Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: Safe and Effective Rostering Policy	**Date of completion:** 19/03/2026	**Completed by:** Kate Patience-Quate, Brydie Thatcher, William Crag Macleman

Description of work:
The policy sets out the standards, processes and governance for safe and efficient roster planning for Nursing and Midwifery services across NHS Highland. It underpins compliance with the Health & Care (Staffing) (Scotland) Act 2019 and supports fairness, wellbeing, and consistent workforce planning.

Outcome of work: Rostering compliance with agreed standards

Who:
Stakeholders: (who will this work affect?)
Direct impact
- Nursing and Midwifery staff (all bands and roles)
- Rostering authors, SCNs/SCMs/TLs
- Clinical managers and professional leads

Indirect impact
- Students learners
- Bank and agency staff
- Patients and service users through the delivery of safe staffing
- Families and dependents of staff through the impact of working patterns
- Wider multidisciplinary teams who rely on coordinated staffing levels

How will you know:

Governance Oversight
This will be through the SafeCare and eRostering dashboard intelligence, fed into local HCSA/Workforce Implementation Groups

Compliance Monitoring
Roster audit, completion of rostering within agreed timelines

Workforce Indicators

Supplementary usage, absence statistics, turnover, vacancy management, last minute requests, overtime and excess hours and agency usage

Staff Experience
Staff Experience feedback via line manager, Local Partnership Forums (LPF), exit interviews.

What will the impact of this work be with people with protected characteristics? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Age

- Positive: Clear limits on shift length, night recovery and break rules protect older staff and those at higher risk of fatigue.
- Positive: Structured request system supports staff with age-related caring duties (grandchildren, elder care).
- Negative: Long shifts (>10 hrs) may disproportionately affect older workers.
- Mitigation: Flexible working policy, personalised patterns, and reasonable adjustments.

Disability

- Positive: Explicit requirement to consider reasonable adjustments in rostering.
- Positive: Structured request systems support predictable working patterns.
- Positive: Reduced reliance on last-minute redeployment benefits neurodivergent staff.
- Risk: Manual rostering in some areas could lead to inconsistent practice.
- Mitigation: eRostering rollout, training, and HR oversight.

Sex

- Positive: Transparent leave planning and fairness in night/weekend allocation supports majority-female N&M workforce.
- Positive: Supports carers through predictable scheduling.
- Risk: Potential unconscious bias in approving repeated requests.
- Mitigation: Monthly monitoring of fairness indicators.

Pregnancy and Maternity

- Positive: Guidance on managing maternity leave, accrued leave and safe work patterns.
- Risk: Rostering may unintentionally allocate unsuitable shifts (long nights, heavy areas).
- Mitigation: Pregnancy risk assessments; SCN/TL oversight.

Race / Ethnicity

- Positive: Transparent rostering reduces risk of discrimination in allocation of night/weekend shifts.
- Risk: International recruits may face challenges with request systems or digital tools.
- Mitigation: Provide induction support and access to interpreters/language aids.

Religion or Belief

- Positive: Fair systems for managing requests enable accommodation of religious festivals and prayer needs.
- Risk: High-demand periods (e.g., Christmas) could disadvantage non-Christian staff.
- Mitigation: Equity monitoring at Confirm & Support.

Sexual Orientation / Gender Reassignment

- Positive: Clear processes around fairness reduce potential stigma in handling requests.
- Positive: Visibility of leave and request patterns reduces opportunities for discrimination.
- No negative impacts identified.

Marriage / Civil Partnership

- No impact identified beyond general fairness and request consistency.

Overall, impacts are positive, reducing inequity, supporting wellbeing, and protecting staff with protected characteristics. Where risks exist, they are low and mitigated through clear policy provisions.

Island Communities Impact Assessment (ICIA)

Relevant to: NHS Highland's island areas (Skye, Raasay, Mull, Iona, Tiree, Coll, Islay, Jura).

Key Island Considerations

- Small teams → limited ability to swap shifts.
- Higher proportion of part-time workers.
- Travel, ferries, and weather variability impact staffing.

- Housing shortages affect recruitment and availability.

Positive Impacts
- Clear timelines help island teams plan ahead and minimise last-minute travel.
- Electronic rostering improves visibility across remote sites.
- Redeployment rules prevent inappropriate movement of island-based staff.

Risks
- Requirement for two days post-night-shift recovery may be harder in very small teams.
- Limited local bank/agency cover may affect fairness of leave.
- Digital connectivity may affect staff ability to access Loop/mobile apps.

Mitigations
- Island-specific escalation frameworks.
- Local flexibility for night recovery rules where clinically safe.
- Access to offline roster visibility.
- Workforce planning to reflect island vacancy challenges.

Conclusion
Policy has overall positive impact, provided island-specific mitigations are applied consistently.

Fairer Scotland Duty Assessment (Socioeconomic Inequality)

Groups Most Likely Affected
- Lower-paid staff (Bands 2–4).
- Lone parents.
- Staff living in rural poverty or without transport.
- Shift workers dependent on public transport.

Positive Impacts
- Predictability of shifts supports income stability.
- Reduced reliance on agency/overtime protects staff from excessive hours linked to financial stress.

- Transparent systems reduce risk of bias in access to overtime and preferred shifts.

Risks

- Staff on low incomes may rely on overtime which, if reduced, may affect household finances.
- Travel at unsocial hours can be more expensive or impossible in rural areas.

Mitigations

- Ensure fairness in allocation of available additional hours.
- Promote flexible working to reduce travel costs where appropriate.
- Workforce transport solutions for remote areas (car-sharing, pool cars, etc.).

Overall Conclusion

The policy helps reduce socioeconomic inequality, with manageable low-level risks.

Given all of the above what actions, if any, do you plan to take?

Issue	Action	Owner
Monitoring fairness of requests and night/weekend allocation	Report via Confirm & Support	Senior Charge Nurse/ Team Lead
Neurodivergent accessibility	Offer alternative communication formats	Line Managers
Consistency in manual rosters	Prioritise eRostering rollout	eRoster Team
Pregnancy/maternity shift safety	Enforce pregnancy risk assessments	Managers

What is the impact of this policy/service development on infants, children and young people? (The United Nations Convention on the Rights of the Child places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life).

Please view the EQIA Children's Rights Flowchart and Guidance (see below)**. To ascertain whether completion of the EQIA Children's Rights Questions is required, first complete the Screening Sheet.**

For more information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.scot

EQIA Children's Rights Questions – Please first complete the Children's Rights Screening Sheet to ascertain if completing the EQIA Children's Rights Questions below is required.

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

Although the policy primarily concerns adult workers, some impacts are indirect.

Positive

- Predictable rostering supports parents of children, particularly those with additional support needs.
- Fair allocation of school holiday leave reduces disadvantage for parents.
- Staff fatigue reduction supports safe paediatric care environments.

Negative

- Long shifts may impact parental ability to meet childcare duties.

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Flexible working requests; personalised patterns.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

UNCRC Articles Considered

- Article 3: Best interests of the child (indirect – parental wellbeing affects care).
- Article 18: Parents' responsibilities supported by flexible working.
- Article 27: Adequate standard of living—stable employment patterns support income security.

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

Positive overall impact with robust supports for working parents.

Approved by:

DO NOT COMPLETE!!

EQIA Children's Rights – Guidance Notes

EQIA Children's Rights – Flowchart

Screening Sheet

General description of the policy/service development and its aims, supplemented by an initial assessment of the applicability of the policy/service development to children and young people in NHS Highland.

Asks you to consider:

- What aspects will affect children and young people up to 18
- What the likely impact will be
- Which groups of children and young people will be most affected
- Will this require completion of the EQIA Children's Rights questions

→ Completion of EQIA Children's Rights Questions **NOT Required.**
Explain your reasons.

Sign the EQIA Children's Rights Screening Sheet and return to:

→ Completion of the EQIA Children's Rights Questions **IS Required**
Sign the EQIA Children's Rights Screening Sheet and return to:

Continue to next stage.

EQIA Children's Rights Questions – Completion

Asks you to set out:

What impact will your policy/service change have on Children's Rights? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

EQIA Children's Rights Questions Complete

Person Leading the Policy/Service Development and Line Manager (include Email) sign, date and return to:

Please consider publishing a child-friendly version.

EQIA Children's Rights – Screening Sheet

The United Nations Convention on the Rights of the Child places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.scot

Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically.

Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

1. What aspects of the policy/service development will affect children and young people up to the age of 18?

The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

2. What likely impact – direct or indirect – will the policy/service development have on children and young people?
'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.

3. Which groups of children and young people will be affected?
Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

4. Is completion of the EQIA Children's Rights Questions required?
Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

5. Sign, Date and Authorise

Person Leading the Policy/Service Development:
Email:
Signature & Date of Sign Off:

Line Manager:
Email:
Signature & Date of Sign Off:

Guidance - Screening Sheet

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service change to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.
The Children's Rights Screening Sheet asks basic information about the policy/service change and how it will affect children and young people specifically.

Completion of the Children's Rights Screening Sheet as part of the EQIA should take place as early as possible in the formation of the policy/service change.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service change under consideration. Completion of the Screening Sheet will enable you to decide if completing the EQIA Children's Rights questions is required. The impact assessment process is designed to be proportionate - not every proposed policy/service change will affect children and young people and therefore not automatically require completion of the EQIA Children's Rights questions beyond the Screening stage.

Guidance on Completion of the EQIA Children's Rights Questions

When undertaking the EQIA, you must keep under consideration whether there are any steps which could be taken which would or might secure better or further effect of the UNCRC requirements, and if it is considered appropriate to do so, take any of the steps identified by that consideration.

There are two key considerations when completing the EQIA Children's Rights questions:

Participation: The UNCRC gives children the right to participate in decisions which affect them. When assessing the impacts of the policy/service development, you are recommended to consult with children and young people. You can do this directly, through organisations that represent children and young people or through using existing evidence on the views and experiences of children where relevant. Participation of children and young people should be meaningful and accessible.

Evidence: You are recommended to gather evidence when assessing the impact of the policy/service development on children's rights and also for measuring and evaluating the policy/service development.

The EQIA Children's Rights questions to be completed with guidance on what to consider are:

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of

children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

Considerations
Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral?

Negative impact i) The policy/service development may impede or actually reverse the enjoyment of existing rights, requiring mitigating measures be put in place; ii) The policy/service development fails to comply with UNCRC and other human rights obligations, requiring modification of the proposal; iii) The policy/service development may have a detrimental impact on children, so should be withdrawn and alternatives presented.

Positive impact i) The policy/service development complies with UNCRC requirements; ii) The policy/service development makes changes inline with the UNCRC iii) The policy/service development has the potential to advance the realisation of children's rights.

Neutral impact i) The policy/service development brings no discernible lessening of or progress in children's rights or their wellbeing.

What articles of the UNCRC does the policy/service development impact on?

List all relevant articles of the UNCRC. While all articles of the UNCRC are given equal weight and are seen as complementing each other, the four general principles of the UNCRC; non-discrimination (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and the child's right to have their views given due weight (article 12) underpin all other rights in the Convention, and should always be considered in your assessment. Refer to the UNCRC summary for an overview of UNCRC articles. The most likely articles for consideration are the articles listed above plus; the right to health and health services (article 24). More detailed information on each article can be accessed at: https://www.unicef.org/child-rights-convention/convention-text

Will there be different impacts on different groups of children and young people?

Consideration of which groups of children will be affected by the policy/service development is required, along with any competing interests between different groups of children and young people, or between children and young people and other groups. Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Considerations
Give careful thought to whether any negative impacts are necessary and proportionate when weighed against the purpose of the policy/service development. For example, are you clear that the public benefits demonstrably outweigh the negative impacts and that your proposals are both justified by evidence, and have the least possible impact on the enjoyment of the Children's Rights in question? Again, you are required to provide evidence, and where possible to have consulted with those groups and communities most likely to be affected. If the assessment indicates a negative impact, you must present options for modification or mitigation of the original proposals. Options should be proportionate, refer to any potential resource implications associated with the change in policy/service development, and indicate how the proposed change(s) will result in a positive impact on Children's Rights.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

Considerations
As part of the EQIA Children's Rights process, you should ensure that children and young people's views and experiences are sourced, included and recorded, and make it clear how these views have informed the Children's Rights analysis, and conclusions. Participatory policy-making is at the heart of human rights frameworks. Anyone who will be affected by the policy/service development should be given the opportunity to contribute their views. This includes children and young people, their parents/carers, organisations which work with them. where children and young people's views are not known on a matter that is likely to have an impact on them, steps should be taken to obtain their views. Consultation with children and young people can take place using one or more of the following methods:

Consultations
• Adding specific questions aimed at children and young people to a broader public consultation;
• Targeted promotion of public consultations to children and young people through relevant websites, schools/colleges, social media – ensuring that consultation materials are written in a style that is accessible to and suitable for children;
• Making use of existing consultation mechanisms through rights, participation and youth work organisations/structures (including, e.g. local young person-led organisations);
• Setting up/commissioning public consultations with children and young people to gather their views on the proposed measure
• Targeted consultations with the specific groups of children and young people who will be affected by the proposed measure, e.g. children in care, traveller children and families, children affected by domestic violence, children in hospital, children accessing NHS Highland services.

Where direct consultation is not possible, consider the following:

• Relevant published research that involved and collected the views of children and young people;
• A re-analysis of children and young people's responses to a recent consultation that is relevant to this policy/service development area;

• Sending out a ‘call for evidence’ to service providers to ask them for any unpublished or difficult-to-locate information they have collected on the views and experiences of the children and young people who use them;
• Asking organisations which work with or on behalf of children and young people to submit the views of those they work with - this is particularly useful to identify case study information, or the experiences of groups of children and young people living in particular circumstances;
• Looking at inspection reports that reflect the views of children and young people.

However, existing evidence may need to be supplemented. Where there is insufficient, contradictory or only anecdotal evidence, you will have to decide whether you are able to make a well-informed assessment of the potential impact on Children’s Rights without commissioning further research and/or consulting with children and young people, and other stakeholder groups, to fill that evidence gap. The reasoning behind your decision should be recorded in the EQIA. If a consultation or the opportunity to work more collaboratively with children and young people are not possible at this stage additional efforts should be made to ensure children and young people are involved at a later date as part of the monitoring and review of the policy/measure.

National and local resources are available to support engagement with children and young people:

National Resource: Participation of Children and Young People in Decision-making
Local Resource: Insert link to the Highland Children and Young People Participation Strategy, once available.
Local Resource: NHS Highland Engagement Framework 2022 - 2025
Local Resource: Insert THC Children’s rights website, once available.

Training and awareness raising resources on Children's Rights (UNCRC) is available via Turas. Please note that you must be signed in to your Turas account to view and access the eLearning modules.

How will the policy / service change give better or further effect to the implementation of Children’s Rights in NHS Highland?

Considerations
Your assessment may reveal that the policy/service development not only complies with the articles of the UNCRC but takes things further and helps progress the realisation of children’s rights in Highland; i.e. gives better or further effect to the UNCRC. Completing the EQIA Children’s Rights questions can provide a means to record that policy development.

All the information you provide on the EQIA Children’s Rights screening sheet and EQIA Children’s Rights questions will inform a report by NHS Highland to the Scottish Government that is required by law every 3 years.

For further information and support contact NHSH Child Health Commissioner@deborah.stewart2@nhs.scot or visit the Children's Rights section of the NHSH Intranet.