

## 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

Transformation of Urgent Care – Reconfiguration of minor injury care service delivery in the Northeast of Fife

### Question 2a: Lead Assessor’s details

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

Transformation of Urgent Care: Northeast Fife MIU Group

**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.**

<p><b>Aim</b></p>	<p>This work seeks to propose the reconfiguration of the provision of available minor injury units (MIUs) in the Northeast Fife and make a recommendation on providing a value based, safe and effective sustainable service ensuring that people can access the right care, in the right place, at the right time.</p> <p>An options appraisal process was undertaken to review opportunities for service change to promote right care, right place, right time, and a preferred option was selected to reconfigure resources from the Adamson &amp; St. Andrews MIUs to a combined service delivery, to be solely delivered from the St. Andrews MIU.</p> <p>The proposed changes of the reconfigured resources will be explored through this EQIA, a separate Stage 2 EQIA will be completed to ensure community engagement meets the need of the locality.</p> <p><b>Identified Positives that impact all protected characteristics</b></p> <p><b>Centralised Expertise:</b> We will continue to deliver high-quality minor injury care within the North East of Fife. This care will continue to be delivered by highly specialised Emergency Nurse Practitioners (ENP)s and Health Care Support Workers (HCSW)s . By having the ENPs and HCSWs in one location, increases the staff availability and resilience, working closely together and increasing the sustainability of the service. This has the potential in improving overall health outcomes for all patients seeking minor injury care.</p> <p><b>Extended X-ray Services:</b> There is more availability of diagnostic capabilities at St. Andrews. By ensuring that all patients seeking minor injury care attend the St. Andrews MIU first time, can ensure quicker and more accurate treatment for injuries, reducing anxiety, reduce the need for additional travel, especially if attending Adamson MIU and then must commute to St. Andrews for imaging. The Minor Injury Unit at Queen Margaret (QMH) is not included within this proposed reconfiguration, only the MIUs within the North East of Fife at Adamson and St. Andrews Hospitals.</p> <p><b>Transport Support:</b> NHS Fife and Fife HSCP is committed to ensure anyone can access minor injury health care. We can reduce the economic burden of travel, especially for low-income families. Financial reimbursement can help mitigate the costs associated with travel, making healthcare more affordable. This is not available at Adamson MIU and provided at St. Andrews MIU. There is range of transport support available at:  <a href="#">final-community-transport-services-leaflet-151024.pdf</a></p> <p><b>Accessibility Issues &amp; Equity Concerns:</b> There may be concerns about equitable access to the combined MIU, particularly if transport support and reimbursement services are not widely known or easily accessible. Furthermore, increased travel distance may disproportionately affect low-income families who may not have access to reliable transportation, impacting their right to timely and adequate healthcare.</p>
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	<p>We provide assurance that there is available reimbursement and a range of supportive transport services. This will be widely shared as part of the Communication Plan, including a local Right Care, Right Place campaign with the public should the proposal progress to a single NEF MIU. This communication plan will be presented to within the comprehensive SBAR to be submitted to the Integrated Joint Board who will make the final decision on this proposal including a complete Participation and Engagement report, data analysis, public, stakeholder, elected officials feedback and this EQIA 1 &amp; Stage 2 EQIA /full CRWIA).</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
<p><b>Age -</b> <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>	<p>Data analysis indicates the following:</p> <ul style="list-style-type: none"> <li>• For attendances to Adamson MIU in 2024: (555) <ul style="list-style-type: none"> <li>- 24% under the age of 17 years old</li> <li>- (612) 27% of those over 65 years old</li> <li>- (1136) 49% of those between 18 and 64 years old</li> </ul> </li> <li>• For attendances to St. Andrews MIU in 2024: <ul style="list-style-type: none"> <li>- (717) 19% under 17 years old</li> <li>- (2123) 24% over 65 years old</li> <li>- (917) 57% of those between 18 and 64 years old</li> </ul> </li> </ul> <p>The data indicates that St. Andrews Community Hospital MIU has a higher number of patient attendances across all age groups compared to Adamson Hospital, however, it can be noted that 3% more over 65-year-olds attend Adamson Hospital compared to St. Andrews.</p> <p>While there are concerns about increased travel distances and equitable access, the implementation of financial reimbursement and a range of supportive transport services, along with the promotion of the Right Care, Right Place campaign, will help mitigate these impacts. Data analysis indicates that St. Andrews Community Hospital MIU already serves a higher number of patients across all age groups compared to Adamson Hospital, suggesting that the proposed changes will continue to support the healthcare needs of the community effectively. By ensuring that these measures are widely communicated and</p>

	<p>accessible, we can uphold the right to timely and adequate healthcare for everyone in North East Fife.</p>
<p><b>Disability –</b>  <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>St. Andrews Community Hospital MIU is easily accessible on the ground level from the main car park. The entrance is an automatic door and the MIU is on the ground level. This is similarly available at the Adamson MIU.</p> <p>There are 12 disabled parking spaces available at St. Andrews MIU and only 5 at Adamson Hospital, however, important to note that there are more disabled spaces available at Adamson Hospital, but down a hill next to the dental centre.</p> <p>The proposed change therefore is not expected to negatively impact accessibility for disabled service-users or those in wheelchairs. If the number of disabled parking spaces is found to be insufficient, a reasonable solution with NHS Fife estates team will be sought.</p> <p>Interpreting Services are available at both MIUs and there are no anticipated changes in accessibility to BSL interpreters or Deafblind guides due to this service change.</p>
<p><b>Race and Ethnicity –</b>  <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>	<p>No adverse impact anticipated.</p> <p>The communities of North East Fife are becoming ever diverse. This proposal is not anticipated to impact groups in relation to Race and ethnicity.</p> <p>There will be no impact in accessing interpreters. The MIU staff have access to Language Line available 24/7 for the majority of languages to service users.</p>

<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>No adverse impacts identified for people dependent on this protected characteristic.</p> <p>For cases of Gender-based violence, it is not anticipated that this change will result in any differences to care. All NHS Fife staff must complete mandatory training in Gender-Based Violence. Any person presenting to either MIU will be triaged and referred to specialists and safeguarding processes remain unchanged. The Gender-Based Violence team would then contact persons affected, if arranging to see the person this would be at another site.</p> <p>NHS Fife offers comprehensive support for individuals affected by gender-based violence (GBV) through the Fife GBV Team which</p> <ul style="list-style-type: none"> <li>• Provide help and advice for those affected by domestic abuse and/or sexual violence. They can be contacted from any location across Fife at 01592 729258 (Monday to Friday, 8:30 am - 5 pm) or email <a href="mailto:Fife.gbvteam@nhs.scot">Fife.gbvteam@nhs.scot</a></li> <li>• Link: <a href="#">Gender-Based Violence (GBV)   NHS Fife</a></li> </ul>
<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There are no anticipated impacts on this group as care provided to this protected characteristic group will not differ following the closure of Adamson MIU.</p>
<p><b>Religion and Belief -</b>  <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>There are no anticipated impacts on this group. Both sites have prayer/faith rooms available. The St. Andrews hospital has a multifaith room available for prayer, meditation, and reflection. This room is designed to accommodate the spiritual needs of people from various faiths and beliefs. It is expected this facility will have space for any increased capacity caused by the closure of Adamson MIU.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No adverse impact identified as neither MIU currently provide Gender-affirming care therefore there will be no change to care provided for this group. All staff are appropriately trained, and care provided will not differ depending on this protected characteristic.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby.</i></p>	<p>No adverse impact anticipated.</p> <p>Persons who are pregnant or in the postpartum period, who have an injury will continue to have access to minor injury care. If specialised input is required from the obstetrics and gynaecology teams, the MIU ENP will discuss the persons injury with those teams, and if required</p>

<p><i>Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>direct the person to Victoria Hospital in Kirkcaldy for further review, as per existing processes. Access to Pregnancy and maternity services remain unchanged.</p> <p>Mother and baby room are available at both Adamson and St. Andrews MIUs. It is anticipated that the mother and baby room at St. Andrews will have space to include any increased capacity caused by this change.</p>
<p><b>Marriage and Civil Partnership –</b></p> <p><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></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>No adverse impact identified.</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><b>Article 3 - Best Interests of the Child</b></p> <p><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><b>Ensuring Timely and Appropriate Care:</b></p> <ul style="list-style-type: none"> <li>• <b>Access to Care:</b> Decisions about the location and availability of minor injury units (MIUs) must ensure that children can access timely and appropriate medical care. This includes considering the distance to the nearest MIU and the availability of transport support to avoid delays in treatment.</li> <li>• <b>Quality of Care:</b> The consolidation of services, such as having a team of Emergency Nurse Practitioners (ENPs) and extended X-ray services in one location, can improve the quality of care children receive. High-quality care is essential for the best health outcomes and aligns with the principle of prioritising children's well-being.</li> </ul>

	<p><b>Reducing Anxiety and Stress:</b></p> <ul style="list-style-type: none"> <li>• <b>Minimising Travel:</b> By ensuring that children can receive comprehensive care at the first point of contact, such as at St. Andrews MIU, the need for additional travel is reduced. This can help minimise anxiety and stress for both children and their parents.</li> <li>• <b>Support Services:</b> Providing transport support and financial reimbursement for travel costs can alleviate the economic burden on families, ensuring that children from low-income households can access necessary care without added stress.</li> </ul> <p><b>Promoting Equity and Accessibility:</b></p> <p>Ensuring that all children, regardless of their socio-economic background, have access to high-quality minor injury treatment is a key aspect of upholding their rights. This includes making information about available services and support widely known and easily accessible. This will be achieved through our communication plans to ensure the public know how to access minor injury care, where this will be, how to get there, what will happen when they get to the minor injury unit and potential outcomes, including discharge with advice, treatment and plan or potential further care at the Victoria Hospital in Kirkcaldy</p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b></p> <p><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>Providing high-quality healthcare services, including minor injury treatment, contributes to the overall physical and mental development of children. This aligns with the obligation to create conditions that do not negatively impact their well-being. The ENPs will continue to have access to Consultants in Paediatric &amp; Emergency Medicine at the Victoria Hospital for advice related to children and young people injuries, should this be required.</p> <p>St. Andrews MIU is a safe and supportive environment where children can receive care without fear of harm or neglect. Including that the ENPs and HCSWs are trained to handle children's needs sensitively, appropriately and protected. ENPs are trained to identify any protection concerns and stringent process are in place to ensure children and young people can be referred for comprehensive support services, including psychological support for children who have experienced trauma, ensures that their right to protection is upheld. This holistic approach helps children recover fully and continue to develop healthily.</p>
<p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b></p> <p><i>Note: every child has the right to have a say in decisions that affect them this could</i></p>	<ul style="list-style-type: none"> <li>• <b>Making Complaints:</b> NHS Fife provides information for all patients about their right to make complaints if they are unhappy with the care they receive. This empowers all patients including children to voice their concerns and ensures their experiences are taken seriously.</li> <li>• <b>Support for Expression:</b> Providing a supportive environment where children feel comfortable expressing their views is crucial. There is a children’s room available at</li> </ul>

<p><i>include making a complaint and accessing information.</i></p>	<p>St. Andrews MIU, which is not available at Adamson MIU. Therefore, by redirecting all children to St. Andrews, there will be improved access to children's rooms.</p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <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>	<ul style="list-style-type: none"> <li>• <b>Equal Access to Healthcare:</b> Refugee children will have the same access to high-quality minor injury treatment as other children.</li> <li>• <b>Language Interpretation:</b> This change will result in no differing access to NHS Fife interpretation services. For information on impact on religion and faith, please refer to Q4 above.</li> </ul>
<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i>   <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>There are no additional impacts on Disabled children compared to the wider Protected characteristic. Please refer to Q4 for details on impacts regarding disability.</p>
<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both</i></p>	<ul style="list-style-type: none"> <li>• <b>Good Quality Health Care:</b> Fife HSCP can assure that St. Andrews MIU will continue to ensure that children receive high-quality minor injury treatment supporting their right to health. This includes access to well-equipped facilities, trained healthcare professionals, and timely minor injury care.</li> <li>• <b>Clean Environments:</b> Fife HSCP can assure that the St. Andrew MIU is clean and safe to prevent infections and promote healing. This includes maintaining hygiene standards and providing a healthy environment for recovery.</li> </ul>

<p><i>physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	
<p><b>Other relevant UNCRC articles:</b></p> <p><i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></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.**

- **Workforce:** Current staffing does not allow for full coverage at both Adamson and St. Andrews MIUs throughout the total 100 operating hours per week (Monday to Friday 8am-6pm). This requires Band 6 ENPs (4.64 WTE + 0.77 Bank) and Band 3 HCSWs (1.61 WTE) at a total of 7.01 WTE, some ENPs starting later and finishing early, and some days there is units with no HCSW cover. Reconfiguration of minor injury services into a single North East Fife (NEF) Minor Injury Unit (MIU) would require to **only** utilise the substantive workforce, resulting in no redeployments and a sustainable workforce including a 22.5% cover for annual leave and sickness.
- **Attendances:** The single NEF MIU is expected to support approximately 25 attendances per day, with each ENP managing 12.5 patients. Queen Margaret Hospital MIU, which manages 38 patients per day with each ENP treating 13 patients, serves as a benchmark for efficient patient management.
  - **Usage:** St. Andrews MIU is more frequently accessed by residents from North East Fife and surrounding areas, indicating a preference for this location. **Access:** Adamson MIU has 11% of planned attendances (scheduled minor injury appointments), while St. Andrews MIU has 7%. Queen Margaret MIU has a higher percentage at 38%, highlighting the need for more appropriate appointment scheduling via NHS 24 on 111 to.
  - **Presenting Conditions:** Over 110 inappropriate conditions were presented at NEF MIUs in 2024. Data analysis and clinically led forecasting promoting NHS 24 (111) for triage could redirect 8% of patients to the appropriate care professional.
  - In conjunction with the proposed reallocation of all minor injury care in the North East of Fife to one MIU, Fife HSCP is committed to re-vitalising a local Right Care, Right Place campaign, in collaboration with communication colleagues, to encourage patients with an injury to contact NHS 24 on 111, to be triaged appropriately, and scheduled to the most appropriately healthcare for their needs.

- **Demographical Analysis:** St. Andrews MIU has higher patient attendances across all age groups compared to Adamson MIU, with a slight increase in over 65-year-old patients at Adamson.
  - **Clinically Led Options Appraisal:**
  - The process included representation from Acute Medical Services, Health and Social Care Primary and Preventative Care Services, Finance, Partnership and Communications.
  - The assessment was completed following all options being scoped in full and a weighting was applied to ensure equity of assessment in the scoring criteria.
  - Scoring Criteria: The scoring criteria was developed with the following focuses:
    - Enabling right care, right place, first time ethos
    - Ensuring financial sustainability and value for money service.
  - Option 3, reconfiguring NEF MIUs to a single MIU at St. Andrews Hospital, scored highest in criteria and was significantly preferred, scoring 16 points (94%) higher than Option 1.
- **Radiology Facilities:** Adamson MIU lacks x-ray facilities after 12:30 pm, requiring patients to travel to St. Andrews or Kirkcaldy. Furthermore, NHS Fife has taken the clinical decision to decommission the x-ray facilities at Adamson Hospital as the machinery has reached the end of its service and no available capital to fund a replacement or the running costs. St. Andrews MIU offers x-ray services throughout the day.
- **Quality / Customer Care:** Reallocation to St. Andrews MIU will improve efficiency, resource availability, and patient care, addressing access issues and managing higher patient volumes.
- **Risk:** This proposal aims to reduce risk to patients and staff, by implementing a single NEF MIU model, will optimise workforce use, ensure adequate coverage, and reduce staff burnout, provide a single safe environment with effective person-centred care, without the need to commute to another MIU for x-ray imaging after 12.30pm.
- **Transport Options to Access St. Andrews MIU for Minor Injury Care**
- **Regular Public Transport:** Regular bus services are available to St. Andrews Community Hospital.
- **Support for Patients Returning Home:**
  - We will now be exploring that the St. Andrew MIU can provide travel tickets for bus services for eligible patients to return home, similar to what is currently provided at the Emergency Department in Kirkcaldy.
  - Travel reimbursement and community transport leaflets and posters are available to guide patients on how to get to the main hospitals. Reimbursement can be claim at: St Andrews Hospital – Cashier - Monday to Friday 8.30am - 4.30pm, Leaflet link: [Travel expenses - information for patients](#)
  - **Anyone requiring transport support to an NHS appointment can access NHS Fife Community Transport services. The link is available at: [NHS Fife Community Transport Services Leaflet](#).**
  - **The type of services available include:**
  - Scottish Ambulance Service - Patient Transport
  - Royal Voluntary Service
  - Continuing Care North East Fife (CCNEF)

- Alliance Ambulance Service
- **Fife Bus:** Provides door-to-door transport for people who are unable to access mainstream public transport due to reduced mobility.
- **Disability Bus Pass:**
  - Free bus travel for carers with a companion pass.
  - Travelling with a companion - MyGov.Scot
- By consolidating services at St. Andrews MIU, the proposed reconfiguration aims to enhance efficiency, quality of care, and sustainability while addressing potential challenges and ensures ongoing comprehensive public, staff, patients, carers, elected members, care providers, third sector providers and stakeholder engagement.

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**  
**(Please tick)**

Yes	x	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?

- **Communications Plan & Participation and Engagement:** Comprehensive communications and thorough engagement has taken place with local stakeholders through meetings, surveys, and online events.
- Fife HSCP engaged with the local population, including patients, carers, elected members, care providers, third sector providers, and the Royal Burgh of Cupar and St. Andrews Community Council through meetings on March 25th and April 7th, 2025.
- Additionally, they provided an online engagement survey for 6 weeks between the 17<sup>th</sup> of February and 30<sup>th</sup> of March and hosted an open online event on March 27th, 2025.
- The team explained the drivers, improvements, and proposed changes, highlighting the benefits and mitigations for patients and visitors, and addressing the needs of new families in the area, particularly regarding Minor Injuries care services.

**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
<b>1. No Further Action Required.</b>	

<p>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><b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	<p>FHSCP EQIA Stage 2 will be completed as this proposed service change has identified potential impacts that require further consideration by the Fife Integrated Joint Board (IJB) will make the final decision on this proposal following EQIA assessment, participation and engagement and final SBAR paper review.</p>
<p><b>3. Continue Without Adjustments</b> 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><b>4. Stop the Proposal</b> 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>	

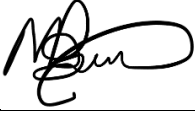
**PLEASE NOTE: ALL LARGE-SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


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](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

<b>To be completed by Lead Assessor</b>	
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<b>Telephone (ext)</b>	<b>01592740240, ext: 28918</b>
<b>Signature</b>	
<b>Date</b>	<b>9<sup>th</sup> of April 2025</b>

<b>To be completed by Equality and Human Rights Lead officer – for quality control purposes</b>	
<b>Name</b>	<b>Isla Bumba</b>
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<b>Signature</b>	
<b>Date</b>	<b>11.4.25</b>

**Return to Equality and Human Rights Team at  
[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)**

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