Equality Impact Assessment
(Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

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

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

eRostering Solution

Question 2a: Lead Assessor's details

Name	Stuart Murdoch	Tel. No	07811697077
Job Title:	Senior Project Manager	Ext:	
Department	Digital Strategic Delivery	Email	Stuart.murdoch2@nhs.scot

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

eRostering Programme Board

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	National Education Scotland (NES) on behalf of all Boards in Scotland entered into a framework agreement for a National eRostering solution National Services Scotland (NSS) 'Once for Scotland' e-Rostering solution across all staff groups within NHS Scotland. NHS Fife on 18th April 2022.
	The National eRostering solution (Allocate) is in the process of being implemented throughout NHS Fife. The system will be used by all staff, for the management of attendance and leave within NHS Fife. The solution will also support safe staffing activities and will align with safe staffing legislation.

The project will be delivered by Digital using a phased approach to approx. **9,500 staff within Fife, the project is currently estimated to complete in September 2025.** Project governance is provided by the e-Rostering Programme Board chaired by Director of Nursing.

The objectives for the project are as follows:

- To provide a secure operational roster and leave management solution (eRostering) which will support deployment and attendance initiatives/activities of staff (substantive and bank) throughout NHS Fife to support delivery of patient care.
- To provide a suite of reports from Team to Board level to support decision making on safe staffing, supplementary staffing and financial information based on staff availability, filled/unfilled shifts, funded establishments and patient acuity.
- To support NHS Fife staff to adopt and embed eRostering as the single solution for attendance management and rostering of staff throughout NHS Fife.
- To implement the national eRostering solution as per national/local guidelines and policies by working with National eRostering Programme team and key Workforce and Financial stakeholders.
- Enable alignment to Safe Staffing Legislation.
- Provide staff with improved access to information such as their shifts and annual leave.
- Support staff to ensure adopt eRostering to improve working practices.

Outcomes

- **Patient care & safety**
- **Cost Reducing**
- **Productivity**
- **Information and data**

By end of 2025, provide a single digital rostering solution where NHS Fife staff can view and manage rosters to promote safe staffing levels and equality of rostering practices. The solution will also integrate financial and staff information to support decision making and workforce planning.

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
Age - *think: children and young people, adults, older age etc.*	**Introduction of Allocate is not age dependent, all staff will employed within NHS Fife will receive the system.**
Disability – *think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	**The allocate system must meet the needs of all staff. Staff who have identified disabilities have support in place to allow them to access digital systems. As part of the pre-engagement with staff groups as they are brought onto the system the team will understand whether any staff within the area have a disability or additional support need which we need to take into consideration. The team will ensure these are resolved either through additional training and support or through a process where the manager completes on their behalf.**
Race and Ethnicity – *Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab* *Ethnicity = "large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background"* *Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.*	**Allocate does not capture Race or Ethnicity, The system is provided in English, there is no ability to have the system operate in any other language, this is similar to other digital systems in use.**
Sex – *think: male and/or female, intersex, Gender-Based Violence*	**No anticipated impact**
Sexual Orientation - *think: lesbian, gay, bisexual, pansexual, asexual, etc.*	**No anticipated impact as not captured.**

Religion and Belief - *Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* *Think: Christian, Muslim, Buddhist, Atheist, etc.*	**No anticipated impact as not captured.**
Gender Reassignment – *Note: transitioning pre and post transition regardless of Gender Recognition Certificate* *Think: transgender, gender fluidity, nonbinary, agender, etc.*	**No anticipated impact**
Pregnancy and Maternity – *Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.* *Think: workforce maternity leave, public breast feeding, etc.*	**Captured within all leave criteria on system**
Marriage and Civil Partnership – *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.* *Think: workforce, inpatients visiting rights, etc.*	**No anticipated impact as not captured.**

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.

We initiated an early adopter phase which will enable the Project Team to identify and review any positive or negative impacts on equality and diversity, which will further inform this document. Staff will also be positively impacted with better accessibility to view their shift information and request annual leave through personal and/or work devices. Safe Staffing Health Act 2019, System supports this with system tool SAFECARE,

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

(Please tick)

Yes	✓	No	

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

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

Implementation group members from NHS Digital Operations, Information Governance & Security, Clinical leads, Service Managers, NHS Fife eRostering service users all consulted. No impact.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

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

Conclusion Option 1: No further action required
Where no negative impacts or potential for improvement is identified, no further action is required.
No stage 2 EQIA required.

As an organisation that embraces diversity, none of the 9 protected groups will be adversely affected by the implementation of eRostering solution. It is anticipated that eRostering will positively impact NHS Fife staff, as it will significantly improve accessibility to information.

Conclusion Option 2: Adjustments Made

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

No Stage 2 EQIA required

Conclusion Option 3: Requires Further Adjustments

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

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

Conclusion Option 4: Continue Without Adjustments

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

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

Conclusion Option 5: Stop

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

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

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

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

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

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

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

To be completed by Lead Assessor		To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Stuart Murdoch	**Name**	Isla Bumba
Email	Stuart.murdoch2@nhs.scot	**Email**	isla.bumba@nhs.scot
Telephone (ext)		**Telephone (ext)**	
Signature	Stuart Murdoch	**Signature**	*Isla Bumba*
Date	18/07/2023	**Date**	07/12/2023

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