHS Fife Data</u></p>	

		<p>The proportion of our workforce who are carers is unknown at the time of the preparation of the EQIA.</p> <p>No evidence has been found to suggest a relationship between carer status and use of staff changing and toilet facilities. Should any future evidence arise to suggest a link between these, this document will be updated and appropriate mitigations considered.</p>	
2.1.11	<p><b>People experiencing health or employment inequalities caused by socio-economic disadvantage</b>  <i>(This may include people experiencing homelessness, who are in prison or are ex-offenders, people with addictions and sex workers).</i></p>	<p>No evidence has been found to suggest a relationship between socio-economic disadvantage and use of staff changing and toilet facilities. Should any future evidence arise to suggest a link between these, this document will be updated and appropriate mitigations considered.</p>	
2.1.12	<p><b>Armed Forces</b></p>	<p><u>NHS Fife Data</u></p> <p>No real-time data on the proportion of NHS Fife employees was available at the time of completion of the EQIA.</p> <p>No evidence has been found to suggest a relationship between</p>	

		armed forces and use of staff changing and toilet facilities. Should any future evidence arise to suggest a link between these, this document will be updated and appropriate mitigations considered.	
2.1.13	<b>Any other relevant evidence</b>	<p><u>NHS Fife Estates Audit</u></p> <p>Changing facilities:</p> <ul style="list-style-type: none"> <li>• 257 areas reviewed</li> <li>• 143 areas (56%) may require action</li> </ul> <p>Toilet facilities:</p> <ul style="list-style-type: none"> <li>• 531 areas reviewed</li> <li>• 135 areas (25%) may require action.</li> </ul> <p>Adequacy of numbers:</p> <ul style="list-style-type: none"> <li>• Informal on-site assessment indicates overall numbers and distribution are generally adequate, with only limited localised issues that can be mitigated through nearby facilities.</li> </ul> <p><u>Changes in use of facilities over time</u></p> <p>It has been identified that some staff across a range of areas may be using locker rooms as changing facilities, despite this not being the intended purpose of these spaces. This appears to stem from longstanding custom and practice or a lack of awareness about</p>	

		<p>appropriate use. This represents an identified risk that will need addressed through the agreed next steps.</p> <p><u>Staff Survey</u></p> <p>NHS Fife undertook a staff survey with a broad range of identified groups and individuals to seek opinions and experiences of our workforce using changing facilities. 110 responses were received and a summary of key themes is as follows:</p> <ol style="list-style-type: none"> <li>1. The most consistent theme in the feedback was the desire for <b>improved privacy</b> - a large number of respondents across all sites citing a lack of privacy including infrastructure and estates design improvement needs, and toilet cubicles being used as they were deemed to be the only appropriate private space.</li> <li>2. <b>Physical space, layout, and number of facilities</b> - many respondents cited spaces being too small or crowding at shift end/starts, as well as facilities not being located closely to their area.</li> <li>3. <b>Security, storage &amp; lockers</b> – Insufficient volume of lockers, concerns of security doors being unlocked and a lack of swipe access were all cited as areas for improvement.</li> <li>4. <b>Cleanliness, maintenance &amp; upkeep</b> as well as <b>availability, signposting and awareness of facilities</b> were key themes identified.</li> </ol>	
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		<p>Additional findings were:</p> <ul style="list-style-type: none"> <li>• Not all staff are comfortable changing in shared spaces, reasons for this include: discomfort changing with colleagues, religious considerations, gender, body image concerns, or trauma history.</li> <li>• Staff at Lynebank, some community hospitals and certain wards reported high ratings of the facilities on offer, and cited them as clean, well maintained, private and a positive culture of shared space use.</li> <li>• Staff that utilised the facilities more frequently tended to rate them more positively.</li> <li>• There is a strong desire from the consultation group to support enhancements to the facilities, with the improvements focusing on safety, cleanliness, accessibility and being modern, and that approach to use operates as a fair system for everyone, specifying privacy as a basic dignity expectation.</li> </ul>	
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## Part 3: Assessing the Impact

### 3.1 Impact on equality and socio-economic inequalities

Using the evidence outlined in part 1, the table below assesses whether the proposal could be discriminatory or disadvantage a group of people who share a particular characteristic. It also highlights where it could help positively impact certain groups.

	Relevant group	Key Evidence Impact	Mitigations <i>(What can you do to reduce/remove this?)</i>	Positive Impact <i>(Can your work advance equality of opportunity or foster good relations?)</i>
3.1.0	<b>Age</b> - a person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	The workforce age profile shows that most staff are aged between 30 and 59. If accessible toilets are used for purposes other than their intended use, this may increase waiting times for those who rely on them, including disabled people and some older staff.	Staff will all be supported to ensure they are clear on what facilities should be used for what purposes, and what language used is referencing in practice, if they are unsure.	As the provision of toilets is reviewed, it may be that improved facilities, including accessible facilities, are introduced across many areas in the organisation. This may positively impact on our workforce by improving access.
3.2.1	<b>Disability</b> - a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Whilst NHS Fife endeavours to not alter the provision of accessible toilet and changing facilities by repurposing them, if it is deemed necessary to do so, this may negatively impact access for people with this protected characteristic that rely on these facilities.	If decision is made to repurpose any accessible toilet or changing facilities, a further EQIA will be required.	Accessible toilets are not intended to be repurposed as a general alternative to single-sex or other toilet/changing provision, to avoid disadvantaging disabled staff. We anticipate this will have a positive impact on relations between this protected characteristic and others by ensuring one groups rights are not prioritised over another's.  Whilst the workforce data shows a small percentage (3.28%) of our staff are disabled, it is possible this figure is higher. Not all disabilities are visible or declared. By improving toilet and

				changing facilities across the organisation, and improving clarity of access to these facilities, this group may experience positive impacts.
3.2.2	<b>Gender Reassignment</b> - where a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.	There is a risk that, in areas where gender-neutral facilities cannot be provided due to practical constraints, staff with this Protected Characteristic may face barriers in accessing these facilities. If individuals do not feel safe or comfortable using the facility aligned with their biological sex, they may effectively be excluded from using any available option.	<p>NHS Fife will endeavour to provide gender-neutral facilities wherever possible, as these spaces are shown to improve privacy, dignity and safety for this group when accessing facilities.</p> <p>In circumstances where a gender-neutral facility is not available, staff affected will be supported by their line manager working with HR to ensure they can access an appropriate facility.</p> <p>Reducing the number of staff who need to change onsite, where service delivery allows, may help limit the frequency staff must use these facilities. Updating the uniform policy to reflect this approach may therefore reduce anxiety and create a more inclusive experience for staff of this group.</p> <p>NHS Fife will review staff feedback and incident reporting to help identify</p>	<p>In areas where three separate spaces are available, including one gender-neutral facility, there is likely to be a positive reduction in instances of intimidation, harassment, or questioning. Providing a gender-neutral option offers increased dignity, privacy, and safety for staff with this Protected characteristic.</p> <p>Clear guidance and improved signage explaining the purpose of each type of facility can further support positive outcomes. By helping all staff understand the range of available options and enabling them to select the most appropriate facility for their needs. This approach will enhance confidence, reduces uncertainty and contributes to a more inclusive workplace environment.</p>

			emerging issues and support continuous improvement.	
3.2.3	<p><b>Marriage &amp; Civil Partnership</b> - marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act). <i>(only in employment situations)</i></p>	<p>We do not anticipate any negative impact on this protected characteristic. Staff will have equal access to facilities, regardless of their marriage or civil partnership status.</p>	<p>No mitigations required.</p>	
3.2.4	<p><b>Pregnancy &amp; Maternity</b> - Pregnancy is the condition of being</p>	<p>As discussed in the evidence, pregnant women may have an increased need for access to toilet facilities. If provisions are insufficient, this may cause</p>	<p>Pregnant staff should discuss with their line managers any additional toilet/changing access needs and these be appropriately implemented.</p>	<p>Although NHS Fife does not currently hold data on the number of pregnant or breastfeeding staff, it is anticipated that having an increased choice of</p>

	<p>pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p>discomfort, reduced dignity, or anxiety around timely access, particularly during later stages of pregnancy.</p>	<p>Managers should consider temporary adjustments for pregnant and breastfeeding employees, e.g. ensuring appropriate proximity to facilities.</p>	<p>facilities to use will provide a more comfortable and dignified experience for all, including this group.</p>
3.2.5	<p><b>Race</b> - a race is a group of people defined by their colour, nationality (including citizenship) ethnicity, or national origins. A racial group can be made up of more than one</p>	<p>Changes to terminology and usage of facilities may require clear communication to ensure all staff understands the updated arrangements. Staff whose first or preferred language is not English, may benefit from additional explanation or guidance from their line management to support full understanding of any changes.</p>	<p>Staff that experience this will be appropriately supported by their line management.</p>	<p>Staff from some groups may have specific modesty needs. Therefore, we anticipate the clarity provided from this assessment of current practice, and the outstanding actions outlined in part 4, will positively impact this group by improving access to appropriate facilities.</p>

	distinct racial group, such as Black British.			
3.2.6	<b>Religion &amp; Belief</b> - religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	<p>Some staff with religious or personal beliefs may have concerns about modesty, privacy, or same-sex provision (as demonstrated in our staff consultation).</p> <p>If staff feel that their religious needs are not being met safely or respectfully within the existing facilities, this may lead to discomfort, decreased wellbeing or reduced trust in the workplace environment.</p>	<p>NHS Fife endeavours to provide a mix of single-sex and gender-neutral facilities as well as private rooms where possible to support modesty and privacy.</p> <p>Wherever required, line managers will support staff by agreeing reasonable adjustments.</p>	<p>Providing a clear mix of single-sex, gender neutral and accessible facilities will have a positive impact on staff whose religious or personal beliefs emphasise modesty, privacy, or same-sex environments.</p> <p>Some staff may feel safer in environments that are clearly defined as single sex based on biological sex, reflecting their individual beliefs or preference</p>
3.2.7	<b>Sex</b> - a man or a woman	<p>Some women or men who are perceived to be another gender, or whose gender expression does not conform with expectations, may be at increased risk of being questioned or challenged when using facilities aligned to their biological sex.</p> <p>Additionally, some women may feel unsafe or unsettled if trans men are using women's facilities based on biological sex (or men when trans</p>	<p>NHS Fife will work to increase access to gender-neutral facilities across all sites wherever possible. Providing such alternatives increases privacy, dignity and choice for all staff and can significantly reduce situations where staff feel unsafe or are subjected to inappropriate questioning.</p> <p>Clear communication, revised signage, and staff awareness-raising will also help ensure staff understand the</p>	<p>Some staff may experience and increased sense of privacy, dignity and safety when utilising single-sex facilities. For certain users, clearly defined single-sex spaces can feel reassuring and contribute to a more comfortable experience.</p> <p>Providing clear guidance and signage on how facilities are intended to be used can also reduce confusion or conflict among staff. Improving clarity</p>

		women are using men’s spaces), if a gender-neutral facility is not available.	<p>purpose of each type of facility, reducing the likelihood of misinterpretation or unnecessary confrontation.</p> <p>The organisation will monitor feedback, complaints, and incidents to enable an improvement to be made that strengthen our compliance with the PSED and Equality Act 2010.</p>	and predictability supports smoother use of the facilities and helps staff select the option that best meets their needs.
3.2.8	<b>Sexual Orientation</b> - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. It covers employment, education, public services, housing, and the provision of commercial services.	<p>Although access to facilities is not determined by sexual orientation, some staff may feel less safe or comfortable in communal or single-sex spaces if risks of harassment or inappropriate behaviour are not managed.</p> <p>Some staff may also worry that their physical presentation or mannerisms could lead to misinterpretation, resulting in exclusionary behaviour or challenge from others in single-sex spaces.</p>	<p>Expanding gender-neutral or single-occupancy options across sites can reduce anxiety for staff who feel more comfortable in private or non-gendered spaces.</p> <p>Clear guidance must be provided to staff on expected behaviour within communal spaces, such as zero tolerance for harassment, stereotyping, or inappropriate questioning. This will help all staff feel more supported and safer.</p>	<p>Providing clear signage and guidance on the purpose of each facility can help reduce misunderstandings or conflicts among staff. Greater clarity and understanding across the workforce will help minimise assumptions about who ‘belongs’ where, which is beneficial to all groups.</p> <p>Increased access to gender-neutral spaces will increase the options available to all staff, including this group. This may help promote a sense of psychological and physical safety, greater comfort, and autonomy.</p> <p>Communicating openly about inclusive practice, respectful behaviours and</p>

				zero-tolerance for discrimination will foster a positive organisational culture.
3.2.9	<b>Care Experienced People</b>	We do not anticipate any negative impact on this group.		
3.2.10	<b>Carers</b>	We do not anticipate any negative impact on this group.		
3.2.11	<b>People experiencing health or employment inequalities caused by socio-economic disadvantage</b> <i>(This may include people experiencing homelessness, who are in prison or are ex-offenders, people with addictions and sex workers).</i>	We do not anticipate any negative impact on this group.		
3.2.12	<b>Armed Forces</b>	We do not anticipate any negative impact on this group.		

### 3.3 Impact on United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 entered into force on 16th July 2024. Incorporation means that all NHS Fife policies, services, and systems should be compatible with children’s rights as set out in the UNCRC.

Remember: children can be impacted as **patients, carers, relatives,** and **visitors**, so the duty to consider children’s rights extends to all services, not just those where children are accessing care.

#### 3.3.1 Does your proposal Directly or Indirectly impact children and young people?

If yes, please complete the full Children’s Right and Wellbeing Impact Assessment below.

If no, please briefly describe why you believe this to be the case.

Yes - Directly

Yes - Indirectly

No

Please explain your answer:

This is EQIA relates only to a workforce practice, however there are a small number of staff that are under 18 and therefore may be impacted by it.

#### 3.3.2 Have you considered the views of children and young people as part of your evidence collection in part 1?

Yes

No

If yes, how have you done this?

Only workforce was consulted as part of the evidence collection for this EQIA. None of the responses was recorded from an under 18-year-old.

### 3.3.3 Children’s Rights & Wellbeing Impact Assessment

The table below contains a summary of selected rights that may commonly be impacted upon in service or policy change. Before completing the following table, please review the summary of **all** UNCRC rights at [this link](#) and consider whether the work described in this assessment is **compatible** or **incompatible** with each. Work is likely to be compatible if it respects and upholds the rights guaranteed by the UNCRC. It is likely to be incompatible if it conflicts with or breaches the UNCRC requirements.

UNCRC Right	Is the proposal compatible with this right? <i>(Indicate yes/no/unsure)</i>	Are there impacts on this right? <i>(what are they and who do they affect?)</i>	Potential Mitigations for Identified Impacts
<b>Right 3 &amp; 6</b> – Best Interests of the child & the Right to life, survival & development	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		

UNCRC Right	Is the proposal compatible with this right? <i>(Indicate yes/no/unsure)</i>	Are there impacts on this right? <i>(what are they and who do they affect?)</i>	Potential Mitigations for Identified Impacts
<b>Right 9</b> – Must not be separated from parents	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 12 &amp; 13</b> – Respect the views of the child & freedom of expression	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 16</b> - right to privacy <b>Right 17</b> – reliable information <b>Right 19</b> – protection from violence, abuse, and neglect	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 24</b> – The right to good quality health care and education on health	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 25</b> – The right to review their care or protection treatment	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 28 &amp; 29</b> – The right to education.	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 31</b> – The right to relax & play	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		
<b>Right 36</b> – Must be protected from all other forms of exploitation (e.g.	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		

UNCRC Right	Is the proposal compatible with this right? <i>(Indicate yes/no/unsure)</i>	Are there impacts on this right? <i>(what are they and who do they affect?)</i>	Potential Mitigations for Identified Impacts
by the media, or for medical research)			
Other relevant UNCRC Rights <i>(please add in any other relevant rights here)</i>	Yes <input checked="" type="checkbox"/>   No <input type="checkbox"/>   Unsure <input type="checkbox"/>		

**3.3.4 Have you reviewed all the rights in the UNCRC (You can see all the UNCRC Rights [here](#))? (please tick as appropriate)**

Yes

No

## Part 4: Sign off and Next Steps

### 4.1 Summary of the Key Findings of the Impact Assessment

#### 4.1.1 Summarise the key findings of the EQIA

This EQIA confirms current practice and identifies barriers affecting the accessibility and use of staff facilities, which vary by location and team. It highlights both positive outcomes and potential negative impacts requiring mitigation (see section 4.2.1). Workforce needs and facility arrangements will continue to be reviewed to maintain an equitable and inclusive workplace, and this EQIA will be updated as necessary to ensure ongoing legal compliance.

#### 4.1.2 Are you aware of anything raised by this EQIA that may be unlawful<sup>1</sup>.

Yes

No

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<sup>1</sup> Unlawful in relation to EQIAs refers to actions or policies that violate the Equality Act 2010 by discriminating against individuals based on Protected Characteristics.

### 4.1.3 If yes, please outline what you think may be unlawful?

n/a

## 4.2 Actions Required

### 4.2.1 If required, outline any outstanding actions identified by this EQIA.

	What mitigations or impacts recorded above require further action/follow-up/monitoring?	How will you ensure this is completed? <i>(What information will you start or continue to collect and report on?)</i>	When and by who will you follow up on this? <i>(Month/year, Title)</i>
1.	Consideration to which areas are priority areas for improvements to facilities.	The Property & Asset Management Team will set priority areas which will: <ul style="list-style-type: none"> <li>• Support existing staff in post who identify as in need of improved facilities (completed in part)</li> <li>• Require time to identify, develop, cost and fund building improvements</li> </ul>	September 2026  Director Property and Asset Management
2.	Review of existing signage on facilities and improvements made where necessary	The Property & Asset Management Team will build upon survey work completed to date (of existing facilities), using this initial survey to confirm where upgrading signage can make improvements.	September 2026  Director Property and Asset Management

	What mitigations or impacts recorded above require further action/follow-up/monitoring?	How will you ensure this is completed? (What information will you start or continue to collect and report on?)	When and by who will you follow up on this? (Month/year, Title)
3.	Consider adapting the workforce uniform policy to reflect only certain workforce groups need to change on site.	To be considered by the Infection, Prevention and Control Committee and mapped against national policy	July 2026  Executive Nurse Director
4.	Consideration should be given to undertaking a regular workforce census to ensure accurate and up to date equality data.	The People & Culture Directorate will review existing equality data and look to undertake a census to update the information held. To be reviewed and refreshed every 2 years.	October 2026 then every 2 years  Director of People and Culture
5.	Clear, inclusive communication, engagement and support will be provided to help all staff understand our current organisational position and practice and what it means for them.	This will include shared expectations for respectful behaviors in communal spaces alongside a supportive approach that addresses concerns promptly and proportionately, reflecting our organisational values	26/27 Quarterly Updates under review  Director of Communications
6.	Consideration should be made to how staff can escalate concerns about facility access or use, if they perceive concerns to not be addressed appropriately by line management.	A guide will be developed for staff and managers	June 2026  Director of People and Culture
7.	Guidance on appropriate use of facilities for changing.	The Property & Asset Management Team will ensure that appropriate guidance on the use of each facility.	August 2026  Director Property and Asset Management

	What mitigations or impacts recorded above require further action/follow-up/monitoring?	How will you ensure this is completed? <i>(What information will you start or continue to collect and report on?)</i>	When and by who will you follow up on this? <i>(Month/year, Title)</i>
8.	Monitor feedback, complaints and incident reports relating to these facilities and identify areas for improvement.	Quarterly reports will be developed and reported through ELT, APF and Staff Governance	May 2026 then quarterly  Director of People and Culture
9.	Ongoing review of this EQIA as legislation, case law, and advice/guidance changes.	Case law will be reviewed by the Director of People and Culture including any guidance issued by the UK and Scottish Government. Any changes will then be updated and brought through ELT, APF and Staff Governance.	Review every 6 months  Director of People and Culture

**4.2.2 Outline how you will make sure the results of your impact assessment will be considered by ‘decision-makers’ before a final decision about this piece of work is taken. If you have identified mitigating actions that could reduce any potential disadvantage, explain if these are already underway, or you need decision-makers to agree to implement them.**

This EQIA will be presented for discussion at the Area Partnership Forum in March 2026 and reviewed by NHS Fife Board.

### 4.3 Sign Off

	Contact	Job Title	Date
3.3.1	EQIA Lead Assessor	Director of People and Culture	16/03/26
3.3.2	Responsible Executive / Delegated Manager	Chief Executive	19/03/26
3.3.4	Relevant 'Decision-Maker'	NHS Fife Board	31/03/26

# Appendix 1: Definitions

## Changing Facilities:

For the purpose of this Equality Impact Assessment, **changing facilities** are defined in accordance with **Regulation 24 (Facilities for changing clothing)** and **Regulation 25 (Facilities for changing clothing and for rest)** of the **Workplace (Health, Safety and Welfare) Regulations 1992**.

Changing facilities are facilities provided for staff to change clothing where they are required to wear special clothing for the purpose of work (including uniforms or personal protective equipment), and where it would be inappropriate, for reasons of health, hygiene or propriety, to change elsewhere. [legislation.gov.uk]

In line with the Regulations and associated HSE guidance, changing facilities must be suitable and sufficient and may include:

- Designated changing rooms or areas provided specifically for changing into or out of work clothing or PPE
- Separate facilities for men and women, or separate use of facilities, where necessary for reasons of propriety
- Single occupancy, fully enclosed and lockable changing rooms, which may be used by any member of staff where they provide an appropriate level of privacy
- Accommodation for the secure storage of personal clothing and work clothing, where required

Where the nature of the work involves significant physical exertion, contamination, or hygiene requirements, associated washing or shower facilities may be provided, but showers are not an inherent or mandatory component of changing facilities under the Regulations.

**Changing facilities** are distinct from **toilet facilities**, which are regulated separately under Regulation 20 (Sanitary conveniences). Toilet facilities are not to be used as a substitute for changing facilities, except where a toilet is a single-occupancy, fully enclosed and lockable room that is formally designated and suitable for that purpose. The provision of changing facilities is limited to staff who are required to change on site for work-related reasons; staff not required to do so are not expected to use changing facilities.

## Toilet Facilities:

For the purpose of this EQIA, **toilet facilities** are defined as “sanitary conveniences” within the meaning of Regulation 20 of the Workplace (Health, Safety, and Welfare) Regulations 1992, provided for staff to enable the safe, hygienic and dignified use of toilets while at work. In accordance with the Regulations and associated HSE guidance, toilet facilities must be suitable and sufficient, and readily accessible to staff. This includes:

- Separate toilet facilities for men and women, except where each toilet is provided in a separate, fully enclosed room capable of being secured from the inside.
- Single-occupancy, fully enclosed and lockable rooms, which meet the regulatory requirement for privacy and may therefore, be used by any member of staff.
- Accessible toilet facilities, provided where required to meet the needs of disabled staff, in line with the employer's duties under health and safety legislation and equality law.
- Toilet facilities include the rooms containing the sanitary conveniences and the associated washing and hygiene amenities required by the Regulations, including hand-washing facilities, soap and hand-drying provision.
- Facilities must be adequately ventilated, lit, and maintained in a clean and orderly condition.

**Toilet facilities** do not include **changing rooms, shower rooms**, or facilities whose primary purpose is changing clothes or PPE (which are addressed separately under Regulations 24 and 25).

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