

Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

NHS Fife Adverse Events Policy (GP19)

Question 2a: Lead Assessor’s details

Name	Claire Fulton	Tel. No	
Job Title:	Adverse Events Lead	Ext:	
Department	Clinical Governance	Email	Claire.fulton@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

NHS Fife Adverse Events Team and Governance Committees

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	<p>This EQIA is assessing any impact on equality groups from the review for the existing Adverse Events GP19 policy.</p> <p>Relevant changes within the policy and process are to strengthen our approach to identifying potential equality-related factors in significant adverse events, NHS Fife will be updating the Significant Adverse Event Review (SAER) template to include a dedicated section on equality and diversity. This enables reviewers to consider whether any protected characteristics may have influenced the incident or the</p>
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	<p>experience of those involved, thereby supporting more inclusive learning and improvement.</p> <p>Work will be undertaken locally to provide guidance to review teams to ensure consistency in answering equality questions and that relevant governance is in place.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
All domains	The aim of the policy is to minimise the risk of adverse events by maximising opportunities to learn, ensuring patient safety and staff support. The policy promotes consistent and timely identification, reporting, reviewing, and learning from all adverse events and near-misses. The improved considerations for equality is expected to positively impact patients from all protected characteristic groups.
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	Age as a protected characteristic has always been considered however the guidance document referenced in the aim will strengthen our approach.
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.

<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>The guidance document referenced will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>Positive: The policy explicitly recognises the importance of robust review processes for perinatal events. It states that decision-making for these events will follow the Maternity and Neonatal (Perinatal) Adverse Event Review Process for Scotland, as outlined in national guidance and included in the policy appendices. This ensures that maternal deaths, neonatal deaths, and significant perinatal incidents are reviewed using a structured, evidence-based approach that supports transparency, learning, and improvement. The inclusion of this guidance demonstrates NHS Fife’s commitment to safeguarding maternal and infant health and upholding the rights of pregnant individuals and new parents.</p> <p>The guidance document referenced above will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Not relevant.</p>

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>All Domains</p>	<p>Adverse events that are related to child death will be reviewed within the Child Death Fife Partnership process. Impacts can be found within the associated EQIA accessed here</p>
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>The guidance document referenced above in the aim will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>The guidance document referenced above in the aim will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>It is a standard part of the process to share the SAER report with the patient and family that it concerns. It would be a service level decision to determine the capacity of any young person requesting this information and adapt the information accordingly, so that it is age appropriate.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>The guidance document referenced above in the aim will positively impact on how this characteristic is considered within Significant Adverse Events.</p>

<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>The guidance document referenced above in the aim will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>The guidance document referenced above in the aim will positively impact on how this characteristic is considered within Significant Adverse Events.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>No additional articles identified at this stage.</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

<p>Policy informed by:</p> <ul style="list-style-type: none"> - Learning from Adverse Events Through Reporting and Review (Healthcare Improvement Scotland, 2025) - Duty of Candour legislation - NHS Fife Clinical Governance Strategic Framework - Equality Act 2010 and Human Rights Act 1998
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Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts? (Please tick)

Yes	✓	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

<p>Consultation with NHS Fife staff and governance committees. Feedback from adverse event reviews and staff support pathways informed the policy.</p>
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Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>No Further Action Required Impacts identified are all positive therefore there is no requirement for Stage 2 EQIA or full CRWIA.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	


PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Claire Fulton
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Telephone (ext)	
Signature	
Date	31/10/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	
Signature	
Date	31/10/25

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot