

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

Temporary reduction in dialysis chairs to accommodate wastewater pipe work replacement.

Question 2a: Lead Assessor’s details

| | | | |
|-------------------|---------------------|----------------|--------------------------|
| Name | Charlotte Myles | Tel. No | 01592 643355 |
| Job Title: | Service Manager | Ext: | 22371 |
| Department | Medical Directorate | Email | Charlotte.myles@nhs.scot |

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

IMT Dialysis Waste Pipe 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.

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| Aim | Due to corrosion of wastewater pipework within renal, with a wider impact on services located below the renal department, urgent pipework replacement is required for a period of 4 weeks commencing on 23/11/2025. Whilst the works are in progress there is a requirement to reduce dialysis capacity by 3 chairs. This will therefore have impact on a total of 12 patients who are in receipt of regular dialysis at the VHK site, we have aimed to minimise the impact on patient care by transferring patients to additional dialysis slots held at a later time in the day (19:30-00:00hrs). |
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| | The renal clinical team have reviewed current patients and selected patients suitable to move on to the alternative sessions. Patient selection was based on clinical suitability, location and method of transportation to dialysis sessions. |
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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 |
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| <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> | <p>Minimal impact on age group due to mitigations.</p> <p>Older patients who require transport services will remain on current dialysis schedule. As extra sessions will run late at night, it is deemed the impact of this would be greater on older patients, therefore they have been excluded from the group of patients asked if they would be willing to change.</p> <p>Patients with childcare commitments will not be expected to attend late night sessions.</p> <p>This service does not treat under 18s, therefore no impact on them.</p> |
| <p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p> | <p>Minimal impact, patients with disability that require additional support will remain on current dialysis schedule.</p> <p>No BSL user will be moved due to reduced interpreter availability after 17:00hrs.</p> |
| <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> | <p>Patients who require interpreter support will not be required to move to late night sessions due to interpreter availability.</p> <p>Patients of specific ethnicities that are more predisposed to complications will not be moved to late night sessions.</p> |
| <p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p> | <p>The change will impact both sexes equally, therefore no impact on this group.</p> |

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| <p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p> | <p>This protected characteristic is not expected to be impacted by this change</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>Patients who have religion/belief requirements will not be expected to attend late night sessions. Should any patient require spiritual care services, the service is available 24/7.</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>This protected characteristic is not expected to be impacted by this change</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>At present there are no pregnant or postpartum patients utilising the service. This will be reviewed if patients become pregnant during the time of works. Wider impact on maternity, paediatrics and neonates will be explored in their EQIA submission</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>This protected characteristic is not expected to be impacted by this change</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 |
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| <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>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</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>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</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>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</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>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</p> |
| <p>Article 23 – Disabled Children <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>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</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> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p> | <p>As there are no patients with childcare responsibilities being moved to the late night service, there is minimal impact.</p> <p>Workforce- Staff have volunteered to adjust their work pattern to cover the late night shifts. Therefore we anticipate minimal impact.</p> |
| <p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC 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.

Decisions made have been based on clinical suitability, patient requirements and transport logistics. There has been minimal requirement for considerations for sections mentioned above.

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

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| 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?

Renal department staff and patients consulted, to which the patients relocated onto an alternative schedule have volunteered.

NHS Fife communications team will circulate wider communications in relation to the overall works and subsequent impacts on Renal, maternity and paediatrics/neonates in the w/c 14.4.25

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 |
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| <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, mitigations highlighted and established in SBAR provided to Executive team. EQIAs for other impacted services will be published.</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</p> | |

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| Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments. | |
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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 | Charlotte Myles |
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| Signature |  |
| Date | 18/11/25 |

| To be completed by Equality and Human Rights Lead officer – for quality control purposes | |
|--|---|
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| Signature |  |
| Date | 20/11/25 |

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