

Equality and Human Rights Impact Assessment for Maternity Services Staffing Level Tool

May 2026

Version 1.0

Name: Maternity Services Staffing Level Tool

Directorate: Nursing and Integrated Care

Team: Healthcare Staffing Programme

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Responsible manager: Lesley Macfarlane, Portfolio Lead

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Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](#) to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](#).
- Advance equality of opportunity between people who share a [protected characteristic](#) and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the [Fairer Scotland Duty](#) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with [UNCRC](#) requirements.
- If the work will impact islands communities please follow the guidance from Scottish Government here: [Island communities impact assessments: guidance and toolkit - gov.scot \(www.gov.scot\)](#). Island communities are included within this impact assessment template.

EQIA overview

Status	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>
Aim(s)	To ensure that the development of the new Maternity Staffing Level Tool aligns to the duties of the Health and Care (Staffing) (Scotland) Act 2019.	
Intended Outcome(s)	<p>To develop a contemporary staffing level tool for maternity services that will fulfil specific requirements within the below duty in the legislation:</p> <ul style="list-style-type: none"> The Common Staffing Method (12IJ) <p>In addition, within the duties (12IR) Healthcare Improvement Scotland (HIS) is:</p> <ul style="list-style-type: none"> responsible for the monitoring and development of staffing level tools monitoring the effectiveness of any staffing level tool or professional judgement tool which has been prescribed by the Scottish Ministers under section 12IJ (3) (including any new or revised tools which have been developed under this section) 	

Is there specific relevance for children and young people?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are island communities included in the work?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Advancing equality

Age	The development of the new maternity tool and associated data collection will encompass contemporary midwifery care across all age groups and therefore will incorporate and consider Public Health Scotland data (March 2023) that shows an upward trend in maternal age with women aged 35 years and older as well as teenage pregnancy rates which have reduced in the last decade. The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.
Positive impact	Yes
Negative impact	No
Neutral impact	No

Care Experience	Healthcare Improvement Scotland is named as a corporate parent under the Children and Young People (Scotland) Act 2014 . You can find information and working examples of what this means for us in our Children’s Rights Report or by speaking to a member of our Children and Young People Working Group about our Corporate Parenting Action Plan.
Positive impact	No
Negative impact	No
Neutral impact	No

Disability	<p>Maternity care is individualised around each woman and any clinical, social, physical, and psychological needs she may have. The revised pathway as part of the Best Start programme facilitates a closer relationship between a woman and her midwife throughout her pregnancy journey, which may be of particular importance for disabled women, and women with long-term health conditions which may not be classed as a disability but still require consideration.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be</p>
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	captured within the levels of care and associated data collection.
Positive impact	Yes
Negative impact	No
Neutral impact	No

Gender Reassignment	<p>The term ‘women’ has been used currently throughout the two Pathways for Maternity Care documents, as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of the documents, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.</p> <p>No element of the maternity tool will adversely impact service users because of gender reassignment.</p>
Positive impact	No
Negative impact	No
Neutral impact	Yes

Marriage and Civil Partnership	Any references to partners within the maternity tool is intended to be inclusive of married couples or those in a civil partnership. This includes all sexual orientations and genders.
Positive impact	No
Negative impact	No
Neutral impact	No

Pregnancy and Maternity	The maternity tool will affect all pregnant women and women who have recently given birth and should have a positive impact. The maternity tool is being developed by subject matter experts as part of an expert working group, and not only reflects national drivers and guidelines, alongside local guidelines, and emphasises the importance of individualised person-centred care. This encourages equity of service across the Health Boards in relation to the
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	<p>outcomes of the tool implementation especially within the recommended whole time equivalent.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p>
Positive impact	Yes
Negative impact	No
Neutral impact	No

Race	<p>In light of the philosophy of the Best Start Programme is that care is individualised around each woman. This is based on the Getting it Right for Every Child (GIRFEC) principle, which takes account of the wellbeing and specific needs of women throughout pregnancy and birth. This will be enabled through continuity of care from the midwife. The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p> <p>This may have a positive impact on women from ethnic minority groups, and we do not expect that it will have a negative impact.</p>
Positive impact	No
Negative impact	No
Neutral impact	Yes

Religion or Belief	<p>Different religions or belief systems may have culturally specific beliefs around pregnancy and birth and have a right to continue to express their identity when receiving maternity care.</p> <p>A key element of the care provided to the woman is on an individualised and 'whole person' approach. This facilitates a closer relationship between a woman and her midwife across her pregnancy journey. Through this relationship, midwives will be able to deliver appropriate care, which factors in a woman's religion and belief.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be</p>
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	captured within the levels of care and associated data collection.
Positive impact	No
Negative impact	No
Neutral impact	Yes

Sex	<p>As the tool is based upon the provision of maternity care, women will be affected directly, as the primary recipients of individualised maternity care.</p> <p>Nevertheless, maternity care is inclusive of fathers, partners, co-parents, and other family members who are actively encouraged and supported to become an integral part of all aspects of maternal and newborn care.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p>
Positive impact	Yes
Negative impact	No
Neutral impact	No

Sexual Orientation	<p>The term 'women' is used currently throughout Maternity Care, as this is the way that the majority of those who are pregnant and having a baby will identify. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. References to partners is intended to be inclusive of all sexual orientations and genders.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p>
Positive impact	No
Negative impact	No
Neutral impact	Yes

Socio-economic	<p>The person-centred and individualised focus of the tool development is designed to address the specific needs of not only the mother but the whole family. Midwives will coordinate care around the woman, and liaise with other professionals as required, including health visitors and family nurses. Postnatal care will be tailored to any social requirements, and the number of postnatal visits can be adapted to suit the particular needs of mother and baby. We expect this may have a positive impact on poverty, through increasing access and engagement with other services.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p>
Positive impact	Yes
Negative impact	No
Neutral impact	Yes

Island communities	<p>National drivers such as Best Start has the ambition to deliver care closer to home wherever possible, including the use of technology where appropriate, which may be beneficial for women living in remote and rural communities. The maternity tool is being developed by subject matter experts including those based within the Scottish Island Boards as part of an expert working group. This encourages and supports equity of services across the Health Boards in relation to the outcomes of the tool implementation and especially within the recommended whole time equivalent.</p> <p>The maternity tool supports this and will be utilising care delivery on an individualised basis and therefore be captured within the levels of care and associated data collection.</p>
Positive impact	Yes
Negative impact	No
Neutral impact	No

Overcoming negative impacts

Protected characteristic	Actions	Person responsible
All characteristics	Not Applicable (NA)	
Age	NA	
Care experience	NA	
Disability	NA	
Gender reassignment	NA	
Marriage/civil partnership	NA	
Pregnancy and maternity	NA	
Race	NA	
Religion or belief	NA	
Sex	NA	
Sexual orientation	NA	
Socio-economic	NA	
Island communities	NA	

Impact rating

Impact Rating Key

- **Low** There is little or no evidence that some people are (or could be) differently affected by the work.
- **Medium** There is some evidence that people are (or could be) differently affected by the work.
- **High** There is substantial evidence that people are (or could be) differently affected by the work

Protected characteristic	Low	Medium	High
Age	X		
Care experience	X		
Disability	X		
Gender reassignment	X		
Marriage/civil partnership	X		
Pregnancy and maternity	X		
Race	X		
Religion or belief	X		
Sex	X		
Sexual orientation	X		
Socio-economic	X		
Island communities	X		

Appendix A

UNCRC Checklist

UNCRC Right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted?
3. Best interests of the child			
4. Making rights real			
5. Family guidance as children develop			
6. Life, survival and development			
7. name and nationality			
8. identity			
9. Keeping families together			
10. Contact with parents across countries			
11. Protection from kidnapping			
12. Respect for children's views			
13. Sharing thoughts freely			
14. Freedom of thought and religion			

15. Freedom of association and peaceful assembly			
16. Protection of privacy			
17. Access to information			
18. Responsibility of parents			
19. Protection from violence			
20. Children without families			
21. Children who are adopted			
22. Refugee children			
23. Disabled children			
24. Enjoyment of the highest attainable standard of health			
25. Review of a child's placement			
26. Social and economic help			
27. Food, clothing and safe home			
28. Access to education			
29. Aims of education.			

30. Minority culture, language and religion			
31. Rest, play, culture, arts			
32. Protection from harmful work			
33. Protection from harmful drugs			
34. Protection from sexual abuse			
35. Prevention from sale and trafficking			
36. Protection from exploitation			
37. Children in detention			
38. Protection in war			
39. Recovery and reintegration			

EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager rosie.tyler-greig@nhs.scot

Project lead	Sandra Blades, Senior Programme Advisor, HIS
Sign-off date	18 December 2024