

Equality Impact Assessment including Fairer Scotland Duty and Children's Rights and Wellbeing Impact Assessment

Discrimination is usually unintended, for example, in the design of a new policy a one size fits all approach may be applied with the intention to be fair to everyone but what this actually does in practice is apply differential impacts on different groups of people.

The **Equality Impact Assessment (EQIA)** process is an evidence based approach designed to help organisations ensure that policies, practices, procedures, service change or redesign and decision-making processes are fair, equitable and that they don't present barriers to participation or disadvantage to any protected groups. The equality impact assessment is used to identify any disadvantage and take appropriate steps to mitigate, or at least minimise, this. You should start the EQIA process at the outset and continue throughout the process; don't wait until the end when a decision has been made. Below are steps to consider to support filling in your EQIA.

Step 1 - Identify what is being assessed. You need to be clear what is being assessed and consider what impact this will have and on which groups.

Step 2 - Give details about the policy. You need to be clear of the purpose at this stage, what are the benefits and who are the stakeholders.

Step 3 - Gather and analyse data and information and engagement. You will need to gather evidence to inform your Equality Impact Assessment. This may come from your stakeholder group(s).

Step 4 – Assess Impact. You need to think about what impact it will have on different groups in our community/workforce. Continue to work with your stakeholders to gain 'lived experience' impacts.

Step 5 – Have you identified any adverse impacts. You need to think about what can be done to mitigate or minimise the adverse impacts.

Step 6 – Send EQIA to Equality and Diversity Adviser for publication. NHS Ayrshire & Arran has an obligation to publish the results of all our equality impact assessments.

In 2018, the **Fairer Scotland Duty** became law and this looks at the impact of socio-economic disadvantage. NHS Ayrshire & Arran have incorporated this into our equality impact assessment process. It should be borne in mind that some minority groups, such as disabled people, ethnic minority people, women, are at a higher risk of facing socio-economic disadvantage and this should be considered when completing the equality impact assessment. This should be considered under each of the area in section 2 with a specific section at 2.16.

In March 2021, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. This incorporates children's rights into law and places a duty on us as a public authority to ensure children's rights are protected and promoted in all areas of their life. NHS Ayrshire & Arran are building the **Children's Rights and Wellbeing Impact Assessment** into our existing EQIA process. This is woven through the document with a specific section at 2.17.

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

| | | | |
|---|--|--------------------------------------|---------------|
| Name of Policy | Operational Public Protection Accountability & Governance Framework | | |
| Names and role of Review Team: | Associate Nurse Director for Public Protection, Executive Nurse Director, Public Protection Executive Governance Group (PPEGG) | <u>Date(s) of assessment:</u> | November 2025 |
| SECTION ONE AIMS OF THE POLICY | | | |
| 1.1. Is this a new or existing Policy : <u> New (Version 5.0 effective January 2026) </u> | | | |
| Please state which: Policy <input checked="" type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service Change <input type="checkbox"/> Guidance <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| 1.2 What is the scope of this EQIA? | | | |
| NHS A&A wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail) _____ | | | |
| 1.3a. What is the aim? To ensure clear governance, accountability, and leadership for Public Protection across NHS Ayrshire & Arran. | | | |
| 1.3b. What is the objectives? | | | |
| <ul style="list-style-type: none"> • Define roles and responsibilities for Public Protection • Embed statutory duties for Child Protection, Adult Support & Protection, and PREVENT • Provide assurance and quality improvement mechanisms | | | |
| 1.3c. What is the intended outcomes? | | | |

- High-quality, safe, and effective Public Protection services
- Compliance with legislation and national guidance
- Improved inter-agency collaboration

1.4. Who are the stakeholders?

NHS Board, Chief Executive, Executive Nurse Director, Directors of Acute Services and HSCPs, Public Protection Team, CPC/APC committees, staff, partner agencies (Police, Local Authorities)

The framework will indirectly affect the care provided to patients.

1.5. How have the stakeholders been involved in the development of this policy (this should include children and young people where appropriate)?

Framework developed in collaboration with Public Protection Executive Governance Group and Health & Social Care Partnerships. The framework is designed to ensure clear governance, accountability, and leadership, and therefore no engagement has taken place with patients including infants, children and young people.

1.6 Examination of Available Data and Consultation - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

This framework was developed in collaboration with Public Protection Executive Governance Group and Health & Social Care Partnerships.

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

This framework ensures that there is clear guidance, leadership and accountability for staff within NHS A&A.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

NHS Ayrshire and Arran previously had its own Public Protection Accountability and Governance Framework, but this has now been replaced by the NHS Scotland Public Protection Assurance and Accountability Framework. The NHS Scotland Public Protection Assurance and Accountability Framework is to:

- Provide a consistent national approach to how public protection responsibilities are managed across all NHS Boards.
- Ensure accountability and governance for safeguarding vulnerable individuals, including children and adults at risk.

- Set out clear roles, responsibilities, and reporting structures for public protection within health services.
- Support assurance processes so NHS Boards can demonstrate compliance with legal and policy requirements.
- Promote continuous improvement in Public Protection practice through monitoring, evaluation, and learning.

1.7. What resource implications are linked to this policy?

Development and implementation of this framework will be met from within existing resource.

SECTION TWO

IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff

| | Positive impact | Adverse impact | Neutral impact | Reason or comment for impact rating |
|---|-----------------|----------------|----------------|---|
| <p>2.1. Age</p> <ul style="list-style-type: none"> • Infants, children and young people (IC&YP) <p>Any impact on IC&YP requires additional completion of section 2.17 below.</p> | | | x | The framework applies to all NHS Ayrshire & Arran staff aged 16 and over, and its implementation and compliance requirements are the same for everyone. |
| <ul style="list-style-type: none"> • Adults | | | x | The framework applies to all NHS Ayrshire & Arran staff aged 16 and over, and its implementation and compliance requirements are the same for everyone. |

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|--|--|--|---|---|
| <ul style="list-style-type: none"> Older People (also consider impact on IC&YP such as kinship care) | | | x | The framework applies to all NHS Ayrshire & Arran staff aged 16 and over, and its implementation and compliance requirements are the same for everyone. |
| 2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health) | | | x | There is recognition that there may be staff that will require additional support round the understanding and implementation of the framework. Where staff require additional support this will be given. |
| 2.3. Gender Reassignment | | | x | No differential impact due to gender reassignment |
| 2.4 Marriage and Civil partnership | | | x | No differential impact due to marriage and civil partnership |
| 2.5 Pregnancy and Maternity | | | x | No differential impact due to pregnancy and maternity |
| 2.6 Race/Ethnicity | | | x | No differential impact due to race/ethnicity |
| 2.7 Religion/Faith | | | x | No differential impact due to religion/faith |
| 2.8 Sex (male/female) | | | x | No differential impact due to sex |
| 2.9 Sexual Orientation <ul style="list-style-type: none"> Lesbians Gay men Bisexuals | | | x | No differential impact due to sexual orientation |
| 2.10 Carers including young carers | | | x | No differential impact due to being a carer/young carer |

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|--|--|--|---|---|
| 2.11 Homeless | | | x | No differential impact due to homelessness |
| 2.12 Involved in criminal justice system including youth justice | | | x | No differential impact due to being involved in the criminal justice system including youth justice |
| 2.13 Literacy | | | x | No differential impact due to literacy. Where a member of staff requires literacy support to ensure understanding and implementation of the framework, this will be provided. |
| 2.14 Rural Areas | | | x | No differential impact on rural areas |
| 2.15 Staff <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors | | | x | Implementation of the framework includes Public Protection training to ensure staff are aware of the requirements Any additional support needs will be considered. |

2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

| | Positive | Adverse | Neutral | Rationale/Evidence |
|---|----------|---------|---------|---|
| Low income / poverty | | | x | The Public Protection Accountability and Governance Framework relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients. Implementation of the framework would have no socio-economic impact on staff. |
| Living in deprived areas | | | x | |
| Living in deprived communities of interest | | | x | |
| Employment (paid or unpaid) | | | x | |

2.17. What is the impact of this policy / service change on infants, children and young people (IC&YP)? (The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) places a compatibility duty on public authorities to ensure the rights of children are protected and promoted in all areas of their life). [Kathleen Winter](#) can be contacted for further support.

| | Yes | No | Not applicable | Rationale/Evidence |
|--|-----|----|----------------|---|
| Will this policy impact on the best interests of IC&YP? | x | | | Framework Aligns with UNCRC principles. No implementation for patients. Our staff will be aware of the requirements of the framework. |
| Will this policy impact on the developmental needs of the IC&YP? | x | | | The framework aims to support protecting the best interests and developmental needs of infants, children and young people but has no direct impact IC&YP or adult patients. Our staff will be aware of the requirements of the framework. |
| Will this policy impact on IC&YP being able to express their views in relation to the service and have that view taken into account? | x | | | Ensures children’s voices are considered in service development The framework provides our staff with the knowledge and skills to ensure that children’s voices are considered in service development. This framework provides NHS A&A staff with clear guidance and training to ensure compliance. |
| Will the policy have any direct or indirect impacts on IC&YP? | x | | | The framework will indirectly impact on IC&YP by providing NHS A&A staff with clear guidance and training to ensure compliance. |
| Have you considered the impact of the policy across the wide range of IC&YP, e.g. preschool children; children in hospital; children with additional support needs; | x | | | The framework will indirectly impact on all IC&YP across a wide range of IC&YP by providing NHS A&A staff with clear guidance and training to ensure compliance. This has an indirect impact, all children are included. |

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| care experienced children; children living in poverty? | | | | |
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| SECTION THREE | CROSSCUTTING ISSUES |
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What impact will the proposal have on lifestyles? For example, will the changes affect:

| | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
|--|-----------------|----------------|-----------|--|
| 3.1 Diet and nutrition? | | | x | The framework relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients. The framework has no direct impact on lifestyles. |
| 3.2 Exercise and physical activity? | | | x | |
| 3.3 Substance use: tobacco, alcohol or drugs? | | | x | |
| 3.4 Risk taking behaviour? | | | x | |

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| SECTION FOUR | CROSSCUTTING ISSUES |
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Will the proposal have an impact on the physical environment? For example, will there be impacts on:

| | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
|--------------------------------|-----------------|----------------|-----------|--|
| 4.1 Living conditions? | | | x | This relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients. |
| 4.2 Working conditions? | | | x | |

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|--|------------------------|-----------------------|------------------|--|
| 4.3 Pollution or climate change? | | | x | |
| Will the proposal affect access to and experience of services? For example: | | | | |
| | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| Health care | x | | | All staff, clinical and non-clinical, are expected to understand and uphold public protection duties. This includes doctors, nurses, allied health professionals, and support staff such as admin, catering, domestics and portering teams. This ensures equal accountability across roles, reducing gaps where safeguarding might otherwise be overlooked. |
| Social Services | x | | | This framework will provide a clear governance structure reducing ambiguity and ensuring equal expectations across different local authorities and service areas. |
| Education | | | x | This relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients or services |
| Transport | | | x | This relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients or services |
| Housing | | | x | This relates to setting out clear roles and responsibilities within Public Protection across NHS Ayrshire and Arran and not directly patients or services |

SECTION FIVE

MONITORING

How will the outcomes be monitored?

Outcomes monitored via Public Protection Executive Governance Group (PPEGG).

What monitoring arrangements are in place?

Regular reporting to NHS Board via PPEGG Quarterly

Who will monitor?

PPEGG – outcomes monitored quarterly

What criteria will you use to measure progress towards the outcomes?

Compliance with national guidance

- Evidence that local procedures and protocols reflect the requirements of the NHS Scotland Public Protection Assurance and Accountability Framework.
- Regular review cycles to ensure updates are incorporated promptly.
- Results from internal audits and external inspections (e.g., Healthcare Improvement Scotland) demonstrating adherence to national standards.
- Completion of self-assessment tools provided by national bodies.
- Comparison of compliance levels across NHS Boards to ensure consistency, this is supported by the NHS Scotland Public Protection Assurance and Accountability Framework.

Training completion

- Percentage of staff who have completed mandatory public protection training (e.g., child protection, adult support and protection).
- Breakdown by staff group, location, and role to ensure equity.
- Training offered in multiple formats (e-learning, face-to-face, blended) to accommodate different learning needs
- Staff confidence – use of surveys/evaluation

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality and Inclusion Manager**

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| | | | |
| Authorised by | Public Protection Executive Governance Group | Title | |
| | | | |
| Signature | | Date | 31 March 2026 |

Identified Negative Impact Assessment Action Plan

Name of EQIA:

| Date | Issue | Action Required | Lead (Name, title, and contact details) | Timescale | Resource Implications | Comments |
|------|-------|-----------------|---|-----------|-----------------------|----------|
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Further Notes:

Signed:

Date:

