Equality Impact Assessment Process

Key Considerations:

The Equality Act 2010 means that public authorities (including health boards) have a legal duty to have 'due regard' to the need to:

- Eliminate discrimination, harassment, and victimisation
- Promote equality of opportunity
- Promote and foster good relations between the protected groups

Public bodies are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages.

There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the service, function, policy or practice will be fully effective for all target groups

Please consider the following questions in relation to the Service/System/Policy/Project/Review you are working on and assess what the potential impact on the Equality Act 2010 Protected Characteristics could be.

The Equality Act 2010 Protected characteristics are:

- Age
- Disability
- Faith/Religion/Belief
- Race
- Sex (men and women)
- Sexual Orientation
- Transgender
- Pregnancy Maternity
- Marriage Civil Partnerships

Please refer to **appendix 1 for** information on the barriers to inclusion and equality

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[1] "Race" is specified in legislation, but in practice, what is monitored is ethnic group, which is 'the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race' (Bhopal 2004).

EQIA - Diagnostic Imaging Workforce Plan

Scottish Radiology Transformation Programme (SRTP)

Following received guidance, the below impact assessment focuses on the staff impact from the high-level recommendations developed as part of the Diagnostic Imaging Workforce Plan for NHS Scotland (2023). It is anticipated that further impact assessments would be carried out as appropriate, including assessing the impact on patients, when developing the action plan to prioritise and implement the recommendations.

Consideration	Response
What is the aim of the Service/System/ Policy/Project/Review?	Building upon the recommendations in the Radiology Service Target Operating Model, approved by the Board of Chief Executives in June 2021, a national workforce plan for radiology provides an opportunity to shape the future of how radiology services are delivered across Scotland, particularly with respect to addressing demand and capacity issues, increasing quality and improving patient experience, and supports transformational change at an operational level. The objectives of the SRTP Workforce Planning project are to: 1. Deliver an approved (high-level first iteration) workforce plan for radiology in NHS Scotland, based on data and professional judgement, using the recognised Six Steps approach, by April 2023 2. Reach agreement of the way forward for ongoing workforce planning in radiology *3.* Contribute to the workforce recommendations (as appropriate) in the Radiology Service Target Operating Model and align with the relevant initiatives in the emerging Roadmap
Who will be affected by any change and/or new system/process/policy/service?	Clinical Radiologists, Interventional Radiologists, Diagnostic Radiographers, Sonographers, Reporting Radiographers, Unregistered - Diagnostic Radiography staff, Referrers, Managers, Administrative + Clerical staff, Nursing staff, Porters, Medical Physics and support workforce

Considering the aim of the work and the potential outcome of the implementation are you aware of any potential impact on the following protected characteristics:	
Age	Potential positive impact: Mitigate earlier age of retirement if changes implemented to working conditions, pensions etc Improved retention Flying Finish, return to work after retirement, advantages of home workstations etc Different routes in (positive) to education e.g. apprenticeships, Earn As You Learn Successful workforce plan implementation should mitigate the following: Younger workforce may lack support/supervision/training by more experienced staff as they are promoted to new posts to fill workforce shortages Move to shift work potentially more difficult for older workforce to adjust to, if shift patterns required to fill workforce / training gaps Advances in technology potentially favour younger skillset more, sufficient training and education required for more experienced staff
Disability	No negative impact on disabled staff Positive impact through expansion of home working, cross-boundary contracts etc Patients with disability have access support in all depts, but this could be enhanced by adequate numbers of Imaging staff having more time to care for their patients. Shortages may lead to compromised services
Faith/Religion/Belief	International Recruitment will require wider consideration and support of a wider diversity and number of faiths/religions/beliefs. Adequate staffing will help enable the time required for prayer as an example.

Race [1]	International Recruitment will enable a more racially diverse workforce benefitting patients from diverse ethnic backgrounds. Staff cultural awareness and support is essential as part of the plan
Sex	No significant negative impact No sex bias through recruitment policies Positive impact through offering alternative routes into the profession e.g. apprenticeships Flexible working opportunities
Sexual Orientation	No impact. No sexual orientation bias through recruitment policies Staff awareness of equality and diversity is promoted through training and policy
Transgender	No impact. No gender bias through recruitment policies. Staff awareness of equality and diversity is promoted through training and policy
Pregnancy Maternity	All Diagnostic Imaging staff are entitled to maternity support and maternity leave through Policy. WF planning to provide adequate staffing and individual risk assessments will support this.
Marriage Civil Partnerships	No Impact on WF recruitment through equality and diversity policy
During an impact assessment you should consider any impacts on: **Gypsy Travellers** **Homeless people** **Poverty including the Fairer Scotland Duty** **Staff**	Access routes through apprenticeship scheme would enable “earn as you learn” a more equitable selection process for those students who cannot afford full time education. Staff - Home workstations Holistic workforce planning, career pathway progression, alternative routes through

Document approved: SRTP Workforce Planning Steering Group

Signed off by: Clinton Heseltine, Steering Group Chair

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Appendix 1: Examples of barriers to inclusion and equality

Levels, barriers can be personal, cultural, institutional, and structural.

Different kinds of Barriers:

Structural, where circumstances create or result in barriers - for example in access to a 'good education' adequate housing, sufficient income to meet basic needs. And as we have observed, structural barriers are associated with poor life outcomes that can be observed in the significant disparities in health between areas of affluence and those associated with poverty.

Institutional, where policies, processes, practices sustain an organisational or service culture that excludes certain people or groups; an obvious example being what has been called the 'glass ceiling', i.e. that while not visible, a ceiling exists beyond which women - find it very difficult to progress.

Cultural barriers can prevent, for example, consideration of spiritual, relational or dietary needs that do not conform with traditional expectations.

Personal barriers, for example where healthcare staff hold individual prejudices that influence their practice. These actions may be conscious, but as we have discussed, they can often be unconscious or unwitting.

Attitudinal barriers are not as easy to identify as physical barriers, but they can feel every bit as real to those who are exposed to them.

Barriers can be…

Physical in nature; observed in the built environment, for example in accessing buildings, narrow doorways, the absence of lifts or accessible toilets…

About communication; where for example the language, communication or information needs of certain group and individuals are assumed, not taken into account, valued or given weight.