

Areas for Consideration of Impact

Protected Characteristics

Age: older people; middle years; early years; children and young people.

Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.

Gender Reassignment: people undergoing gender reassignment

Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.

Pregnancy and Maternity: women before and after childbirth; breastfeeding.

Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.

Religion and belief: people with different religions or beliefs, or none.

Sex: men; women; experience of gender-based violence. **Sexual orientation:** lesbian; gay; bisexual; heterosexual.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments

Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.

Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies

Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)

Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.

Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. **Health and Social Care Service Provision -** availability, and guality/affordability

and the ability to navigate accessing these.

Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

Other

Looked after (incl. accommodated) children and young people

Carers: paid/unpaid, family members.

Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.

Involvement in the criminal justice system: offenders in prison/on probation, exoffenders.

Addictions and substance misuse

Refugees and asylum seekers

Staff: full/part time; voluntary; delivering/accessing services.

Human Rights (note only the relevant ones are included below)

Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.

Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.

Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.

Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.

Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).

Article 18 - The right to freedom of thought, belief and religion

(qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)

Article 19 - The right to freedom of expression

(qualified right) – to hold and express opinions, received/impart information and ideas without interference

UNCRC

Article 2	Article 15	Article 30
non-discrimination	freedom of association	children from minority or
		indigenous groups
Article 3	Article 16	Article 31
best interests of the child	right to privacy	leisure, play and culture
Article 4	Article 17	Article 32
implementation of the	access to information from	child labour
convention	the media	
Article 5	Article 18	Article 33
parental guidance and a	parental responsibilities	drug abuse
child's evolving capacities	and state assistance	
Article 6	Article 19	Article 34
life, survival and	protection from violence,	sexual exploitation
development	abuse and neglect	
Article 7	Article 20	Article 35
Birth, registration, name,	children unable to live with	abduction, sale and
nationality, care	their family	trafficking
Article 8	Article 22	Article 36
protection and	refugee children	other forms of exploitation
preservation of identity		
Article 9	Article 23	Article 37
separation from parents	children with a disability	inhumane treatment
		and detention
Article 10	Article 24	Article 38
family reunification	health and health services	war and armed conflicts
Article 11	Article 25	Article 39
abduction and non-return of	review of treatment in care	recovery from trauma and
children	Article 20	reintegration
Article 12	Article 26	Article 40
respect for the views of the	Benefit from social security	juvenile justice
child Article 13	Article 27	Article 42
freedom of expression	adequate standard of	knowledge of rights
Article 14	living Article 28	
freedom of thought, belief	right to education	
and religion		

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice	In-Year Recovery Plan – Pause Recruitment (and	
being developed	associated backfill (overtime/agency/bank) but for	
	Exceptional Circumstances).	
Name of Officer completing	Sandy Reid, Lead for People & Organisation	
Proportionality and Relevance	Sarah Gibbon, Transformation Programme Manager	
Questionnaire		
Date of Completion	12 th November 2024	
What is the aim to be	Addressing projected overspend position in-year for	
achieved by the policy or	2024-25	
practice and is it legitimate?		
What are the means to be	To achieve this aim, ACHSCP intend to undertake	
used to achieve the aim and	several measures as a part of a budget recovery plan.	
are they appropriate and	These are appropriate and necessary to balance the	
necessary?	budget.	
If the policy or practice has a	NA	
neutral or positive impact		
please describe it here.		
Is an Integrated Impact	Yes	
Assessment required for this		
policy or decision (Yes/No)		
Rationale for Decision	This proposal is likely to affect a large number of	
NB: consider: -	people working within the organisation with potential	
How many people is the	negative impacts having been identified. These	
proposal likely to affect?	impacts are of moderate severity and relate to an area	
Have any obvious	where there are known inequalities. There will be	
negative impacts been	options which allow for different cases to be treated	
identified?	differently, and there are existing safeguards in place	
How significant are these	that mitigate the restriction.	
impacts?		
• Do they relate to an area		
where there are known		
inequalities?		
• Why are a person's rights		
being restricted?		
• What is the problem being		
addressed and will the		
restriction lead to a		
reduction in the problem?		
Does the restriction		
involve a blanket policy, or		
does it allow for different		
cases to be treated		
differently?		
Are there existing		
safeguards that mitigate		
the restriction?		
Decision of Reviewer	Approved	
Name of Reviewer	Fiona Mitchelhill, Chief Officer	
	,	
Date	12th November 2024	
Scottish Specific Public Sector D		

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

NA

ACHSCP Impact Assessment – The Integrated Impact Assessment

Description of Policy or Practice being developed including intended aim.	In-Year Recovery Plan – Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).	
Is this a new or existing policy or practice?	Extension of existing policy	
Name of Officer Completing	Sandy Reid, Lead for People & Organisation	
Impact Assessment	Sarah Gibbon, Transformation Programme	
	Manager	
Date Impact Assessment Started	12 th November 2024	
Name of Lead Officer	Fiona Mitchelhill, Chief Officer	
Date Impact Assessment	12 November 2024	
approved		

Summary of Key Information

Groups or rights impacted.	This proposal primarily affects staff and teams within ACHSCP. There may be secondary impacts on patients and service users if service provision has to be reduced in line with a reduction in staffing levels. This is likely to impact on the overall capacity and patient flow across the whole system. Any reductions in capacity or changes to services flowing from the pause in recruitment (and associated backfill (overtime/agency/bank) will be determined by the Chief Officer having regard to further Integrated Impact Assessments.	
Feedback from consultation and engagement and how this informed development of the policy or practice	 Consultation and engagement to date has primarily focus on leadership team and all-staff 'townhall' discussions. Key findings of the consultation / engagement around this proposal include: Ensuring robust risk assessment process to essential roles are identified and recruited to. Importance of considering the impact on safety and patient care. Need for senior leadership to strongly endorse roles determined by the Chief Officer as being essential under exceptional circumstances. Importance of looking after staff wellbeing when operating under increasingly pressured circumstances. 	

	Results of this consultation and engagement have strengthened the current processes. A vacancy management process will ensure due diligence is given to ensuring ACHSCP is managing resources whilst having due regard to clinical risk and statutory duties (such as the Health and Care (Staffing) (Scotland) Act 2019 when reviewing proposed recruitment or backfill proposals.
Performance Measures identified,	Chaffing data will be manitored to answer that there
where these will be reported and how impact will be monitored.	Staffing data will be monitored to ensure that there is minimal detrimental impact on wellbeing. Where there is potential detrimental impact on wellbeing, that will be minimised through the Health and Wellbeing initiatives. Data that can be monitored includes:
	Sickness and absence ratesiMatter survey results
	Vacancies will be monitored to determine whether rates are increasing and to monitor areas with high vacancy rates:
	 % vacancies held within services Whether the vacancy rate is increasing i.e. higher turnover
	The services will need to monitor their capacity and waiting lists, with any significant changes being reported to the Senior Leadership Team and through the clinical governance processes:
	 Services to monitor waiting lists and
	capacity
	 Reduction in acute and intermediate bed settings
	Complaints and the governance dashboard is considered by the SLT every month and includes information on complaints. This can be monitored for impact and the SLT can investigate any areas of increased complaints to see if it could be related to non-recruitment.
	Importantly, ACHSCP will need to monitor any potential impacts on clinical and care governance:
	 The potential impact to any services will be monitored through the ACHSCP's existing Clinical and Care Governance processes, reporting ultimately to the Clinical and Care

vernance Committee, to ensure timely orting of any issues.

Review

Date the Impact will be reviewed	12 th January 2025
Rationale for Date	8 weeks commencing initial IIA and within the potential winter pressures.

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	 Any staff member who has protected characteristics may be impacted. There may be an impact on people and service users with protected characteristics if services need to amend their capacity, level of service provision, performance and/or waitlist to cope with the reduced workforce. If this is the case, a further IIA will be undertaken on the service change. Examples of the possible impacts include: a. Increased unmet need in the city; b. Increased waiting list for assessment of care needs; c. Reduction of service provision across health and care services; d. Increase in complaints and potential regulatory intervention; and f. Impact on the delivery of the IJB Strategic Plan and associated Delivery Plan. 	Data held on protected characteristics by employing organisation
Fairer Scotland Duty	Yes	There may be a mild impact on the Fairer Scotland duty, as non-recruitment to vacancies	Around 5,400 people aged 16 and over in Aberdeen City were unemployed in the year ending December 2023. This is a rate of 4.3%.

		will reduce the employment opportunities of people within Aberdeen.	This was an increase compared with the year ending December 2022 when the unemployment rate was 3.9%. (<u>Office for</u> <u>National Statistics</u>)
Health Inequality	Yes	 Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. Service provision may have to be reduced to compensate for reduced staffing levels. This will be monitored by the Chief Officer and Senior Leadership Team and informed by their own IIAs if a test of proportionality and relevance indicates this is required. 	Service capacity data
Other Groups	Yes	Staffing groups may face increase pressures due to the reduced workforce.	
Human Rights	No	NA	NA
UNCRC	No	NA	NA

Will there be any cumulative impacts	Yes	Х	No	
between this policy or decision and others Describe what this cumulative impact will				
be and include evidence mitigations in the sections below	<u>NHG Grampian</u>			
	NHS Grampian are implementing a reduction in the work week, which will result in reduced capacity within the existing workforce.			
	There are also higher requirements for staffing due to the Health and Care (Staffing) (Scotland) Act 2019, which places a duty on NHS Grampian to ensure both the appropriate numbers of staff and the appropriate type of profession.			

Aberdeen City Council
Aberdeen City Council are currently in a collective bargaining process looking at the possible change of working week for Aberdeen City employed staff from 37 hours per week to 35 hours per week.
The above policies and decisions will have a cumulative impact on pausing recruitment as they further reduce the capacity available to deliver services. This will be monitored as the proposal progresses, and the IIA updated with the outcomes as appropriate.

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Senior Leadership Team	Non-recruitment may result in being unable to deliver services to the standards expected.	Services may require to reduce the capacity of their service and/or performance levels if staffing levels reduce.
		Such changes will be subject to their own Integrated Impact Assessments.
Operational Leadership Team	 Ongoing consultation throughout the budget setting process with leadership teams have highlighted: There is the opportunity to redesign teams, particularly at leadership level, when vacancies naturally arise. There is a need to evaluate what is needed – not necessarily a like for like replacement There are opportunities for more locality working and improved multi-disciplinary team working 	

All Staff (Townhall Session)	 There are challenges to maintain existing levels of service provision if staff become spread too thin. Need to focus on the risk assessment process around vacancies having regard to patient safety and care. Senior Leaders will need to advocate strongly on behalf of services where an essential need is identified. 	Several gateways for a service or manager to highlight the critical need for a post. A member of the Senior Leadership Team attends NHS Grampian's vacancy Scrutiny Panel to explain the case for exceptional circumstances for a post. There is challenge internally within the Senior Leadership Team.

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Not applicable.

ACHSCP Impact Assessment – The Review

Name of Impact Assessment being reviewed	In-Year Recovery Plan – Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).
Name of Officer completing review	TBC
Date Review Commenced	TBC
Reason for Review (scheduled	TBC
or accelerated)	
Reason for Accelerated Review	TBC
Name of Lead Officer	TBC
Date Review Completed	TBC

Summary of Key Information

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What amendments have been	
identified to the original Impact	
Assessment?	
Assessment?	
What evidence do you have for	
these amendments?	
these amenuments:	
What actions have you taken to	
what actions have you taken to	
review the policy or practice in	
light of the review?	

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Other Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No	
Describe what this cumulative impact will			
be and include evidence mitigations in the			
sections below			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions