

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 Paediatric bed 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	<p>A temporary reduction in in-patient Paediatric bed 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 in-patient Paediatric ward will be reduced by 3 beds. The capacity for High Dependency care and short-stay assessment will not be affected.</p> <p>The reduced bed capacity may, in extremis, result in the necessary transfer of some</p>
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	<p>infants/children/young people (and their families/carers) to Paediatric care facilities in neighbouring Health Boards to ensure provision of safe and effective Paediatric care.</p> <p>As ward occupancy, outwith the winter period, averages around 66%, the reduction of 3 beds (12% of ward capacity) is not considered to present a significant risk of patient transfer.</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>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>There will be potential negative impact on any/all infants/children/young people (age 0 – 16yrs / 18yrs in some individual circumstances) for the duration of these essential estates works (including preparatory and re-mobilisation phases)</p> <p>There is mitigation in place (both locally and via mutual aid support from neighbouring health boards) to reduce this potential healthcare impact.</p> <p>Given the time of year (spring time) and historical baseline occupancy patterns it is hoped that any need for mitigation of capacity challenges will be minimal.</p> <p>Under the 'business as usual' model local pathways are already in place to internally manage Paediatric in-patient placement during periods of ward capacity challenge. Should this be required to be implemented there may be some disruption to planned activity/ day surgery within the Paediatric Ambulatory care department, but it is considered that the risk of any such disruption is minimal.</p> <p>In extremis, it may be that Paediatric healthcare cannot be provided locally for a small number of infants/ children/young people. In this circumstance mitigation will be through mutual aid from neighbouring Health Boards, enabling the transfer of infants/children/young people to inpatient facilities in neighbouring boards. Other health boards will be made aware of the potential for an ask for placement of infants/children/young people from Fife during the duration of the essential estates works.</p>

	<p>Should any children require transfer during this period, efforts will be made to try to place the child in a neighbouring board as close to their home as possible. However, the final destination may, of necessity, be determined by available capacity within neighbouring units.</p> <p>Families will continue to be able to claim travel and some subsistence costs to visit their child in hospital through the national fund.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>The impact for infants/children/young people will not differ in relation to any disability that an individual may have.</p> <p>Wherever possible a needs assessment will be undertaken on an individual patient basis regarding impacts of placing patients with disability in other boards. This will be undertaken to include consideration of aspects like familiarity with neighbouring boards. However, the final care destination will, of necessity, be determined by available capacity within local and neighbouring units</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>The impact for infants/children/young people will not differ in relation to their race or ethnicity.</p> <p>Efforts will be made to ensure that communications are effective for patients/parents/carers 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.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>The impact for infants/children/young people will not differ in relation to their sex/gender</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>The impact for infants/children/young people will not differ in relation to their sexual orientation or personal sexual identification</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></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The impact for infants/ children/young people will not differ in relation to the religion / beliefs that they, or their family/carer, may have.</p> <p>In the unlikely event of moving to a hospital away from home, patients/families/carers may find themselves placed away from their usual places of worship / pastoral support, but this will impact all transferred patients/families/carers equally. Patients/families/carers will, however,</p>

	be able to access Spiritual Care support in the health board that they have been transferred to.
Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i>	The impact for children/young people will not differ in relation to any gender reassignment/ transition process they may be experiencing.
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>Not applicable for the majority of infants/ children/young people.</p> <p>Appropriate care / placement of any pregnant young person will be discussed with the local Maternity service as per business as usual</p> <p>The needs of any pregnant parent will be considered when decisions regarding potential patient transfer are being made. However, the final care destination will, of necessity, be determined by available capacity within local and neighbouring units.</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>	The impact for infants/children/young people and their families/carers will not differ in relation to the marriage / civil partnership/ parental responsibility/ Looked After status arrangements that any individual patient 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 <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>The best interests of infants/children/young people requiring Paediatric 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 Paediatric healthcare. The care provided to children and young people will not be altered because of this change, however the location and/or environment it is delivered in may be subject to</p>

	change.
<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>There are mitigations in place to ensure the continued ability to provide safe and effective Paediatric healthcare</p> <p>Mitigations include, but are not limited to, the utilisation of a robust local capacity escalation plan and an increase above baseline staffing levels for the duration of the planned estates works.</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>Children/young people and their parent(s)/carers will be provided with all appropriate information in accessible formats. Children/families/carers will be involved in discussions around their potential transfer to a neighbouring health board. However, the final care destination will, of necessity, be determined by available capacity within local and neighbouring units.</p> <p>Patients/families/carers will continue to be able to access the support of the NHS Fife Patient Experience team should they wish to do so.</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 impact for infants/children/ young people will not differ in relation to the refugee/settled status that an individual patient may have</p> <p>Any transfers will be short-term which will have minimal impact on access to social work services – Paediatrics has an average length of stay of below 48hrs. Social Workers can be advised, within office hours, if the ward team are made aware of their involvement</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>Please see Q4 for full response on impacts relating to disability.</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>There are mitigations in place to ensure the continued ability to provide safe and effective Paediatric healthcare</p> <p>Mitigations include, but are not limited to, the utilisation of a robust local capacity escalation plan and an increase above baseline staffing levels for the duration of the planned estates works.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>None known</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.

The planned estates works are urgently required to ensure the ability of NHS Fife to continue to provide safe and effective Paediatric 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 Paediatric in-patient bed capacity are based on business as usual pathways for managing local Paediatric in-patient bed capacity

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
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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?

A multi-professional working group of healthcare managers and local 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.	

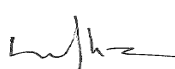
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)

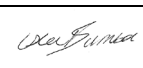
If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

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	
Date	15.04.25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Date	16.4.25

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