

Equality Impact Assessment for the Review of Agenda for Change

December 2025

Equality Impact Assessment for the Review of Agenda for Change

Lead Minister: Neil Gray, Cabinet Secretary for Health and Social Care

Lead Official: Daniel MacDonald, Head of NHS Pay

From: Cabinet Secretary for Health and Social Care

Directorate: Health Workforce Directorate

Division: Culture, Pay & Partnership Division

Topic: Health and Social Care

An Equality Impact Assessment (EQIA) has been prepared for the Review of Agenda for Change.

Screening

Policy Aim

As part of the 2023/24 pay deal, Scottish Government committed to a review of Agenda for Change (AfC). The review was conducted on collaboration with Scottish Government, Health Trade Unions (Staff Side) and NHSScotland Employers.

The Cabinet Secretary set out the following principles for the review of Agenda for Change as agreed as part of this pay deal:

- Make NHSScotland an employer of choice for health and other staff;
- Recognise the value of staff and professional roles;
- Improve outcomes for the public;
- Develop a modern and responsive pay, progression and reward system that meets the needs of NHSScotland and its staff;
- Ensure no financial detriment to staff, and;
- The remit and timescales will be fully agreed to ensure the work is undertaken and completed by an agreed date.

The review was to deliver in the context of NHSScotland principles around sustainability and value and was evidence-based. The review ensured that solutions address staff shortages through positive change, that is fit for purpose, demonstrates good practice, is equality proofed and all staff are treated fairly and consistently.

Whilst there is a focus on addressing staff shortages across the AfC workforce, the review aims to deliver a positive change which will be:

- Fit for purpose;
- Exemplar;
- Equality proofed, and;
- Available to all.

Background

While this EQIA includes the strands included within the Agenda for Change Review which was agreed in partnership with Staff Side and Employers, only the Reduced Working Week demonstrates a policy change. The remaining areas are either not within scope of policy amendments or are current policy that is being applied and has not changed.

- Review of Band 5 Job Profiles is being progressed within the provisions of the existing nationally negotiated and agreed UK Job Evaluation Policy which has been the subject of a separate equality assessment;
- Protected Learning Time already has existing guidance, and this work adds to that guidance within the NHSScotland Personal Development and Planning Review PIN Policy; and
- Pay and Reward is a scope for future pay negotiations and is subject to the [Equality Act 2010](#).

This is a working document and will be amended, where there are any changes to policy.

The Staff Side cohort that engaged in the review was comprised of representatives from seven Health Unions that represent approximately 95,000 members, an estimated 55% of the total AfC workforce in Scotland (Annex 1). Together, these unions represent ambulance workers, nurses, midwives, cleaners, medical secretaries, Allied Health Professionals, porters and a host of other NHS staff within the AfC workforce. As Staff Side representatives regularly engage with their membership, they are acutely aware of key priorities and concerns and ensure members views are accurately reflected during the review process.

NHSScotland Employers fully engaged in the review, representing 14 regional NHS Boards, seven Special NHS Boards and one public health body. All NHS Boards are accountable to Scottish Ministers.

On the basis that these policies and processes and associated supporting documents set the standard for employment practice for all NHS Boards in Scotland to follow, an overall EQIA was deemed appropriate for the four Agenda for Change Working Groups. It is also currently practice within Boards to ensure that there is equality of treatment for all of their workforce both in line with the protected characteristic provisions but also on a broader basis taking into account any individual contractual provisions or working arrangements e.g part-time workers. Local equality monitoring arrangements are also in place. Further detail in respect of this aspect are detailed below within the section “Extent/Level of EQIA Required” (page 9).

Working Groups

The working groups as part of the review were as follows:

Work Group 1 – Review of Band 5 Job Profiles

A working group was charged with conducting a review of Band 5 Nursing Roles for AfC staff working in NHSScotland. Following on from preparatory work undertaken throughout 2023, this Working Group has:

Designed a process (consistent with the existing NHSScotland Job Evaluation system) for the delivery of a bespoke banding review for AfC Band 5 Nursing staff; and;
Overseen the development of a digital portal for the submission and consideration of applications as part of this review.

Band 5 Nurses who wished to apply for their current role to be re-evaluated were able to access this digital portal from 17 June 2024. Confirmation of the closing date for applications will be communicated separately.

Further details can be found via [NHS Circular PCS\(AFC\)2024/3](#) published on 4 June 2024.

The review was undertaken in partnership with a mandate and remit agreed by the Scottish Terms and Conditions Committee (STAC) and conducted on a ‘Once for Scotland’

national basis to ensure consistency of any implementation of recommendations across all NHS boards in Scotland with any increased responsibility properly rewarded.

Lessons Learned

A paper was presented to STAC that summarised lessons learned as a result of the review of Band 5 Nursing exercise. There were learning points and required actions which may be helpful for NHS Employers or Staff Side to consider in the future should it be the case that it is considered that “role growth” has occurred:

- 1) The requirement to clearly identify, map and evidence the additional roles/responsibilities/learning requirements of the post(s);
- 2) The requirement to validate the mapping through member contact/ surveys/ employer engagement and confirmation using existing Job Descriptions;
- 3) The requirement to compare the ‘change points’ against the relevant national profiles; and
- 4) Consideration of the presentation of a case locally or nationally.

Work Group 2 - Protected Learning Time

A working group was established to consider the learning time for professional groups of AfC staff and was compliant with responsibilities as set out in the National Health Services (Scotland) Act 1978 at section 12II as revised through Section 4 of the Health and Care (Staffing) (Scotland) Act 2019. This states:

“In complying with the duty imposed by section 12IA, every Health Board and the Agency must ensure that its employees receive - (a) such training as it considers appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b), and (b) such time and resources as it considers adequate to undertake such training.”

The recommendations made by this group will support the recruitment and retention of staff, their development and wellbeing, and have due regard to the need of health boards to manage the day-to-day deployment of staff in line with existing and future service provision responsibilities. Implementation of this review will require that the predicted absence allowance is reviewed and/or adjusted to reflect the impact at team level, ensuring adherence to agreed paid protected learning time for staff.

The working group developed a policy in partnership and approved by STAC at their meeting of 22 November 2023. All changes made within this guidance will be adopted within the refreshed Once for Scotland policy being developed.

Details on the agreed policy can be found via [NHS Circular PCS\(AFC\)2024/1](#) re-issued on 12 July 2024 to include clarification around the Two-Tier Workforce.

These provisions were effective from 1 April 2024, and implementation of this work is ongoing.

Work Group 3 – Pay and Reward

The pay and reward working group was established to explore what changes can be made to the AfC system to provide a modern and responsive pay, progression and reward structure that meets the needs of NHSScotland and its staff.

The working group were tasked with the following key priorities in relation to pay and reward. These include assessing and undertaking:

- Identification of areas surrounding pay and reward requiring reform;
- Cost modelling of any proposed changes;
- Set out an implementation plan of the review by September 2023 for consideration of STAC Secretariat and approval by Ministers, and;
- Draft and present an implementation plan for consideration for STAC Secretariat.

Areas Considered for Reform

The working group considered the following areas (inclusive of modelled costs and Employer / Staff Side positions) surrounding pay and reward with potential to reform: Restructuring of Pay Spine – incremental distribution and pay progression;

- Pay on transfer;
- Pay on promotion;
- On-call allowance;
- Compensatory Rest;
- Unsocial hours; and
- Annex 21.

The working group developed a set of recommendations for each of these areas and presented their proposal to STAC in November 2023. The working group agreed that these recommendations were separate from the other working groups formed for the Review of AfC and will be used as basis of future pay negotiations.

Working Group 4 – Reduced Working Week

The working group was established to explore the reduction of the hours in the working week, with the aim of getting to a 36-hour working week without the loss of earnings within an agreed timescale taking account of matters including, but not limited to, service provisions, safe staffing levels, staff wellbeing, and costs. Implementation of any recommendations were costed, fully resourced and reflected in local NHS Board workforce plans and set out in future NHSScotland health and social care workforce plans.

Following the first 30-minute Reduction in the Working Week for all AfC staff on 1 April 2024, the Cabinet Secretary for Health and Social Care confirmed on 18 February 2025 that a further hour reduction in the standard working week will come into effect on 1 April 2026 as per NHS Circular: [PCS\(AfC\)2025/1](#).

NHS Boards developed and submitted outline plans prior to 1 May 2025, and full and final Implementation Plans by 1 October 2025, both of which having been agreed by the Area Partnership Forum. These robust plans, overseen by STAC, will ensure these changes are

delivered in a way that is safe for patients and staff, supports the continued recovery of services and avoids any extra burden for our workforce.

The reduction in the working week presents an opportunity for NHS Boards to modernise how staff are rostered and work, ensuring that NHSScotland is a leader in flexible and family friendly working practices, and that it remains an employer of choice for health care staff.

A healthy work life balance for is essential for our NHS staff who provide high quality of care to the people of Scotland.

Who it will affect

These policies and processes, and supporting documents, set the standard for employment practice for all AfC staff in Scotland to follow.

These policies and processes also support Employers to provide a fair and consistent approach for AfC staff across the whole of NHSScotland.

Risks that may prevent the desired outcomes being achieved

This policies and processes, and supporting documents, set the standard for employment practice for all NHS Boards in Scotland to follow pertaining to AfC staff.

NHS Boards are responsible for managing and ensuring implementation in full of the refreshed workforce policies or processes in their respective Boards, in partnership, and within the requested timescales.

Costs

The recommendations the AfC Review come with a significant cost attached. Furthermore, any and all costs will be recurring on an annual basis.

The Cabinet Secretary confirmed that £200 million was allocated to Health Boards in 2024/25 in order to support the delivery of the reform commitments, with a further commitment of £150 million in 2025/26. Further funding will be provided to NHS Boards in the financial year 2026/27 to support the final hour reduction.

Review of Band 5

- There was disagreement on an implementation date where any staff may be moved between bands – Staff Side had a desire for the review to begin in April 2024. However, the Cabinet Secretary approved the recommendation to proceed with the recommendations of the review on 1 March 2024.
- Following the approval from the Cabinet Secretary, the working group has:
 - Designed a process (consistent with the existing NHSScotland Job Evaluation system) for the delivery of a bespoke banding review for AfC Band 5 Nursing staff; and,

- Overseen the development of a digital portal for the submission and consideration of applications as part of this review.
- Band 5 Nurses who wish to apply for their current role to be re-evaluated were able to access this digital portal from 17 June 2024.
- Projected cost of £16.7m if 10% of staff at the top of band 5 move to the top of band 6. Costs would increase based on the proportion of staff that move to band 6.

Protected Learning Time

- While the current expectation around Protected Time for Learning is already factored into legislation, it is recognised that given the current pressures on the system not all learning time has been protected due to service pressures.
- NHS employers have a responsibility for making reasonable adjustments to enable staff to access and complete all statutory, core mandatory and role specific training relevant to their role. This includes providing staff access to a computer or other equipment that is required for them to complete this training.
- Projected cost of £7.5m for nursing staff to £5.8m (to close completion rate gaps) for all AfC staff.

Pay & Reward

- The assessment of the suggested enhancements to the existing pay spine would add just over £248 million in total to the Agenda for Change paybill, which works out at just over 3.1% of the predicted 2023-24 AfC paybill of £7,910 million.
- It is acknowledged by the working group that other elements of the review such as a Reduced Working Week and an increasing number of Band 6 staff will also have an effect on cost, meaning the real increase will be proportionately higher.
- This will also impact other pay and reward considerations including any changes to unsocial hours rates.
- Does not necessarily deal with the pay on promotion for staff who work regular out of hours and move to a promoted post which has less regular out of hours.

Reduced Working Week

- Potential for reduced service delivery if mitigations are not delivered effectively.
- Risk of delivering against key commitments around NHS Recovery and Waiting Times.
- Risk that services do not fully optimise and adapt to a reduced working week resulting in staff feeling overwhelmed.
- Risk of increased agency and overtime spend to maintain levels of service delivery.
- The projected costs for RWW are the most uncertain as not all lost hours would or could be replaced. Taking the nursing and midwifery job family as an example, replacing these lost hours on a like for like basis without mitigation would cost £124m based on the 23/24 pay bill.

Framing

Results of framing exercise

A summary of engagement and data gathering is as follows:

- Consultation began with Staff Side and Employers on 19 January 2023.
- Review of Agenda for Change negotiations initiated with consultation from Staff Side and Employers (31 January 2023).
- Second Negotiations meeting with consultation from all partners (9 February 2023).
- Heads of Agreement confirmed with consultation from all partners at the third Negotiations meeting (16 February 2023).
- The Heads of Agreement and the Agenda for Change pay offer was unanimously accepted (21 March 2023).
- Received approval from the Cabinet Secretary for NHS Recovery, Health and Social Care to proceed with the Review of Agenda for Change (May 2023).
- Partners involved in Working Groups approved by STAC (May 2023).
- Confirm Review of Agenda for Change project approach and deliver workshop (May 2023).
- Confirm Governance (May 2023).
- Gather data across all Health and Specialist Boards (May-Sept 2023).
- Establish Terms of Reference for Working Groups (June 2023).
- Data gathering: a range of evidence and sources on the numbers and statistics used to populate this framing exercise regarding people potentially affected by the policy (Sept-Oct 2023).
 - Research on the Reduced Working Week impact across multiple countries Health Services indicates benefits to both Employees and Employers that include but not limited to: Productivity and service provision remaining the same or improved across the majority of trial workplaces; Increase in staff morale and job satisfaction; Improvements in Recruitment and Retention; Reduction in staff turnover absenteeism; Helping to address gender inequality and, Increase in worker wellbeing.
- Consultation feedback relating to potential impacts of the policies on equalities groups or under the Fairer Scotland Duty reviewed by the Working Groups, EQIA department and assessed in relation to evidence gathered (Oct 2023)
- Prepare recommendations to STAC Secretariat based on results consultations (Nov 2023).
- Present recommendations to STAC Secretariat (Nov 2023).
- Receive final approval from STAC Secretariat on approach and way forward (Nov 2023).
- Provide update to Cabinet Secretary for NHS Recovery, Health and Social Care and Director General (Nov 2023).
- Cabinet Secretary confirms implementation of AfC Review Recommendations would take effect from 1 April 2024 (1 March 2024).
- Adjust for any required amendments and agree on implementation and evaluation plans (March 2024).

- NHS Circular: [PCS\(AfC\)2024/1](#) Protecting Learning Time for Agenda for Change Staff in NHSScotland is issued (21 March 2024) and re-issued (12 July 2024) to include clarification around the two-tier workforce).
- NHS Circular: [PCS\(AfC\)2024/2](#) Reduction in the Working Week for Agenda for Change Staff in NHSScotland is issued (22 March 2024).
- NHS Circular: [PCS\(AfC\)2024/3](#) Review of Band 5 Nursing Roles is issued (4 June 2024).
- NHS Circular: [PCS\(AfC\)2025/1](#) Reduction in the Working Week for Agenda for Change Staff to 36 Hours is issued (18 February 2025).
- NHSScotland Health Boards completed outline plans for Reduction in the Working Week implementation (1 May 2025).
- NHS Circular: [PCS\(AfC\)2024/2](#) Reduction in the Working Week for Agenda for Change Staff in NHSScotland was updated to include additional information to the FAQ (16 September 2025).
- NHSScotland Health Boards finalised full and final Implementation Plan (1 October 2025).

Extent/Level of EQIA required

As stated above, on the basis that these policies and processes, and associated supporting documents set the standard for employment practice for all NHS Boards in Scotland to follow, an overall EQIA was deemed appropriate for the four Agenda for Change Working Groups.

The evidence captured in the next section has been drawn from a broad range of sources. Primarily evidence has been gathered from existing national data sets:

- NHSScotland Workforce data
- The Scottish Household Survey
- Labour market statistics

In addition to the protected characteristics as listed within the Equality Act 2010, wider socio-economic considerations were made as part of the Fairer Scotland Duty commitment.

Consultation Feedback

Whilst there was no general consultation undertaken for any of the protected characteristics, the working groups considered in the round during the review process.

Review of Agenda for Change negotiations commenced on 31 January 2023 and Staff Side consulted with members regarding the proposed Heads of Agreement. The second Negotiations meeting occurred on 9 February 2023 where Staff Side provided feedback from their consultation with members before confirming the final Heads of Agreement on 16 February 2023. The Heads of Agreement and the Agenda for Change pay offer was unanimously accepted on 21 March 2023.

Analysts have been consulted throughout this process regarding modelling with each of the four working groups and the data gathering exercise for each of the protected characteristics in the EQIA.

In addition, the outputs of the working groups have been agreed on a tripartite basis. All suggestions from the working groups were subject to review challenge by both STAC Secretariat and full STAC both of which include consideration of the protected characteristics and equality of treatment for all staff within the workforce.

Age

Data and evidence gathering, involvement and consultation

Data

NHSScotland Workforce data shows that the median age of the workforce is 44 years of age (31 March 2023). The age distribution varies across Job Families. For example, on 31 March 2023 11.5% of medical and dental staff were aged 55 and over compared with 20.7% of nursing and midwifery staff and 44.3% of staff working in support services. Evidence indicates a link between age and socio-economic status.

Figure 1: Age distribution of NHSScotland workforce, headcount, 31 March 2013 and 31 March 2023



Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

Review of Band 5 Job Profiles Impacts

In assessing whether the policy impacts on people because of their age, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- The Review of Band 5 Job Profiles will include all eligible Band 5 Agenda for Change employees.
- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **positive** impact in **promoting good relations among and between different age groups**.

Reasons for this decision include:

- This policy focuses on individual experience and is qualifications based rather than time served.

Protected Learning Time Impacts

In assessing whether the policy impacts on people because of their age, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- By highlighting that Protected Learning Time may be requested at any age during someone's career.
- The inclusion of a standard sentence in scope section of policy reinforcing compliance with equality act and linked to appropriate standard section.

- Additionally, the policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- The Protected Learning Time policy is open to all Agenda for Change employees. It enables them to have dedicated learning time, that will support them in their current roles while providing opportunities for advancement.
- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **positive** impact in **promoting good relations among and between different age groups**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.
- By highlighting that Protected Learning Time may be requested at any age during someone's career.

Pay and Reward Impacts

In assessing whether the policy impacts on people because of their age, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The current AfC pay spine was established in accordance with the Equality Act 2010 that legally protects people from discrimination in the workplace and in wider society and the Equality and Human Rights Commission (EHRC) statutory code of practice on equal pay.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.
- Clear progression structures are outlined Agenda for Change Terms and Conditions Handbook where all staff are treated the same regardless of age.

The process has a **positive** impact in **promoting good relations among and between different age groups**.

Reasons for this decision include:

- There is evidence that similar changes in other public sector organisations had positive impacts for eliminating discrimination and advancing equality and there will be evidence of this on the Equality Evidence finder. Scottish Government recently made similar changes and there was little evidence of resentment amongst older/mover experienced staff members.

- Messaging will be important to demonstrate how these changes will have a positive impact in relation to equality. It will also hopefully have a positive impact for staff recruitment and retention as people are more likely to be attracted to the sector and stay in the sector if the Pay & Reward is attractive. The opportunity to progress to maximum salary quickly/shorter period is an attractive consideration for people/staff.

Reduced Working Week Impacts

In assessing whether the policy impacts on people because of their age, it was determined that:

The policy has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation.**

Reasons for this decision include:

- The Reduced Working Week policy has been written to meet legislative requirements, meeting statutory responsibility.

The policy has a **positive** impact in **advancing equality of opportunity.**

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The policy has a **positive** impact in **promoting good relations among and between different age groups.**

Reasons for this decision include:

- The policy applies to all Agenda for Change staff and Employers are encouraged to take a person-centred approach.

Disability

Data and evidence gathering, involvement and consultation

Data

The Scottish Household Survey shows that 30% of the participants declared a long-term physical or mental health condition in 2019, of which 6% stated their condition was not limiting.

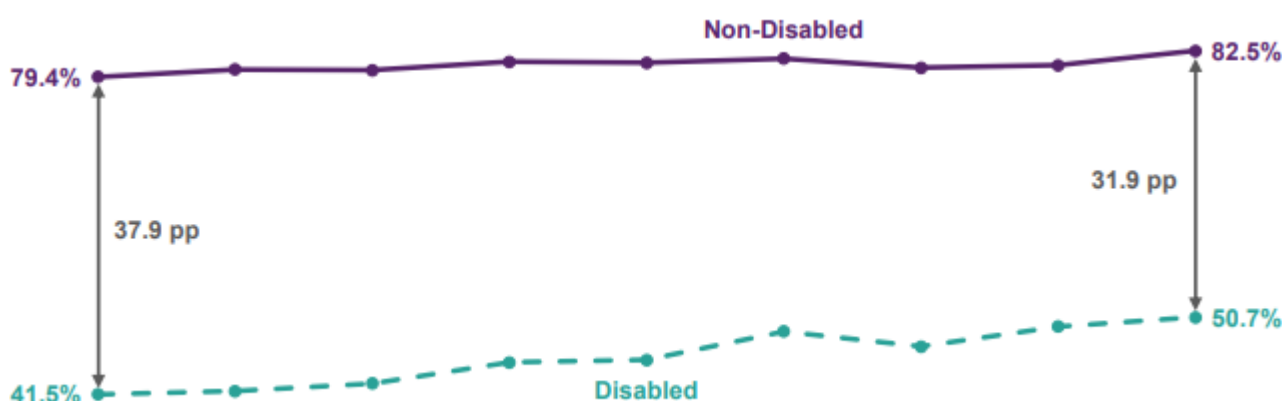
Table 1: Declared long-term physical or mental health condition of adults by year (Scotland) as a percentage

	2019
Yes, limiting	24
Yes, but not limiting	6
None	70
All	100
Base	9740

Data Source: [SHS Data Explorer \(shinyapps.io\)](https://shinyapps.io/shs/) Scottish Households Survey Data

Labour Market Statistics for Scotland by Disability published 31 May 2023, estimates a 31.9 percentage points disability employment rate gap.

Figure 2: Employment rate for disabled and non-disabled people aged 16 to 64, Scotland, 2014 to 2022



Data Source: [Disabled people in the labour market in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/disabled-people-in-the-labour-market-in-scotland-2022/pages/10-to-12.aspx)

NHSScotland Workforce Data shows that 1.4% of respondents declared a disability as of March 2023. NHSScotland Workforce data pertaining to the protected characteristics is based on self-reporting by staff in NHSScotland. As such we are aware that there may be under reporting.

Table 2: NHSScotland Workforce, percentage of staff by a declared disability for the past 3 years

	31-Mar-23	31-Mar-22	31-Mar-21
Not Known	30.0	31.5	32.9
Yes	1.4	1.2	1.1
No	60.6	58.9	57.4
Declined	8.0	8.3	8.6

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](#).

Accessibility Considerations

Policy Officials have confirmed that the Microsoft 'Accessibility' checker in the Power Apps studio was used when the Review of Band 5 online portal was created to ensure the app was accessible.

Users who have vision, hearing, or other impairments can utilise this portal more easily and successfully when you consider when accessibility is considered in the design of how it looks and behaves. The Accessibility checker not only finds potential accessibility issues, but also explains why each might be a potential problem for users who have a specific disability and offers suggestions on how to resolve each issue. The Accessibility checker detects screen-reader and keyboard issues, providing information about how to fix colour contrast issues by using accessible colours.

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy for all working groups impacts on people because of disability, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations among and between disabled and non-disabled people.**

Reasons for this decision include:

- The policy applies to all Agenda for Change staff and Employers are encouraged to take a person-centred approach.

Sex

Data and evidence gathering, involvement and consultation

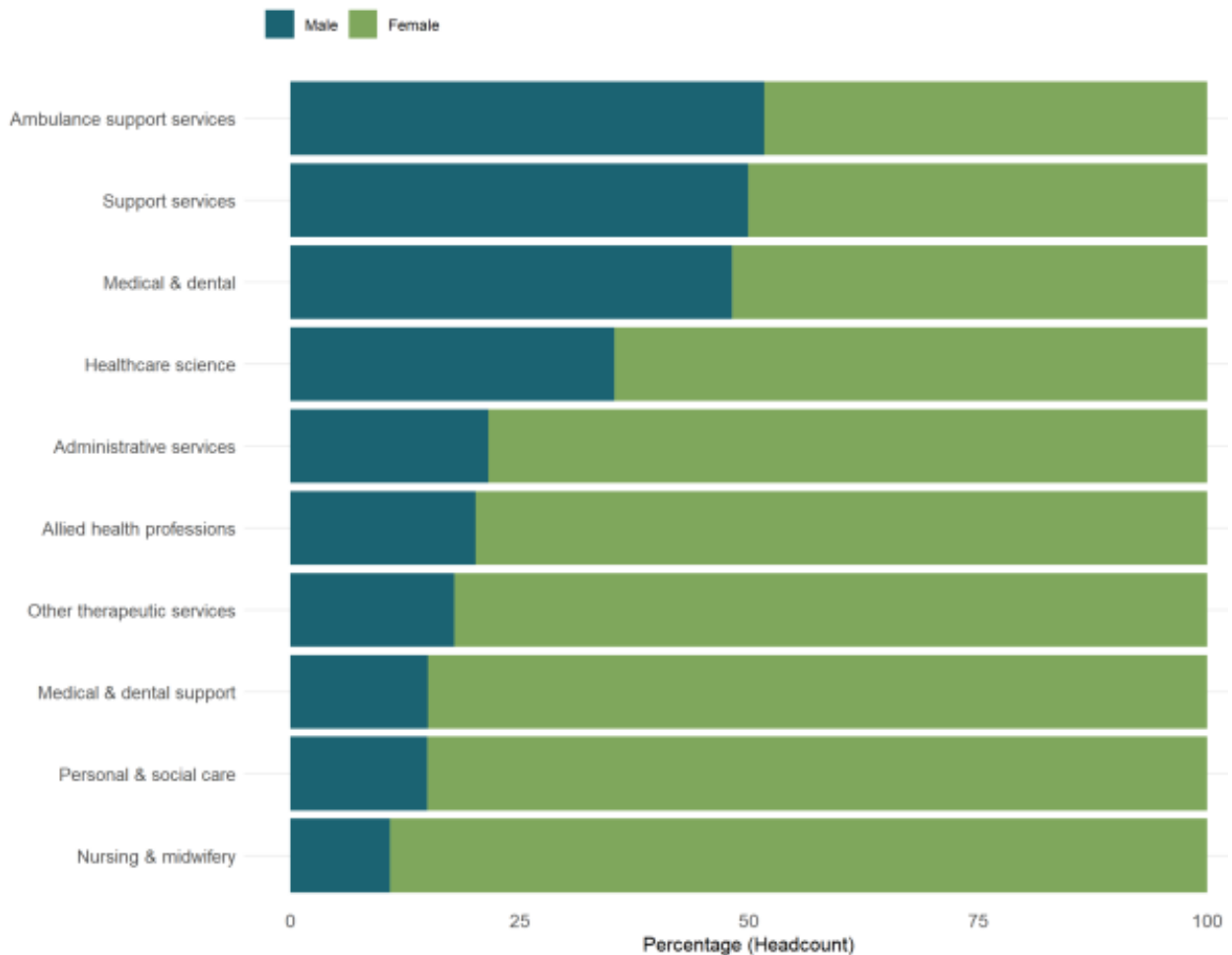
Data

NHSScotland Workforce data shows a predominantly female workforce, with 22.9% of the workforce male and 77.1% female (31 March 2023).

Based on data from the [Labour Force Survey in December - February 2022](#) 10.7% of all female employees in Scotland are employed in NHSScotland. By contrast, 2.9% of all male employees are employed in NHSScotland.

Females account for 78.8% of people employed in NHSScotland, although this varies between job families: 48.9% of staff in ambulance support services are female compared with 90.0% of staff in nursing and midwifery.

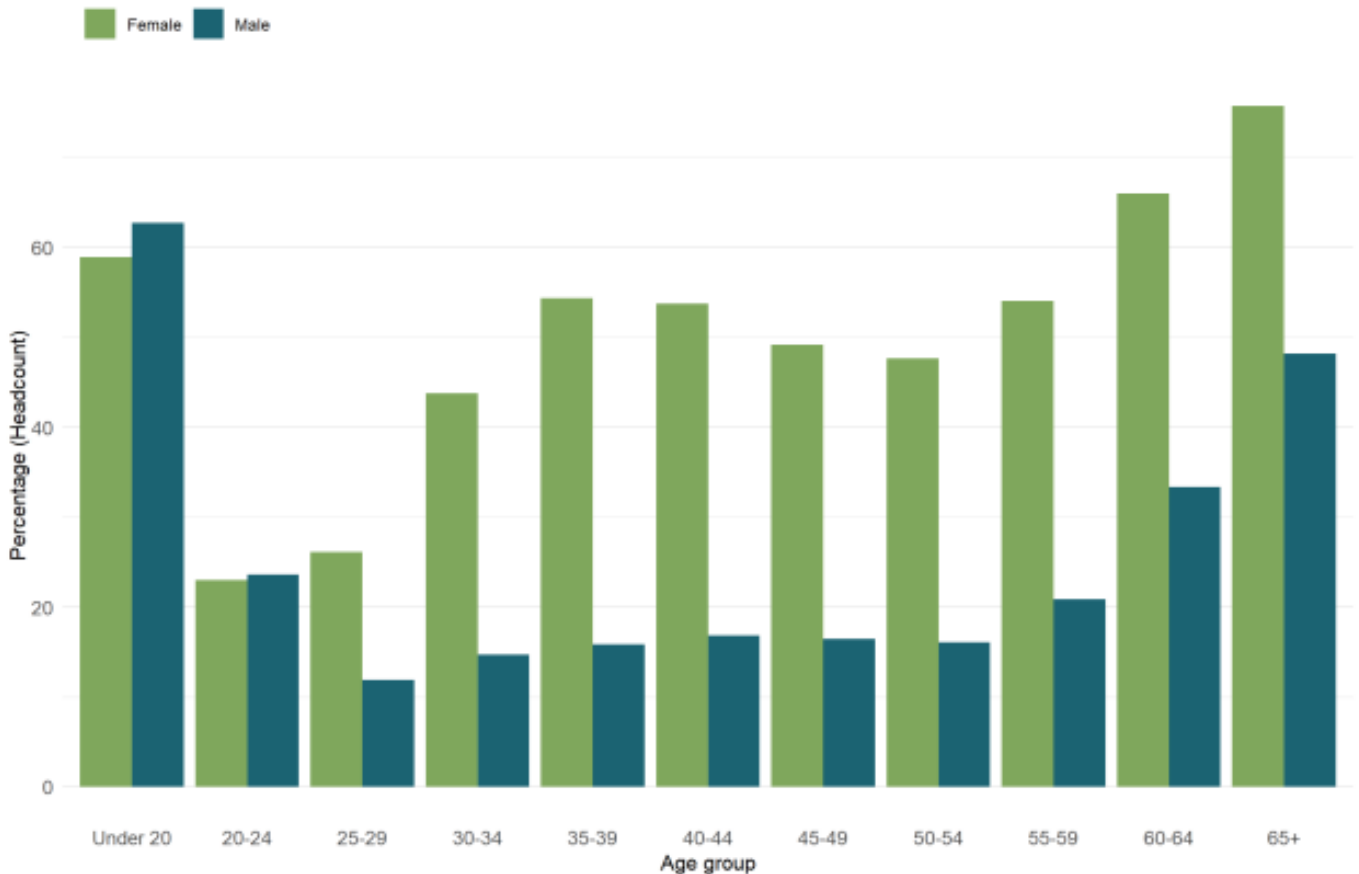
Figure 3: Percentage of NHSScotland workforce by sex, whole time equivalent, 31 March 2023.



Data Source: SWISS

The [Labour Force Survey in Dec - Feb 2022](#) reported that 38.1% of females and 13.7% of males worked part-time. The percentage of staff in the NHSScotland workforce working part-time is slightly higher. Part-time working in NHSScotland varies with age and sex (Figure 4). In general, the percentage of people working part-time in NHSScotland is greater for females than males and increases with age.

Figure 4: Percentage of staff working part-time, NHSScotland, headcount, 31 March 2023



Data Source: SWISS

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](#).

Review of Band 5 Job Profiles Impacts

In assessing whether the policy impacts on people because of sex, it was determined that: The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- The largest cohort of Nursing staff are within Band 5 which is the lowest banding of the professional groups within the Agenda for Change contract.
- This is likely to have a positive impact given the message from Staff Side members that there are cohorts of Band 5 staff working above their grade.

The process has a **neutral** impact in **promoting good relations among and between men and women**.

Reasons for this decision include:

- The policy applies to all Agenda for Change staff and Employers are encouraged to take a person-centred approach.

Protected Learning Time Impacts

In assessing whether the policy impacts on people because of sex, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- By providing protected learning time women will be more able to access educational opportunities which can improve their working standard.
- The above point helps to narrow the gender pay gap, and advance equality to different groups of women.
- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations among and between men and women**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy for the working groups impacts on people because of sex, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations among and between men and women**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Pregnancy and maternity

Data and evidence gathering, involvement and consultation

Data

NHSScotland workforce data pertaining to Pregnancy and Maternity status is not easy to extract and is not informative for the purpose of this EQIA. There is little data available, with much of it incomplete. As with sick leave, return dates are only input when a date is known, therefore, it is always out of date.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1970/153).

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy for all working groups impacts on people because of pregnancy and maternity, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Gender reassignment

Data and evidence gathering, involvement and consultation

Data

NHSScotland Workforce data shows that 0.1% of employees declared their status as transgender as of March 2023. This data is based on self-reporting by staff, as such we are aware that there may be under reporting.

Figure 5: NHSScotland Workforce, percentage of staff by declared transgender status as at 31 March 2023

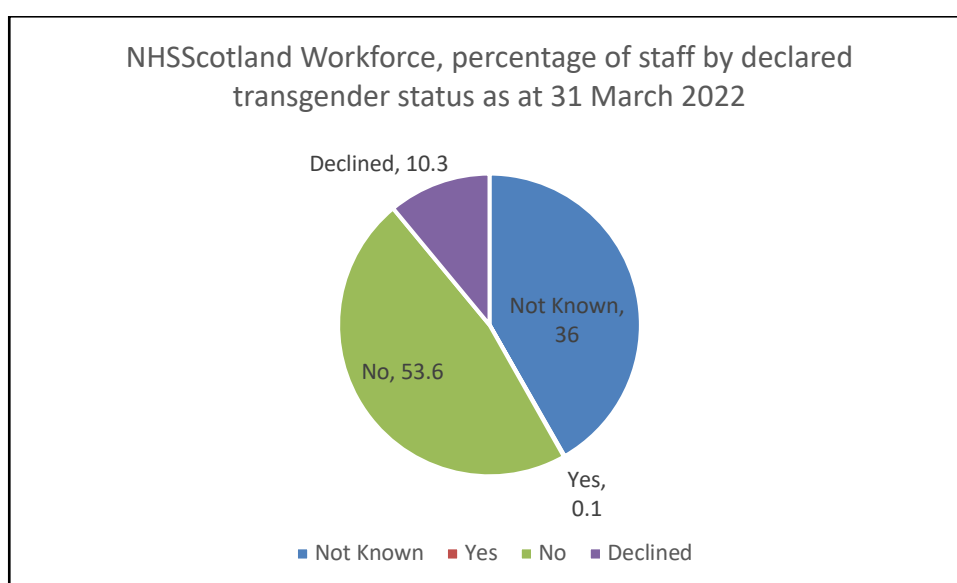


Table 3: NHSScotland Workforce, percentage of staff by declared transgender status for the past 3 years

	31-Mar-23	31-Mar-22	31-Mar-21
Not Known	36.0	38.2	41.7
Yes	0.1	0.1	0.1
No	53.6	50.2	47.2
Declined	10.3	11.5	11.0

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1970/63):

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy for all working groups impacts on people because of gender reassignment, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation.**

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity.**

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations.**

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Sexual Orientation

Data and evidence gathering, involvement and consultation

Data

Scottish Household Survey 2019, shows that 97% of adults surveyed declared their sexual orientation as Heterosexual.

Table 4: Sexual orientation of adults by year (Scotland) as a percentage

Sexual orientation	2019
Heterosexual/Straight	97
Gay/Lesbian	2
Bisexual	0
Other	0
Refused	0
All	100
Base	9780

Data Source: [SHS Data Explorer \(shinyapps.io\)](https://shinyapps.io/shs/) Scottish Households Survey Data.

NHSScotland Workforce data shows that 0.3% of employees declared their sexual orientation as other, 1.5% declared gay / lesbian, 1.0% of staff declared bisexual, and 64.1% heterosexual. NHSScotland Workforce data pertaining to the protected characteristics is based on self-reporting by staff in NHSScotland. As such we are aware that there may be under reporting.

Figure 6: NHSScotland Workforce, percentage of staff by declared sexual orientation as at 31 March 2023

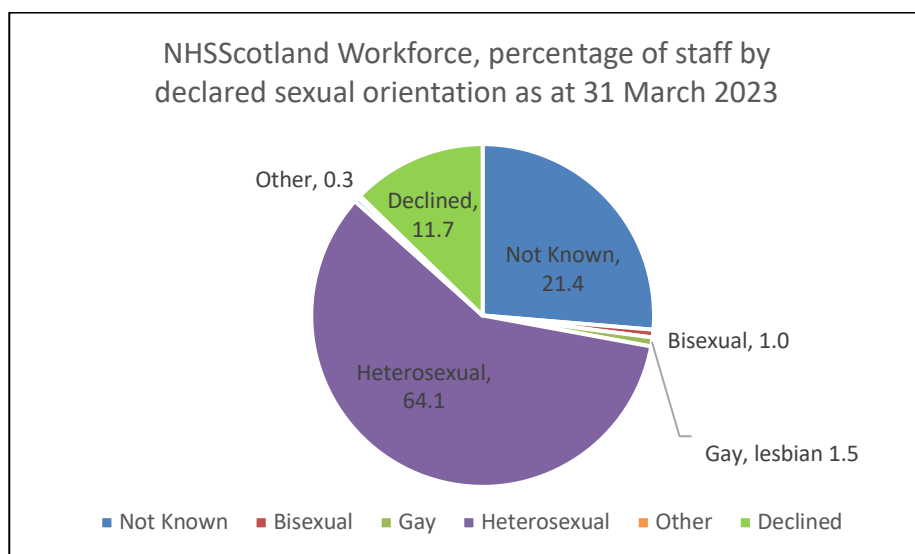


Table 5: NHSScotland Workforce, percentage of staff by declared sexual orientation for the past 3 years

	31-Mar-23	31-Mar-22	31-Mar-21
Not Known	21.4	24.9	26.3
Bisexual	1.0	0.9	0.7
Gay			0.8
Heterosexual	64.1	60.8	58.7
Lesbian			0.4
Gay / Lesbian ¹	1.5	1.4	
Other	0.3	0.3	0.2
Declined	11.7	11.7	12.7

¹ In July 2021, the Sexual Orientation categories were updated across systems for consistency. The "Gay" and "Lesbian" categories for Sexual Orientation were replaced with a single category, "Gay/Lesbian".

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy or Process Development Considerations

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](#).

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy impacts on people because of sexual orientation, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Race

Data and evidence gathering, involvement and consultation

Data

Data regarding the protected characteristic of Race was not available for this EQIA, data regarding ethnicity has been used where this was available.

The Scottish Household Survey 2019 shows that 89% of households who declared their ethnicity were White Scottish / British.

Table 6: Ethnicity of adults by year (Scotland) as a percentage

Ethnicity	2019
White Scottish/British	89
White other	7
Any Mixed or Multiple Ethnic Groups	0
Asian, Asian Scottish or Asian British	3
African	1
Caribbean or Black	0
Other Ethnic Group	0
Don't know	0
Refused	0
All	100
Base	9780

Data Source: [SHS Data Explorer \(shinyapps.io\)](https://shinyapps.io/shs-data-explorer/) Scottish Households Survey Data

Scotland's Labour Market - Monthly Briefing – August 2022 indicates a 12% pt gap in employment between white and minority ethnic groups. Data indicates that the ethnicity employment rate gap is higher in females (22% pt) from a minority ethnic group compared to males (0.5% pt).

The purpose of the Review of Agenda for Change is to ensure all staff will benefit equally with the Reduction in the Working Week being the only area with policy reform. The Reduction in the Working Week provides a proportionate percentage uplift for all staff equally and an opportunity for NHS Boards to modernise how staff are rostered and work, ensuring that NHSScotland is a leader in flexible and family friendly working practices, and that it remains an employer of choice for health care staff.

Table 7: Employment rates and level of the population aged 16-64 by ethnicity and sex, Scotland, Apr 2011-Mar 2012 to Apr 2021-Mar 2022

Table 3.2: Employment rates and levels of the population aged 16-64 by ethnicity and sex, Scotland, Apr 2011-Mar 2012 to Apr 2021-Mar 2022
not seasonally adjusted

All

	White Employment		Minority Ethnic Employment		Ethnicity Employment Rate Gap (%pt)
	Rate	Level (000s)	Rate	Level (000s)	
Apr 2011 - Mar 2012	70.8	2,337	60.8	78	10.1
Apr 2012 - Mar 2013	71.0	2,336	60.1	78	10.9
Apr 2013 - Mar 2014	71.8	2,363	58.6	72	13.2
Apr 2014 - Mar 2015	73.5	2,402	58.3	87	15.2
Apr 2015 - Mar 2016	73.5	2,384	58.6	92	14.9
Apr 2016 - Mar 2017	74.2	2,414	59.2	104	14.9
Apr 2017 - Mar 2018	75.1	2,457	57.7	97	17.4
Apr 2018 - Mar 2019	75.4	2,464	57.4	100	18.0
Apr 2019 - Mar 2020	75.4	2,452	59.2	112	16.2
Apr 2020 - Mar 2021	73.3	2,389	65.1	112	8.2
Apr 2021 - Mar 2022	74.6	2,409	62.5	123	12.0
<i>change on year (% point for rate)</i>	1.3	20	-2.6	12	3.9

Male

	White Employment		Minority Ethnic Employment		Ethnicity Employment Rate Gap (%pt)
	Rate	Level (000s)	Rate	Level (000s)	
Apr 2011 - Mar 2012	75.1	1,207	72.3	49	2.8
Apr 2012 - Mar 2013	74.5	1,195	73.3	48	1.2
Apr 2013 - Mar 2014	75.3	1,210	66.5	41	8.9
Apr 2014 - Mar 2015	76.7	1,223	69.7	52	7.1
Apr 2015 - Mar 2016	76.2	1,210	75.3	55	0.9
Apr 2016 - Mar 2017	77.1	1,230	73.3	60	3.8
Apr 2017 - Mar 2018	78.5	1,254	68.5	57	10.0
Apr 2018 - Mar 2019	78.5	1,254	70.9	59	7.6
Apr 2019 - Mar 2020	78.3	1,244	68.7	63	9.6
Apr 2020 - Mar 2021	75.3	1,203	73.3	58	2.1
Apr 2021 - Mar 2022	76.5	1,211	76.0	70	0.5
<i>change on year (% point for rate)</i>	1.2	8	2.7	12	-1.5

Female

	White Employment		Minority Ethnic Employment		Ethnicity Employment Rate Gap (%pt)
	Rate	Level (000s)	Rate	Level (000s)	
Apr 2011 - Mar 2012	66.8	1,130	47.9	29	18.9
Apr 2012 - Mar 2013	67.7	1,140	46.5	30	21.2
Apr 2013 - Mar 2014	68.4	1,153	50.5	31	17.9
Apr 2014 - Mar 2015	70.5	1,180	47.1	35	23.4
Apr 2015 - Mar 2016	70.9	1,174	44.2	37	26.8
Apr 2016 - Mar 2017	71.3	1,185	46.8	44	24.5
Apr 2017 - Mar 2018	71.9	1,204	47.2	40	24.7
Apr 2018 - Mar 2019	72.5	1,210	45.1	41	27.3
Apr 2019 - Mar 2020	72.7	1,209	50.3	49	22.3
Apr 2020 - Mar 2021	71.3	1,185	58.0	53	13.3
Apr 2021 - Mar 2022	72.7	1,198	50.7	53	22.0
<i>change on year (% point for rate)</i>	1.4	12	-7.4	0	8.8

Source: Annual Population Survey, ONS (Apr-Mar datasets)

Data Source: [Labour market statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/labour-market-statistics)

Data on Race of the NHSScotland Workforce is not available, data on ethnicity is collected where this is declared by the employee.

As of 31 March 2023, NHSScotland Workforce data shows that 0.1% declared their ethnicity as Caribbean or Black – other, 0.1% as Caribbean or Black – Black, 0.2% as African – other, 0.3% as White – Polish, 0.4% as Asian – Chinese, 0.3% as Other ethnic group – Other, 0.6% as Asian – Pakistani, 0.6% as African – African, 0.7% as Asian – other, 1.2% as Asian – Indian, 1.3% as White – Irish, 3.5% as White – other, 9.2% as White - other British, 57.0% as White – Scottish and 8.5% declined to declare an ethnicity.

Table 8: NHSScotland Workforce, percentage of staff by declared ethnicity for the past 3 years (as of 31 March)

		2023	2022	2021
Not Known	Not Known	15.6	18.9	18.4
	White - Scottish	57.0	54.9	55.1
	White - other British	9.2	8.7	8.6
White	White - Irish	1.3	1.3	1.2
	White - Gypsy traveller	0.0	0.0	0.0
	White - Polish	0.3	0.2	0.2
	White - other	3.5	3.3	3.3
Mixed	Mixed or multiple ethnic group	0.5	0.5	0.4
	Asian - Indian	1.2	1.0	0.9
	Asian - Pakistani	0.6	0.5	0.5
Asian, Asian Scottish, Asian British	Asian - Bangladeshi	0.1	0.1	0.0
	Asian - Chinese	0.4	0.3	0.3
	Asian - other	0.7	0.6	0.6
	Caribbean or Black - Black Caribbean or Black - Caribbean	0.0	0.0	0.0
Black, Black Scottish, Black British	Caribbean or Black - other	0.1	0.0	0.0
	African - African	0.6	0.6	0.5
	African - other	0.2	0.1	0.1
Other	Other ethnic group - Arab	0.1	0.1	0.0
	Other ethnic group - Other	0.3	0.3	0.3
Declined	Declined	8.5	8.5	9.5

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](https://legislation.gov.uk).

Policy and Process Development Considerations

Evidence indicates a link between ethnicity, religion and belief and socio-economic status. This is considered under the Fairer Duty Scotland Assessment.

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy impacts on people because of race, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Religion or belief

Data and evidence gathering, involvement and consultation

Data

Scottish Household survey 2019 shows that 56% of participants of all household did not identify with a religious or ethnic belonging, 20% identified as Church of Scotland, 13% as Roman Catholic, 8% and other Christian, 3% as another religion.

Table 9: Religious belonging of adults by year (Scotland) as a percentage

	2019
None	56
Church of Scotland	20
Roman Catholic	13
Other Christian	8
Another religion	3
All	100
Base	9780

Data Source: [SHS Data Explorer \(shinyapps.io\)](https://shinyapps.io/shs/) Scottish Households Survey Data

NHSScotland Workforce data shows that as of 31 March 2023 0.1% of staff declared their religion or belief as Jewish, 0.1% as Sikh, 0.3% as Buddhist, 0.6% as Hindu, 1.1% as Muslim, 2.0% as Other, 6.9% as Christian – Other, 10.9% as Christian – Roman Catholic, 15.2% as Christian – Church of Scotland, 32.1% as No Religion, 20.7% as Not Known and 10.1% declined to declare a religion or belief.

Figure 7: NHSScotland Workforce, percentage of staff by declared religion as of 31 March 2023

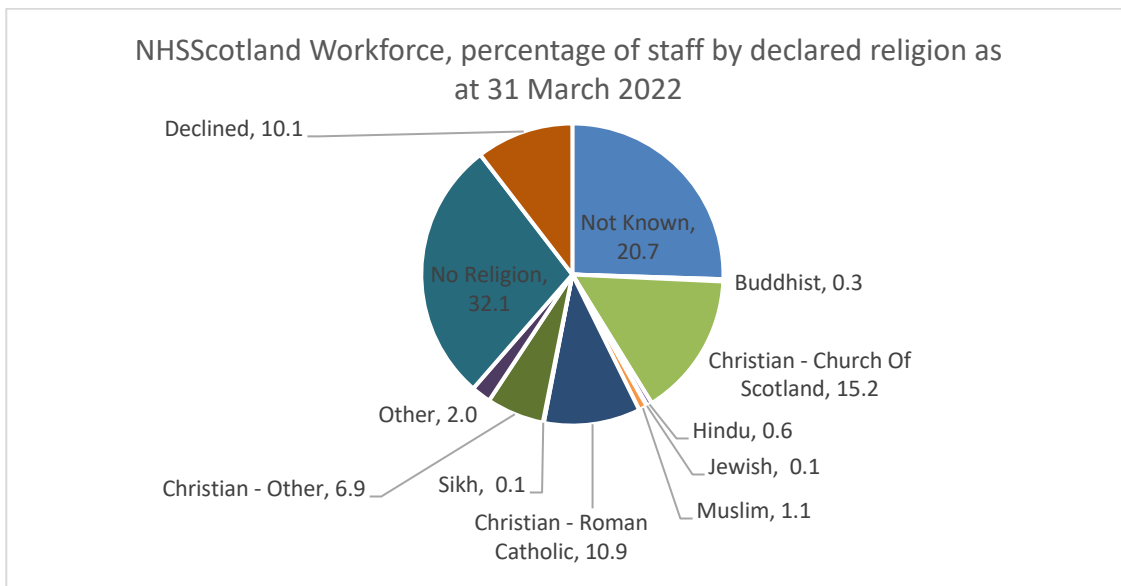


Table 10: NHSScotland Workforce, percentage of staff by declared religion for the past 3 years (31 March)

	2023	2022	2021
Not Known	20.7	24.3	25.5
Buddhist	0.3	0.3	0.2
Christian - Church Of Scotland	15.2	14.9	15.5
Hindu	0.6	0.6	0.5
Jewish	0.1	0.1	0.1
Muslim	1.1	1.0	0.9
Christian - Roman Catholic	10.9	10.5	10.3
Sikh	0.1	0.1	0.1
Christian - Other	6.9	6.5	6.2
Other	2.0	1.9	2.1
No Religion	32.1	30.0	28.2
Declined	10.1	9.8	10.4

Data Source: [Publications | Turas Data Intelligence \(nhs.scot\)](#) We have used workforce data collected from the Scottish Workforce Information Standard System (SWISS) for information on the numbers and breakdown of the workforce by protected characteristic.

Assessing the impacts and identifying opportunities to promote equality

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](#).

Policy or Process Development Considerations

The Working Groups considered the data and reflected that the evidence indicates a link between ethnicity, religion and belief and socio-economic status. This is considered under the Fairer Duty Scotland Assessment.

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy impacts on people because of religion or belief, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Marriage and civil partnership

Data and evidence gathering, involvement and consultation

Data

The Scottish Household Survey shows that 36% of participants of adults were single, never been married/in civil partnership, 48% were married / civil partnership, 9% divorced / separated, 7% Widowed / bereaved civil partner in 2019.

NHSScotland workforce data pertaining to Marriage and Civil Partnership status was not available for this EQIA.

Assessing the impacts and identifying opportunities to promote equality

Policy Officials have assessed the data and as per the Heads of Agreement, have ensured that any policy or process changes would not incur any financial detriment to staff. If any proposed changes were to impact an individual, they would remain protected through the [Equal Pay Act 1970 \(legislation.gov.uk\)](https://www.legislation.gov.uk).

Policy or Process Development Considerations

The Working Groups considered the data and recognise that evidence indicates a link between marital status and socio-economic status. This is considered under the Fairer Duty Scotland Assessment.

Review of Band 5 Job Profiles, Protected Learning Time, Pay and Reward & Reduced Working Week Impacts

In assessing whether the policy impacts on people because of marriage or civil partnership status, it was determined that:

The process has a **positive** impact in **eliminating unlawful discrimination, harassment and victimisation**.

Reasons for this decision include:

- The policy has been written to meet legislative requirements, meeting statutory responsibility.

The process has a **positive** impact in **advancing equality of opportunity**.

Reasons for this decision include:

- A person-centred approach is promoted in the application of all NHSScotland Workforce policies, this is demonstrated across the policy and supporting documents.

The process has a **neutral** impact in **promoting good relations**.

Reasons for this decision include:

- The policy is open to all employees and Employers are encouraged to take a person-centred approach.

Decision Making and Monitoring

Identifying and establishing any required mitigating action

Impacts Identified for Equality Groups

The potential impacts and identifying opportunities to promote equality for each of the protected characteristics have been considered and each of the identified policy or process changes have either a positive or neutral impact. There are no identified negative impacts.

The Reduction in the Working Week is the only area with policy reform and the purpose of the Review of Agenda for Change is to ensure all staff will benefit equally. The Reduction in the Working Week provides a proportionate percentage uplift for all staff equally as a healthy work life balance for is essential for NHS AfC staff who provide high quality of care to the people of Scotland.

Consideration of the Equality Act 2010

Pay and Reward will be considered in future pay negotiations and is subject to the [Equality Act 2010](#). The current AfC pay spine was established in accordance with [the Equality Act 2010 that legally protects people from discrimination in the workplace and in wider society and the Equality and Human Rights Commission \(EHRC\) statutory code of practice on equal pay](#).

The Review of Band 5 is being progressed within the provisions of the nationally negotiated and agreed UK Job Evaluation Policy which has been the subject of a separate equality assessment.

Protected Learning Time is not within the scope of policy amends and was compliant with responsibilities as set out in the National Health Services (Scotland) Act 1978 at section 12II as revised through Section 4 of the Health and Care (Staffing) (Scotland) Act 2019.

Reduction in the Working Week was subject to review challenge by both STAC Secretariat and full STAC both of which include consideration of the protected characteristics and equality of treatment for all staff within the workforce. Wider socio-economic considerations were made as part of the Fairer Scotland Duty commitment.

Equality Impact Analysis Shaping the Policy Making Process

The only area of work that has initiated policy changes is the reduction of the working week. As previously identified, wider socio-economic considerations were made as part of the Fairer Scotland Duty commitment.

This reduction in the working week presents an opportunity to modernise how staff are rostered and work, ensuring that NHSScotland is a leader in flexible and family friendly working practices, and that it remains an employer of choice for health care staff.

The outputs of this working group were agreed on a tripartite basis. All suggestions from the working group were subject to review challenge by both STAC Secretariat and full STAC. Both of which include consideration of the demographic characteristics such as race, gender and disability are explicitly linked to socio-economic disadvantage within the workforce.

It is expected that these groups will continue to work in partnership throughout the implementation process.

While there are no direct costs associated with the compilation of the EQIA, the recommendations the AfC Review come with a significant cost attached. The Cabinet Secretary confirmed that £200 million was allocated to Health Boards in 2024/25 in order to support the delivery of the reform commitments, with a further commitment of £150 million in 2025/26. Further funding will be provided to NHS Boards in the financial year 2026/27 to support final hour reduction. All costs will be recurring on an annual basis.

Consultation feedback highlighted that the need for a reduction in the working week to 36 hours without loss of earnings (pro rata for part-time staff) is profoundly gendered. Women's propensity to have caring roles means that they require flexibility in the workplace to combine their caring role with employment.

As 42% of AfC staff fall below the median household disposable income in the UK, reducing the number of hours to 36 hours per week will assist in addressing women's low pay, tackle women's poverty and child poverty, and close the gender pay gap. A parents' ability to increase working hours is often dependent on the availability of flexible working and affordable childcare and low pay and the number of hours worked by households been identified as key factors that influence working poverty.

The working group considered the data and consultation feedback and made the following assessment:

- As a major employer with 78.8% female workforce in NHSScotland, this policy will support a significant number of women with their caring responsibilities and access to affordable childcare.
- This policy is applied in a uniform manner to all AfC staff with no detriment to basic pay, therefore there is no negative socio-economic impact. In fact, the reduction from 37.5 to 37 hours represents a 1.35% increase in hourly rates with a further 2.78% increase on 1 April 2026 when the 36 hour working week is implemented for all staff.
- The intention of this change is to allow all staff to improve their work life balance.
- The policy has the scope to support employment opportunities by reducing or removing barriers to access or increase work (intensity).
- The policy may have a positive impact in keeping people in work. By reducing the number of hours of required employment, it recognises that the need for flexible working may occur at any age during someone's career. For example, looking after children or elderly parents.

Monitoring and Review

The analysis of the initial 30-minute reduction to the working week implemented on 1 April 2024 indicated that delivering the remaining hour in one tranche was the safest approach. This will mean rosters and broader working schedules will only need to be re-configured once more to reach their final form. It is crucial to deliver any further change in a way that is safe for patients and staff, supports the continued recovery of services and avoids any extra burden for the workforce.

NHSScotland Health Boards completed outline plans for Reduction in the Working Week implementation (1 May 2025).

NHSScotland Health Boards finalised full and final Implementation Plan (1 October 2025).

The Cabinet Secretary is in regular communication with NHSScotland Health Boards and Staff Side as he focuses on continuing to work in partnership to ensure that all AfC staff will move to a 36-hour working week on 1 April 2026.

The outputs of the working groups have been agreed on a tripartite basis. Both STAC Secretariat and full STAC monitor progress and address any issues regarding the implementation of the Review of Agenda for change. Any issues that may impact consideration of the protected characteristics and equality of treatment for all staff within the workforce will be addressed via these partnership organisations.

Authorisation of EQIA

Please confirm that:

This Equality Impact Assessment has informed the development of this policy:

Yes No

Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation;
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes No

If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

Yes No Not applicable

Declaration

I am satisfied with the equality impact assessment that has been undertaken for the Review of Agenda for Change and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Jane Hamilton

Position: Deputy Director - Health Workforce Culture, Pay & Partnership

Authorisation date: 5 November 2025

Estimated Numbers in Each Scottish Union as of December 2022

Union	Members	% of AfC	Staff Represented
Unison	50,000	27.8%	A broad spectrum of health service staff, including nurses, support services, admin and clerical and SAS staff
RCN	29,630	17%	Nursing Staff
GMB	8,000	4.4%	Various groups including some radiographers, support services and SAS staff
CSP	2,762	1.5%	Physiotherapists
RCM	2,555	1.4%	Midwifery Staff
Unite	2,500	1.4%	Various groups such as clinical sciences, support services and SAS staff
SOR	1,737	1%	Radiographers
British Dietetic Association	Number not known but likely to be small.		Dietitians
Scotland Society of Chiropodists and Podiatrists	Number not known but likely to be small.		Chiropodists and Podiatrists



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