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

Maternity capacity impact due to temporary reduction in neonatal cot capacity.

Question 2a: Lead Assessor's details

Name	Pamela Galloway	**Tel. No**	01592 643355
Job Title:	Head of Midwifery and Nursing	**Ext:**	29441
Department	Women and Children	**Email**	Pamela.galloway@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 Leakage

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. The reduced cot capacity may result in the necessary In-Utero or Ex-Utero transfer of women and neonates to Maternity and Neonatal care facilities in other Health Boards. This is required to ensure provision of safe and effective Maternity and Neonatal care. This will impact on the

	ability for some pregnant women to safely birth within the maternity unit in NHS Fife. A recent analysis of local data, suggests this reduction in cots, will see an additional 3-4 women per week, transferred to another Board. To enable safe progression of these works the plan to commence reducing the cots will commence on the 17th April ahead of works commencing on the 27th April.

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 is the risk this will impact on any woman regardless of age. As advised in the Neonatal EQIA there are existing pathways for transfer of women who are either at risk of preterm birth <27 weeks: The Perinatal Management of Extreme Preterm Birth guideline and the Scottish Perinatal Network Pathway for In-Utero transfers in Scotland (2023) where mothers are transferred out to other Boards if no Neonatal capacity available in Fife. These pathways will be utilised to safely place and transfer any mother or neonate for whom the temporary reduction in local Neonatal unit capacity means that care cannot be provided in NHS Fife. All efforts will be made to try to place the mother and neonate in a neighbouring board as close to their home as possible. Families will continue to be able to claim travel and some subsistence costs to stay with/visit their infant in hospital through the national fund.
Disability – *Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	Understanding not all disabilities are visible, there is potential that this may have an impact, causing additional stress due to unfamiliarity of local area, if transferred out with Fife. This may have an impact on the person's ability to travel and cost implications. In the instance where there are more than one person at risk but required to only transfer one person, we would risk assess all impacts.

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.*	Language barriers may hinder communication. Efforts will be made to ensure that communications are effective for women and their families from all race/ethnicity groups and those for whom English is not their first language. Even if women 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*	There may be the potential risk of additional stress on families if separated, this could exacerbate a gender based violence relationship.
Sexual Orientation - *Think: lesbian, gay, bisexual, pansexual, asexual, etc.*	All women are cared for on an individualised basis, there are no additional risks identified.
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 women will not differ in relation to the religion / beliefs that they may have. Moving to a hospital away from home will result in women and their family being away from their usual places of worship / pastoral support. Women and their families will 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.*	All women are cared for on an individualised basis, there are no additional risks identified.
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 decrease in cot capacity will impact negatively on our ability to care for some women with multiple pregnancy, threatened/actual pre term labour and complex pregnancy. Due to the reduction in cot numbers, we will review any maternal admissions leading up to the cot reduction (from 17th April) then review on a case-by-case basis. This may mean that on occasion, dependant on cot capacity, we will need to in-utero transfer out any singleton pregnancy less than 32 weeks and multiple pregnancy less than 35 weeks gestation. Additional midwives will be required to support with these transfers. There is an increased risk

	out of hours when less staff are available to support. The focus will be to cover out of hours with an additional midwife. In addition the transfer of women will require close communication with SAS colleagues during this time.
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 women and their partner will not differ in relation to the marriage / civil partnership. The new changes to parental rights of parents of babies born <37 weeks will be entitled to 12 weeks additional paid leave per parent should support access.

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.*	Each case will be risk assessed to try and support the needs for the wider the family taking into consideration where possible best interests of any other children.
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.*	Mitigations are currently in place to ensure ability of providing the best possible care for both mother and baby. The current guidance aims to detail the specific, special considerations for the perinatal management (antenatal, intrapartum, peripartum) of a woman and her fetus at risk of extreme preterm birth <27weeks. This will be extended to <32 weeks for a singleton pregnancy and <35 weeks to a multiple pregnancy. This will include a risk assessment and prediction of risk of preterm birth, antenatal optimisation, communication of risk to parents.

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.*	Women and their family 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 women and their family will not differ in relation to the refugee/settled status that an individual may have.
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?*	This may have an impact on siblings of the baby causing additional stress due to separation from family if required to be transferred out with Fife.
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 and mentally.* *Think: Clean environments, nutritious foods, safe working environments.*	The impact will be the potential separation from family members with resulting childcare challenge/costs. Families are entitled to financial support, they do however have to pay initially and claim this money back. The new changes to parental rights of parents of babies born <37 weeks will be entitled to 12 weeks additional paid leave per parent should support.
Other relevant UNCRC articles: *Note: Please list any other* UNCRC articles *that are specifically relevant to your proposal.*	

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.

On the 26 March 2025 there was pipe leakage noted within the bay in NNU. EQUANS identified the need to repair/upgrade pipe work. There is a requirement to decommission 7 cots within NNU to allow EQUANS to repair/upgrade pipe works. Current guidance recommends any woman in preterm labour<37 weeks is transferred out either In-Utero or Ex-Utero to support with improving outcomes for babies born before 37 weeks gestation.

The temporary reduction in neonatal capacity will increase both neonatal and maternity transfer out, from NHS Fife. Recent analysis of local data has identified this may be 3-4 cases per week. Any woman presenting at less than 32 weeks with a singleton pregnancy and less than 35 weeks

with a multiple pregnancy who is at risk of giving birth, will be risk assessed. Each case will be assessed on an individual basis, taking into accounts risk factors and the safest option for both mother and baby. There will be joint discussions with Obstetric and Neonatal professionals, keeping the parents fully informed and involved in decision making.

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**	

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?

Wider staff, public and service users have not been involved due to short timeframe. Multidisciplinary meetings have been held weekly to identify risks and develop mitigation strategies.

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)	Mitigation and plan in place to support this work to be undertaken. Additional EQIAs for other services related to this will be undertaken and published accordingly.
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.	

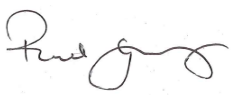
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)

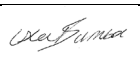
If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

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	
Name	Pamela Galloway
Email	Pamela.galloway@nhs.scot
Telephone (ext)	29941
Signature	
Date	15/04/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	16.4.25

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