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 Neonatal Unit cot capacity to facilitate essential estates maintenance work

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?

IMT Dialysis wastepipe leakage 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.

Aim	A temporary but significant reduction in Neonatal Unit cot capacity is required to facilitate essential estates work. The essential works will take a period of around 21 days from 27.04.25. Throughout this time the total capacity of the Neonatal unit will be reduced from 17 cots to 9 cots plus 1 stabilisation space. Within the reduced overall footprint, specific capacity for High Dependency / Intensive Care will also be reduced by at least 2 cots, varying in relation to overall unit occupancy. The reduced cot capacity may result in the necessary in-utero or postnatal transfer of some infants (and their mothers/families) to

	Neonatal care facilities in other Health Boards to ensure provision of safe and effective Neonatal care, particularly where infants require High Dependency or Intensive care due to being born at an early gestation or in ill-health. Neonatal Unit overall occupancy averages around 54%, but the unit can experience short-notice fluctuations in occupancy to upwards of 90%. Specific Intensive and High Dependency cot occupancy can also vary on a shift-by-shift basis. The significant number of overall cots affected by this short-term closure (42% of total capacity), together with a reduced ability to 'flex' cots for provision of different levels of care acuity mean that there is a significant risk of some infants requiring transfer to neighbouring health boards throughout the duration of this closure.

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
Age - *Think: adults, older age etc.* *For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).*	There will be potential negative impact on any/all newborn infants (age birth – 28 days) requiring access to Neonatal care (Special Care, High Dependency and Intensive Care) for the duration of these essential estates work (including preparatory and re-mobilisation phases) The impact is likely to be more notable for infants born at earlier gestations (pre 32 weeks) as they are more likely to require High Dependency /Intensive care and are thus more likely to require transfer to a neighbouring Neonatal care facility There is mitigation in place (via recognised national perinatal MCN pathway for Neonatal care placement) to reduce this potential care impact on newborn pre-term and sick babies. Under the 'business as usual' model pathways are already in place to manage the care needs of pre-term/sick babies at times of local unit capacity challenge – these pathways will be utilised to safely place and transfer any infants for whom the temporary reduction in local Neonatal unit capacity means that care cannot be provided locally. Other units within the perinatal MCN will be made aware of the likelihood of an increased ask for placement of babies from Fife during the duration of the

	essential estates works. Should any infants require transfer , either in-utero or postnatally during this period, efforts will be made to try to place the infant and mother/family in a neighbouring board as close to their home as possible. However, all final transfer decisions will be made by the National Perinatal MCN, with transport arranged through SCOTSTAR, with the final destination being determined by available regional/national Neonatal Unit capacity, Families will continue to be able to claim travel and some subsistence costs to stay with/viisit their infant in hospital through the national fund
Disability – *Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	The impact for infants will not differ in relation to any disability that an individual infant may have As currently happens under business as usual, a needs based assessment will be undertaken on an individual patient basis regarding impacts of placing infants with known disability or other specific healthcare need in other boards. However, the final care destination will, of necessity, be determined by available capacity within local and neighbouring units
Race and Ethnicity – *Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab* *Ethnicity = "large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background"* *Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.*	The impact for infants will not differ in relation to their race or ethnicity. Efforts will be made to ensure that communications are effective for patients/parents from all race/ethnicity groups and those for whom English is not their first language. Even if patients are required to be transferred to neighbouring health boards, their communication and language needs will continue to be met.
Sex – *Think: male and/or female, intersex, Gender-Based Violence*	The impact for infants will not differ in relation to their sex/gender
Sexual Orientation - *Think: lesbian, gay, bisexual, pansexual, asexual, etc.*	This is not applicable for infants under 28days of age

Religion and Belief - *Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* *Think: Christian, Muslim, Buddhist, Atheist, etc.*	The impact for infants will not differ in relation to the religion / beliefs that their family may have. Moving to a hospital away from home will result in families being away from their usual places of worship / pastoral support, but this will impact all transferred infants/families equally. Patients/families/carers will, however, be able to access Spiritual Care support in the health board that they have been transferred to.
Gender Reassignment – *Note: transitioning pre and post transition regardless of Gender Recognition Certificate* *Think: transgender, gender fluid, nonbinary, etc.*	This is not applicable for infants under 28 days old
Pregnancy and Maternity – *Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.* *Think: workforce maternity leave, public breast feeding, etc.*	The potential capacity effects for sick/pre-term infants described above will impact on the pregnant / newly birthed mothers of such infants – please see EQIA for Maternity services for description of mitigations in place
Marriage and Civil Partnership – *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.* *Think: workforce, inpatients visiting rights, etc.*	The impact for infants/families will not differ in relation to the marriage / civil partnership or parental responsibility arrangements that an individual family may have

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

Article 3 - Best Interests of the Child *Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.*	The best interests of infants requiring neonatal care will be at the forefront of all decision making. There are mitigations in place to ensure the continued ability to provide safe and effective neonatal care at all care (special / high dependency/ intensive care) levels
Article 6 & 19- Life, Survival and Development & Protection *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.*	There are mitigations in place to ensure the continued ability to provide safe and effective neonatal care at all care (special / high dependency/ intensive care) levels Mitigations include, but are not limited to , the utilisation of a robust local capacity escalation plan , involvement of the national Perinatal MCN and SCOTSTAR for cot location/transfer and an increase above baseline staffing levels for the duration of the planned estates works.
Article 12 & 13 – Respect for Children's Views and Access to Information *Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.*	This has limited applicability for newborn infants. However, the parent(s)/carers of infants will be provided with all appropriate information in accessible formats Families/carers will continue to be able to access the support of the NHS Fife Patient Experience team should they wish to do so.
Article 22 & 30 – Refugee &/or Care Experienced Children *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).*	The impact for infants will not differ in relation to the refugee/settled status that an individual infant may have Any relevant Social Workers can be advised, within office hours, if the Neonatal team are made aware of their involvement
Article 23 – Disabled Children *Note: Disabled children should be supported in being an active participant in their communities.* *Think: Can disabled children join in with activities without their disability stopping them from taking part?*	Please see Q4 for full response on impacts relating to disability.
Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health *Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically*	There are mitigations in place to ensure the continued ability to provide safe and effective neonatal care at all care (special / high dependency/ intensive care) levels

and mentally. *Think: Clean environments, nutritious foods, safe working environments.*	Mitigations include, but are not limited to , the utilisation of a robust local capacity escalation plan , involvement of the national Perinatal MCN and SCOTSTAR for cot location/transfer and an increase above baseline staffing levels for the duration of the planned estates works.
Other relevant UNCRC articles: *Note: Please list any other* UNCRC articles *that are specifically relevant to your proposal.*	None known

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.

The planned estates works are urgently required to ensure the ability of NHS Fife to continue to provide safe and effective Neonatal care in the future. All decision making has been made against the background of the urgency and necessity of these works taking place.

Mitigations to minimise the impact of temporarily reduced local Neonatal care capacity are based on proven national perinatal/neonatal pathways of care for the safe placement and transfer of sick/pre-term infants, as described in *Recommendation 47 of "The Best Start : 5 year plan for Maternity and Neonatal care"* (Scottish Government: 2017).

Robust national pathways are already in place to manage the placement and transfer of pre-term/sick babies at times of additional care need or local Neonatal Unit capacity challenge. These pathways will be utilised to safely place and transfer any infants for whom the temporary reduction in local Neonatal Unit capacity means that appropriate care cannot be provided locally throughout the duration of the essential estates works.

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**	X

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?

A multi-professional working group of healthcare managers and local neonatal clinicians have been involved in the decision making process. Wider staff groups will be advised of the situation and mitigations in place via a formal communications strategy

The essential nature of the estates works has precluded any consultation with patient groups who will also be kept informed of the situation and mitigations in place via a formal communications strategy

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
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)	The conclusion is that impacts have been identified and mitigations put in place to minimise their potential effects. No further EQIA action required.
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.	
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.	
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.	

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	
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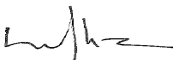
Signature	
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To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot