



EQUALITY IMPACT ASSESSMENT NHS TAYSIDE DIGITAL STRATEGY

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| Manager Laic Khalique | Group Digital Directorate |
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| Established October 2020 | Last updated August 2021 | Review / Expiry August 2022 |
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UNCONTROLLED WHEN PRINTED

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Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

NHS Tayside Digital Strategy

Lead Director or Manager:

Laic Khalique, Director of Digital Technology, NHS Tayside

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The strategy lays out our ambition over the next five years to develop digitally powered services that will help the communities of Tayside live longer, healthier and happier lives.

The strategy aims to put our Tayside communities in control of their own health and care journeys. This means providing patients with all the relevant information they need to make informed decisions about their care and lifestyle, building patient confidence and helping them improve their health outcomes without putting additional strain on our essential public services.

The strategy aims to help patients get the right care in the right way for them. As well as providing visibility over care options we will expand new channels to access care through remote or online consultations.

We will ensure as integral to the strategy accessibility in all ways when designing solutions, accommodating different levels of experience, disabilities and device ownership. We will facilitate carer and proxy access while ensuring safety and privacy.

In addition to supporting patients access the right care, digital technology will improve its quality and timeliness. These capabilities will allow health and social care staff to enhance the pace and quality of care delivered; and access to a single, comprehensive view of patient data and will improve speed and accuracy of decision making. Further, these capabilities will also support our ambitions around Connected Services and Enhanced decision-making by allowing health and social care staff to more effectively access the right information and functionalities across different levels of care.

We want to provide patients and staff with a complete view of where patients are in the system and improve our ability to predict where future demand will come from in order to help us plan capacity and cope with the growing demand for care in Tayside.

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**Description of the Policy, Service Improvement, Redesign or Strategy –
What is it? What does it do? Who does it? And who is it for?**

The Strategy outlines five key areas:

- Improving Decision Making
- Helping Staff Do Their Job
- Empowering Patients
- Connecting Services
- Building Closer Partnerships

It is intended to encompass both NHS Tayside workforce, patients and their care and support network and the wider health and social care community.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The strategy builds on an ongoing commitment to improving healthcare outcomes. The Transforming Tayside agenda has defined Tayside's priorities to 2022. The strategy looks to support these priorities and take them even further, including:

- Improving access to high-quality care and the reduction of waiting times
- Stepping up the pace of integration and improving the effectiveness of our partnerships
- Improving access to Mental Health Services
- Improving access to Primary Care Services
- Delivering new digitally enabled clinical pathways

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

The Digital Director and the Senior Management team will be responsible for developing a robust Delivery Programme, with individual programmes that may impact equality and diversity. Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme and make these available.

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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 1.1 | <p>Will it impact on the whole population? Yes</p> <p>If yes will it have a differential impact on any of the groups or protected characteristics identified in 1.2.</p> <p>If no go to 1.2 to identify which groups or protected characteristics could be affected</p> | <p>Services will be developed with the aim of empowering the Tayside population with the knowledge they need to make more informed decisions about their care, making them feel included and in control. We believe that real-time solutions and ability to remotely monitor their health status is likely to encourage patients to make healthier choices; this includes round the clock visibility of vital metrics and new ways to engage with health and social care professionals will enable patients and carers to access the right care at the right time.</p> <p>Clinicians can also use this richer source of information, unique to each patient to deliver more personalised care.</p> <p>Patients' contribution to their health record will lead to a reduction in the time spent by clinicians and nurses manually capturing data, and instead this time can be dedicated to interacting with the patient. And as more and more patients adopt this</p> | | <p>Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme</p> |

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| | | <p>digital care model, we anticipate a decline in the footfall in hospitals, which will in turn free up capacity and staff time and enabling them to focus on areas of greatest need.</p> <p>Through our Patient Ownership services, we will help patients understand their treatment options available to them at any given point in time, and in the case of ongoing treatment or consultation, where they are in the process.</p> <p>We are committed to the equity of healthcare across NHS Tayside. We will, therefore, enable proxy access where needed (carers and family), as this is a fundamental principle to provide digital navigators the tools to assist those who can't access digital services or don't know how, or provide non-digital routes to care services if needed.</p> | | |
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SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 1.2 | <ul style="list-style-type: none"> • Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) • Sex - Women and men • Religion/Belief - People in religious / faith groups • Disability - Disabled people • Age - Older people, children and young people • LGBT - Lesbian, Gay, Bisexual and Transgender people • Gender Reassignment • Pregnancy/Maternity • People with mental health problems • Homeless people • People involved in criminal justice system • Staff • Socio-economically deprived groups | <p>The policy specifically addresses equality issues across the Tayside area with a particular focus on members of our community with protected characteristics. To this end, we have following a period of engagement, agreed ten principles which will guide key programmes of work.</p> <p>The spirit of these principle's is about putting our communities at the centre of decisions we make about digital technology. We don't want people to think of digital as something that happens to them but as something that helps them do what they need to do.</p> <p>We will make sure that every partner we work with embodies these principles. We will hold each other to account for these principles openly and transparently. Every day the care system faces new challenges and new opportunities. These principles will ground us as new digital technologies become available</p> | <p>To ensure that this strategy is equitable for all staff and patients, we have been guided by NHS Scotland's Staff Governance Standard.</p> <p>To deliver this, we have agreed an approach to delivery that ensures staff and patients are actively involved in design and development, that they are supported with training and development, and that the diversity of their needs is properly recognised and supported.</p> | <p>Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.</p> |
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| | | <p>to make sure we stay true to our commitments while recognising new opportunities.</p> <p><i>Our principles are:</i></p> <ol style="list-style-type: none"> 1) We won't leave anyone behind regardless of differences in access to devices or experience with digital technology 2) We will put security, privacy and patient safety first when designing digital technology 3) We will make sure that existing technology and resources are used to make effective use of existing capabilities and resources 4) We will work with Regional and National Groups and take the lead when we need to | | |
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| | | <p>5) We will work closely with partners in the public and private sectors</p> <p>6) We recognise that everyone has different needs, and we will work together to address them</p> <p>7) We will take responsibility as a whole organisation for digital technology, helping our colleagues and patients make best use of it</p> <p>8) We recognise the value of data and evidence and use it to guide our decisions</p> <p>9) We will design digital technology alongside the community that will actually use it</p> <p>10) We will provide staff and patients with the training and support so they can use digital technology to</p> | | |
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| | <p>Neurodivergent Groups</p> | <p>provide the highest quality of care</p> <p>Any new digital programme of work that impacts both staff and our community will take into account the skills, strengths and barriers associated with the neurodiverse conditions. Research shows 1 in 10 people in Scotland are neurodivergent. There is a great opportunity to help meet the specific needs of this group by encouraging and supporting greater involvement of neurodivergent individuals at all stages of the new programme development. We understand that there is a 'propensity for neurodivergent individuals to be stereotyped according to the more well-known characteristics of their condition and will work to ensure strategy and decision makers are supported to help them understand neurodiversity and how it can help and indeed also hinder access to digital services.</p> | <p>Neurodiversity in Digital Technology Summary Report, Digital Scotland.</p> | <p>As a Directorate we will work towards developing awareness-raising sessions, introducing case studies, and engaging with experts and involving staff and community members with a range of disabilities who can support us in this area so that we are better equipped with information and examples of the sorts of adjustments that we could make to ensure that any new digital initiative is suitable for neurodivergent individuals. This includes making it clear that even person-centred adjustments are quite minor, not disruptive and they are quick, easy and inexpensive to implement. Where this is not possible, we will introduce mitigation measures.</p> |
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| | | | | This should include access to training and information for the wider workforce about creating a supportive, non-judgemental culture that recognises and actively welcomes diversity and demonstrates inclusiveness. |
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| 1.3 | <p>Will the development of the policy, strategy or service improvement/redesign lead to? -</p> <ul style="list-style-type: none"> • Direct or Indirect discrimination • Unequal opportunities • Poor relations between equality groups, people with a protected characteristic(s) and other groups • Other | <p>No - this strategy makes additional provision for flexibility for example in terms of managing people's health remotely in a more self-management /proactive service offering. The high-level strategy aims are designed to have a positive effect on the targeted conditions.</p> <p>It will also enable new ways of interacting with health and social care professionals in managing the effects of various health related conditions, avoiding the need for face-to-</p> | | Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme. |

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| | | face engagement where appropriate. This will be complementary to traditional services ensuring any impact from an equality perspective is mitigated. | | |
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SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11. (ECHR: European Convention on Human Rights)

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 2.1 | On Life (Article 2, ECHR) <ul style="list-style-type: none"> • Basic necessities such as adequate nutrition, and safe drinking water • Suicide • Risk to life of / from others • Duties to protect life from risks by self / others • End of life questions | N/A | | |
| 2.2 | On Freedom from ill-treatment (Article 3, ECHR) <ul style="list-style-type: none"> • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, | N/A | | |

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| | <ul style="list-style-type: none"> Investigation of reasonably substantiated allegations of serious ill-treatment Dignified living conditions | | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 2.3 | On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> Detention under mental health law Review of continued justification of detention Informing reasons for detention | N/A | | |
| 2.4 | On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> Staff disciplinary proceedings Malpractice Right to be heard Procedural fairness Effective participation in proceedings that determine rights such as employment, damages / compensation | N/A | | |

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| 2.5 | <p>On Private and family life (Article 6, ECHR)</p> <ul style="list-style-type: none"> • Private and Family Life • Physical and moral integrity (for example freedom from non-consensual treatment, harassment or abuse) • Personal data, privacy and confidentiality • Sexual identity • Autonomy and self-determination • Relations with family, community • Participation in decisions that affect rights • Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making • Clean and healthy environment | <p>The Digital Strategy aims to have a positive impact on Private and Family Life by introducing flexible and agile working enabling staff to have greater choice and flexibility in terms of place of work. The aim is wherever possible to impact positively in areas such as autonomy and self-determination, flexibility in terms of childcare and family life and family and community relations.</p> <p>As highlighted in section 1, we are committed to the equity of healthcare across NHS Tayside. We will, therefore, enable proxy access where needed (carers and family), as this is a fundamental principle to provide digital navigators the tools to assist those who can't access digital services or don't know how, or provide</p> | | <p>Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.</p> |

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| | | <p>non-digital routes to care services if needed. We will where appropriate ensure that any privacy and confidentiality issues are mitigated in case of proxy access by detailed engagement with impacted patients and assistance of confidential NHST staff to facilitate confidential access.</p> <p>This, in addition to remote appointments aims to reduce unnecessary travel, reducing carbon emissions and promoting a clean and healthy environment.</p> | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 2.6 | <p>On Freedom of thought, conscience and religion (Article 9, ECHR)</p> <ul style="list-style-type: none"> To express opinions and receive and impart information and ideas without interference | N/A | | |

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| 2.7 | On Freedom of assembly and association (Article 11, ECHR) <ul style="list-style-type: none"> Choosing whether to belong to a trade union | N/A | | |
| 2.8 | On Marriage and founding a family <ul style="list-style-type: none"> Capacity Age | N/A | | |
| 2.9 | Protocol 1 (Article 1, 2, 3 ECHR) <ul style="list-style-type: none"> Peaceful enjoyment of possessions | N/A | | |

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SECTION 3 – Health Inequalities Impact
Which health and lifestyle changes will be affected?

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|--|--|--|--|
| 3.1 | <p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet & nutrition • Exercise & physical activity • Substance use: tobacco, alcohol or drugs • Risk taking behaviours • Education & learning or skills • Other | <p>The strategy aims to provide additional flexibility in terms of managing people’s health remotely in a more self-management /proactive service offering. Individual pathways will be designed to have a positive effect on the targeted conditions and underlying Public Health initiatives in relation to:</p> <p>Diet & nutrition Exercise & physical activity Substance use: tobacco, alcohol or drugs Risk taking behaviours Education & learning or skills.</p> <p>It will also enable new ways of interacting with health and social care professionals in managing the above, avoiding the need for face-to-face engagement where appropriate. It is intended that</p> | | |

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| | | <p>patients will be able to access relevant self-management information and support, reducing inequalities that are related to lifestyle and deprivation.</p> <p>By having the use of multi-channel communications, we intend to bring a more wide-ranging offering to those who wish to engage in smoking cessation, diet management, substance abuse services etc.</p> <p>The self-monitoring capability of our proposed services will support patients and potentially reduce the requirement to travel to appointments.</p> <p>“For some disabled and/or older people, however, digital methods may provide opportunities to participate without the common barriers of having to travel far or sit/stand for long periods of time” (Edwards 2001).</p> <p>Some groups of people may benefit more than others</p> | | |
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| | | depending on technology accessibility and we will assess and mitigate these. | | |
| 3.2. | <p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid/unpaid) • Social/family support • Stress • Income | <p>Yes - Tayside has a population that covers both rural and urban areas. Our strategy aims to reduce the need for both patients and staff to travel, reducing travel costs and associated financial costs. In addition, reducing the stress of long journeys or other exposure impact in Acute or Primary Care settings, enabling much more opportunities for flexible and remote working patterns.</p> | | |

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| 3.3 | <p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions • Working conditions • Pollution or climate change • Accidental injuries / public safety • Transmission of infectious diseases • Other | <p>Yes - our aim is to provide more of our services within the community, reducing the impact of long journeys and associated implications of pollution and climate change. Less travel into acute centres will also reduce the risk associated with transmission of infectious diseases.</p> | | |
| 3.4 | <p>Will the function, policy or service change affect access to and experience of services?</p> <ul style="list-style-type: none"> • Healthcare • Social services • Education • Transport • Housing | <p>Yes - our aim is to ensure that we achieve much greater access to health and social care services across Tayside. Connecting services bridges the gaps between different types of care making sure that health and social care professionals can access the right information and those patients receive consistent support. Building closer partnerships with Local Authorities, 3rd Sector</p> | | |

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| | | partners, academia, private enterprise and regional and national groups will allow us to play to our strengths to make the strategy a reality. | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 3.5 | <p>In relation to the protected characteristics and groups identified:</p> <ul style="list-style-type: none"> • What are the potential impacts on health? • Will the function, policy or service change impact on access to health care? If yes - in what way? • Will the function or policy or service change impact on the experience of health care? If yes – in what way? | <p>Remote monitoring and greater patient awareness of long terms conditions and self-management will all positively impact health. However, as with all technology driven strategies there may be impacts of groups with protected characteristics. For example, some patients may have limited access to Wi-Fi. Phone consultations could still be an option, these would have to be reviewed on patient-by-patient basis This will be beneficial as could minimise travel costs to appointments, and potentially avoid taking time off work or managing difficult childcare arrangements. This could</p> | <p>The Connecting Scotland programme aims to provide a national, human-centred, consistent and comprehensive approach to reducing the rates of digital exclusion and digital marginalisation. The programme aims to bring 50,000 people – particularly those on low incomes – into the digital world by the end of 2021. Further details on this programme can be found via the link below: Further details on this programme can be found via the link below: https://www.gov.scot/news/connecting-scotland-1/</p> | <p>Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme and to ensure that mitigation is put in place.</p> |

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| | | <p>have a potentially positive impact on women who are still the primary carers of children.</p> <p>Around 3.9m or 88% of people in Scotland have used apps on mobiles, tablets or other digital devices. Those who are most likely to be digitally excluded are people and families on low incomes, people from ethnic minority communities, and those with additional challenges such as disabled people, those who have a communication difficulty, sensory impairment, those shielding and older people. People who live in remote and rural communities may also suffer from access to the internet. Those people who are digitally excluded are disproportionately disadvantaged due to the extensive role digital plays supporting people to flourish in educational, economic, social, employment, access to services, and wellbeing terms.</p> | | |
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SECTION 4 – Financial Decisions Impact
How will it affect the financial decision or proposal?

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| 4.1 | <ul style="list-style-type: none"> • Is the purpose of the financial decision for service improvement/redesign clearly set out? • Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at? | N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA | | |
| 4.2 | <ul style="list-style-type: none"> • Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making • Have you identified methods for mitigating or avoiding any adverse impacts on equality groups? • Have those likely to be affected by the financial proposal been consulted and involved | N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA | | |

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| 5. | Involvement, Engagement and Consultation (IEC) 1) What existing IEC data do we have? <ul style="list-style-type: none"> • Existing IEC sources • Original IEC • Key learning 2) What further IEC, if any, do you need to undertake? | N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA | | |

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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 6. | <p>Have any potential negative impacts been identified?</p> <ul style="list-style-type: none"> If so, what action has been proposed to counteract the negative impacts? (if yes state how) <p>For example:</p> <ul style="list-style-type: none"> Is there any unlawful discrimination? Could any community get an adverse outcome? Could any group be excluded from the benefits of the function / policy? <p>(Consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> Does it reinforce negative stereotypes? <p>(For example: are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)</p> | <p>YES - this is a strategy document; it is intended that each programme will have a business case with full financial consideration and accompanying EQIA which will address any potential negative impacts of each programme in detail and offer mitigation.</p> | | |

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| 7. | <p>Data and Research</p> <ul style="list-style-type: none"> • Is there a need to gather further evidence / data? • Are there any apparent gaps in knowledge / skills? | Further relevant evidence will be sought as part of each programme and accompanying EQIA |
| 8. | <p>Monitoring of Outcome(s)</p> <ul style="list-style-type: none"> • How will the outcome(s) be monitored? • Who will monitor? • What criteria will you use to measure progress towards the outcome(s)? | Full assessment of outcomes will be sought as part of each programme and accompanying EQIA. These will be monitored by the relevant SRO. All programmes will be assessed against the context of our legislative obligations from an equality perspective ensuring each programme is shaped at the outset by the output of the EQIA. |
| 9.. | <p>Recommendation(s)</p> <p>State the conclusion of the Equality Impact Assessment and any recommendation(s)</p> | <p>It is intended that the Strategy will have a positive impact by contributing to the general equality duty by –</p> <ul style="list-style-type: none"> • Eliminating unlawful discrimination • Promoting equal opportunities • Promoting relations within the equality group • Allowing greater access to healthcare information • Empower people to engage with their health and social care • Empower health and care professionals to provide more effective person-centred decisions • Develop services that support patient ownership collaboratively with health and care providers to ensure information is relevant, appropriate and safe <p>We are committed to the equity of healthcare across Tayside. We will, therefore, enable proxy access where needed (for example, carers and family), provide digital navigators to assist</p> |

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| | | <p>those who can't access digital services or don't know how, or provide non-digital routes to care if needed.</p> <p>Patient education is a core aspect of the delivery of this ambition. We already have a successful NHS Tayside translation service, including BSL and will seek to build upon its success by incorporating it in future pathways.</p> <p>We will invest in training programmes and communication campaigns to ensure our patients understand the clear distinction between their responsibilities and those of their health and care providers.</p> <p>Through our Patient Ownership Services, we will help people understand their care and treatment options available to them at any given point in time, and in the case of ongoing consultation or treatment, where they are in the process.</p> <p>Safely delivering tools and services that support Patient Ownership requires a deep understanding of the potential risks associated with providing patients' information without direct health and social care professional support. Services that support patient ownership will be developed collaboratively with care providers to ensure information is relevant, appropriate and safe.</p> <p>Patient Ownership is primarily supported by patient facing applications. Digital self-service tools will allow patients establish initial contact and perform certain tasks digitally; for example, to book appointments, patient self check-in at appointments and participate in video consultations. We will create a patient platform that will bring together patients' health and social care data and will allow them to view and add to their electronic care records, communicate with health and social care providers, and understand their care plans and see where they are in their care pathway and what will happen next.</p> <p>We will also build remote monitoring capabilities that will enable self-monitoring at homes other setting. We will work across our community and social care partners to scale and use</p> |
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| | | this service across Tayside specially to detect variance condition and proactively provide interventions |
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| 10. | <p>Completed function/policy</p> <ul style="list-style-type: none"> • Who will sign this off? • When? | <p>Laic Khalique, Director of Digital Technology, NHS Tayside On publication of final document.</p> |
| 11. | <p>Publication –</p> <p>Where will it be published and who has responsibility to publish it?</p> | <p>Alongside the Tayside Digital Strategy 2022-27. Responsibility will lie with the Director of Digital NHS Tayside</p> |

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Summary Sheet: Outcome of Equality Impact Assessment

| Positive Impacts (Note the groups affected) | Negative Impacts (Note the groups affected) |
|---|--|
| <ul style="list-style-type: none"> • Children and young people • Adults • Older People • Disability • Race/Ethnicity • Gender • Alleviating poverty and deprivation. | <p>As with all technology driven strategies there may be impacts of groups with protected characteristics. For example, , some patients may have limited access to Wi-Fi. Phone consultations could still be an option. Would have to be reviewed on patient-to-patient basis.</p> <p>This will be beneficial as could minimise travel costs to appointments, and potentially avoid taking time off work or difficult childcare arrangements.</p> <p>Around 3.9m or 88% of people in Scotland have used apps on mobiles, tablets or other digital devices. Those who are most likely to be digitally excluded are people and families on low incomes, people from ethnic minority communities, and those with additional challenges such as care leavers, disabled people, those who have a communication difficulty, sensory impairment, those shielding and older people. People who live in remote and rural communities may also suffer from access to the internet.</p> <p>Those people who are digitally excluded are disproportionately disadvantaged due to the extensive role digital plays supporting people to flourish in educational economic, social, employment, access to services, and wellbeing terms.</p> <p>We will, therefore, enable proxy access where needed (for example carers and family), provide digital navigators to assist those who can't access digital services or don't know how, or provide non-digital routes to care if needed.</p> |
| <p align="center">What if any additional information and evidence is required?</p> <p>Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.</p> | |
| <p>From the outcome of the Equality Impact Assessment what are your recommendations? (refer to questions 5 - 10)</p> | |

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We recommend adopting this Digital Strategy for Tayside.

We have a vision of people being able to take control of their health, making informed decisions and interacting with providers in the way that allows them to make more informed decisions about their care, making them feel included and in control, building confidence in knowing how, when and where to access the care they need; of staff being supported with all the right information they need; We will not just help staff by providing the right information, we will create intuitively designed tools that are quick and easy to operate, and we will save staff time by digitising repetitive tasks or automating them all together.

We recognise that just as digital has the power to empower our communities, it can also exclude people. That is why we won't take a 'one size fits all' approach. We won't assume that everybody has the latest device or that navigating systems are second nature. Each individual programme of work therefore will have a comprehensive EQIA and we will take mitigating action to prevent any unintended consequences from an Equality perspective.

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

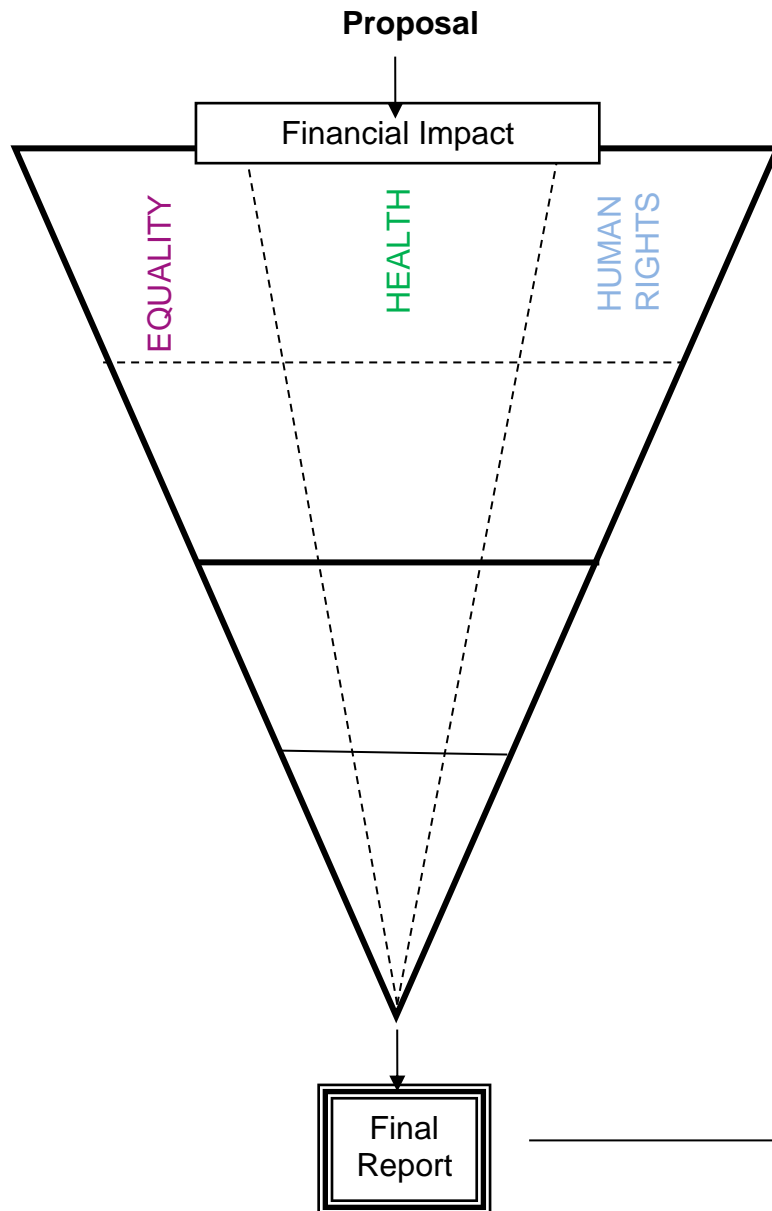
Manager's Signature

Date

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The Equality Impact Assessment Process

Appendix 2



Establish Proposal Timeline

- 1. PREPARATION**
 Establish steering or policy / project group and develop introductory narrative – Complete Section 1, part A & B
- 2. SCOPING**
 Meaningful involvement of key stakeholders. Identify affected populations and any potential impacts
- 3. PRIORITISATION**
 Impacts / research questions narrowed based on relevance to equality, human rights, health inequalities scope and other criteria
- 4. APPRAISAL**
 Evidence is gathered for the prioritised list of impacts and research questions
- 5. RECOMMENDATION**
 Make recommendations on the outcomes of the appraisal process
- 6. CONSULTATION AND REPORTING**
 Arrangements for consulting on final report and ensuring recommendations inform decision making. Monitoring arrangements also established

Scoping Report

Final Report

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NHS TAYSIDE – POLICY APPROVAL CHECKLIST

This form must be completed by the Policy Manager and this checklist must be completed and forwarded with the policy to the Executive Team, Clinical Quality Forum or Area Partnership Forum for approval and to the appropriate Committee for adoption.

POLICY AREA: **FINANCE & GOVERNANCE**
 POLICY TITLE: **EQUALITY IMPACT ASSESSMENT POLICY**
 POLICY MANAGER: **SANTOSH CHIMA**

| | | | |
|---|---|---|---|
| Why has this policy been developed? | | To comply with the Law, all policies are required to be equality impact assessed to ensure that there is no unlawful discrimination and there is equality of opportunity in accessing our services for people with a protected characteristic(s) | |
| Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation. | | Yes – The Equality Act 2010: Statutory, (specific duties (Scotland) Regulations May 2012) | |
| Has a risk control plan been developed and who is the owner of the risk? If not, why not? | | Policy is required to mitigate risk and as part of a robust system of internet control | |
| Who has been involved/consulted in the development of the policy? | | The Document Development, Review and Control Policy Group | |
| Has the policy been Equality Impact Assessed in relation to? | | NO because this is the Policy for The Equality Impact Assessment process | |
| Age Disability Gender Reassignment Pregnancy/Maternity Marriage and Civil Partnership Race/Ethnicity Religion/Belief Sex (men and women) Sexual Orientation | Please indicate Yes/No for the following: N/A | People with Mental Health Problems Homeless People People involved in the Criminal Justice System Staff Socio Economic Deprivation Groups Carers Literacy Rural Language/Social Origins | Please indicate Yes/No for the following: N/A |
| Does the policy contain evidence of the Equality Impact Assessment Process? | | N/A | |
| Is there an implementation plan? | | Yes – guidance will be issued via a Vital Signs | |
| Which officers are responsible for implementation? | | Santosh Chima, Diversity and Inclusion Manager | |
| When will the policy take effect? | | Immediately | |
| Who must comply with the policy/strategy? | | Those with responsibility for developing policies, service improvement/ redesign | |

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| How will they be informed of their responsibilities? | Communications through vital Signs, Policy Tracker Tool and Policy Staffnet Page |
| Is any training required? | Yes |
| If yes, attach a training plan | No, because further work requires to be done on working up a training plan with Head of Skills and Knowledge |
| Are there any cost implications? | Yes – requires a training resource and tools to help deliver training |
| If yes, please detail costs and note source of funding | No source of funding identified yet – cost to be worked up |
| Who is responsible for auditing the implementation of the policy? | Policy Tracker Tool will identify those who have accessed the policy and completed the assessment questions correctly. |
| What is the audit interval? | Annually or when the policy is reviewed and revised. |
| Who will receive the audit reports? | Document Development Review and Control Policy Group |
| When will the policy be reviewed and provide details of policy review period (up to 5 years) | 2 years or if legislation change it requires to be revised. |

POLICY MANAGER: **Santosh Chima** DATE:
APPROVAL COMMITTEE TO CONFIRM: Directors Meeting
ADOPTION COMMITTEE TO CONFIRM: Finance and Governance Committee