

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [Equality@ggc.scot.nhs.uk](mailto:Equality@ggc.scot.nhs.uk) for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Active Clinical Notes Programme

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

*What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.*

The Digital Clinical Notes (DCN) programme has been established to implement the Active Clinical Notes functionality on TrakCare. Digital Clinical Notes will replace all patient paper notes and these will be recorded on TrakCare in alignment with the overall eHealth digital strategy and with NHS Scotland's Excellence in Care vision for data capture. TrakCare Active Clinical Notes enables a care provider to document an encounter with a patient and automatically produce a text representation of the information gathered and the actions taken. It is intended to be the main user interface for a care provider while conducting an encounter with a patient. DCN will be used to perform almost any action a care provider usually does during a patient visit and subject to speciality requirements.

*Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.*

There is an expectation that a move to Digital Clinical Notes from paper copies will bring significant benefit to record management across the organisation, improving efficiency through a standardised accessible system. From a patient perspective, DCN will improve mainstream capture of considerations relating to protected characteristics, facilitating appropriate adjustments like provision of communication support in advance of scheduled presentation. From a workforce perspective, DCN will transform dependence on paper copies, supporting clearer and easier recording and speeding up access.

While DCN is expected to bring benefit to all patient groups, an EQIA will allow us to identify any unanticipated impacts on protected characteristic groups and amend the design accordingly.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Ann McLinton	Date of Lead Reviewer Training: 2016
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Margaret Connelly Emma Henderson Chris Garbutt Pauline Bowes Lokesh Pandit Rowen Paton Brian Digby Hanzalah Ismail
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Within Trakcare a demographic section pre-exists where patient details are recorded This includes the following protected characteristic information:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender (sex)</li> <li>• Religion</li> <li>• Ethnicity</li> <li>• Interpreter requirements and language required</li> <li>• Written communication format</li> <li>• Marital status or civil partnership</li> </ul> <p>Within the nursing admission assessment 1 document there is inquiry about disability</p>	<p>Currently there is no provision for collection of gender reassignment and sexual orientation on Trakcare.</p> <p><b>ACTION:</b> scope out options for inclusion of Trans data in future design.</p> <p>Gender Pronouns not currently referred to in Trakcare.</p> <p><b>ACTION:</b> scope out options for Gender Pronouns to be included in future design</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Once demographic information is entered into Trakcare this is automatically retained on the system and visible to all healthcare and clerical staff.</p> <p>It is anticipated that the move to digitalised records will streamline recording of information in one place and afford opportunities to capture protected characteristic data and develop a more meaningful narrative about how, as a system, we can use this data to better understand service patterning by Protected Characteristics.</p>	<p>The DCN Project Team work closely with InterSystems (ISC) to feedback on current product design.</p> <p><b>ACTION:</b> Explore further opportunity for reporting of protected characteristics with eHealth Project Leads from Trakcare</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>There is potential within the electronic system to provide prompts to clinical staff that protected characteristics have been pre-populated on Trakcare.</p> <p>As the demographic aspects of the system is used across Scotland by different organisations the supplier takes learning into account from all areas using the system.</p>	<p>From previous evidence of missing and incomplete information from paper based and electronic systems - staff education and training on the importance of completing protected characteristics demographics will be included as a prompt when information is missing or incorrect. i.e. Clinical Guidelines for DCN</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>An initial engagement exercise was undertaken in 2020 to seek feedback on the experience of patients, families, carers and staff around care planning. This survey approach received six hundred and eight-three (683) responses, which included a spread of 47% (318) health and social care workers and 53% (365) patients/family/carers/advocates. This was followed by engagement with an additional forty (40) participants, staff, patients and family at two virtual workshops. A separate engagement exercise led by the EHRT was undertaken at the same time with people with protected characteristics with the purpose of gathering feedback to inform further development of the care plan principles and design. The feedback from patients was gathered in three ways, online focus group discussions with BME/ asylum seekers and with patients who have lived experience of poverty; one-to-one interviews with Deaf BSL patients and via a specifically designed e-survey distributed to LGBTQ+ patient networks.</p> <p>Engagement with a small group of volunteers with protected characteristics was taken forward during the initial design of the nursing prototype to gather their feedback and inform adjustments to the formulation of the admission assessment question set, flow of information and care plan development.</p> <p>Engagement with healthcare representation has occurred during the following development stages:</p> <ul style="list-style-type: none"> <li>• User Acceptance Testing – Stage 1 and 2</li> <li>• Proof of Concept Testing</li> <li>• Preparation for Early Adopter Sites</li> </ul> <p>Engagement with healthcare staff will continue through the Early Adopter phase for nursing staff and as other multi-professional staff (AHP's and Medical Staff) come on board.</p>	<p>During the testing stages it has not been possible to target healthcare staff with identified protected characteristics. However we have gathered feedback from a diverse range of healthcare staff and identified the following limitations of the current Trakcare build:</p> <ul style="list-style-type: none"> <li>• Font size</li> <li>• Colour of background</li> <li>• Density of text in some sections (middle pane)</li> <li>• Visibility of icon functionality</li> <li>• View of full screen not always possible</li> <li>• IT capability</li> <li>• Limitation of screen size depending on IT device available – variable specification of equipment across different areas</li> </ul> <p><b>ACTION:</b> Where parts of the build vary from guidance in 'Clear To All' criteria the DCN Project Team will take to InterSystems (ISC) to explore how future design of the system can be modified to support accessibility:</p> <ul style="list-style-type: none"> <li>• Use a minimum font size of 12, preferably 14.</li> <li>• Use a sans serif font such as Arial. Align text to the left and do</li> </ul>

4) Not applicable

not 'justify' text.

- Ensure plenty of white space on documents and if appropriate add a double space between paragraphs.
- If printing double-sided, ensure that the paper is of sufficient thickness to avoid text showing through from the other side. (Relevant for Business Continuity during system downtime)
- Avoid inverse text.

**ACTION:** The Associate Chief Nurse for Excellence in Care is presenting the DCN project to the Staff Disability Forum in April 2023. This conversation will aim to update and engage with staff to discuss access to the system and explore their views regards reasonable adjustments which require further exploration.

Current DCN build includes a few **CANNED** responses (predetermined responses to common entries)

**ACTION:** Further feedback will be gathered during early adopter phase to further inform potential mitigations. During the early adopter phase representation from the Staff Disability Forum will be invited to shadow staff in these wards to gather feedback from them in the 'live' environment.

				<p>There are number of learning products being developed to support staff during implementation. This includes resources to support learning and education of technical demonstration and professional understanding. During implementation these will be tested and developed into future LearnPro products.</p> <p>Implementation includes dedicated eHealth Facilitators to support technical interaction with DCN and troubleshooting.</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>In addition to section 4...</p> <p>TrakCare Digital Clinical Notes enables a care provider to document an encounter with a patient and automatically produce a text representation of the information gathered and the actions taken. It is meant to be the main user interface for a care provider while conducting an encounter with a patient. DCN will be used to perform almost any action a care provider usually does during a patient visit and subject to speciality requirements.</p> <p>The benefits are viewed to include:</p> <ul style="list-style-type: none"> <li>• Multiple user access at the same time</li> <li>• Records can be accessed remotely from the patient</li> <li>• Electronic record will never be lost</li> <li>• Legibility of records will be improved</li> <li>• DCN will facilitate the seamless transition of patients being transferred between different areas of practice within the Acute Adult areas of practice and enhance communication between multi-professional staff</li> </ul>	<p>Any issues raised by the Staff Disability Forum regarding reasonable adjustment available for some staff to use the system will be noted here and actions taken to mitigate.</p> <p>Further feedback will be gathered during early adopter phase to further inform potential mitigations.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language.</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>A communications plan is being developed and will consider all stakeholders including Higher Education Institutions (HEI), NHS GGC Employees (including all professional groups).</p>	

	<p>Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p>	
(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p>	<p>Engagement with subject experts from learning disability has been progressed to ensure correct question sets and nursing guidance.</p>

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In terms of disability, a single shared electronic record system will provide a uniform approach to recording any additional needs required by the patient thus facilitating the patient/practitioner transaction more effectively.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake</p> <p>In relation to the protected characteristic of Gender Reassignment, where appropriate patient permissions have been given, a single shared patient record system should reduce duplication of disclosure and prompt appropriate review of systems configured by sex.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p>	
(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p> <p>In relation to the protected characteristic of Race, a single shared electronic record system will facilitate the capture of mandatory data, including Race, allowing analysis of service uptake to discern any possible patterning. A single system will also offer a shared design for noting additional requirements like communication support (use of interpreters or translated texts) that will be vital in offering an equitable service.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the</p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any</p>	Add education paragraph

	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>perceived gaps in uptake.</p> <p>In relation to Religion and Belief, a single shared electronic record system will enable staff to identify any additional needs for staff at relevant points in their patient journey.</p> <p>The electronic care plan includes a dimension for Emotional and Spiritual Care to capture individual patient requirements irrespective of faith or belief to provide spiritual care.</p> <p>Members of the Healthcare Chaplaincy Team are available to provide support and will have access to DCN to update individual records and record information.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p> <p>In relation to the protected characteristic of sex a single shared electronic system will allow for more accurate analysis of service access/uptake and highlight any potential gaps in provision.</p>	<p>Gender based violence is not currently captured on Trakcare –</p> <p><b>ACTION:</b> Seek opportunity to explore potential to capture data on Gender Based Violence in future product design</p>

(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p> <p>There is no perceived impact on the protected characteristics of sexual orientation.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u></p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p> <p>In relation to socio economic status, a single shared electronic system will allow for more accurate analysis of service</p>	

<p>decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> <li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li> <li>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</li> <li>6. How has the evidence been weighed up in reaching our final decision?</li> <li>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When</li> </ol>	<p>access/uptake and highlight any potential gaps in provision.</p>	
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	<p>engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</p>	<p>The transition from paper based record keeping to electronic records will bring benefit to all patient and protected characteristic groups. Immediate access by multiple users to records means a more effective and efficient response to presentations by patients. In addition, a single electronic system will allow cross system analysis by protected characteristic to better understand any service patterning and subsequently any perceived gaps in uptake.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The key benefits of Digital Clinical Notes include the introduction of a lean approach with streamlined design to release time to care by reducing the volume of documentation</p> <p>DCN will enable health care practitioners to provide best practice, which is safe, effective and person-centred to ensure high quality care with better outcomes. In addition, there will be improved quality and legibility of clinical notes with a reduction in duplication of records</p> <p>DCN will enhance multi-professional communication through well-designed, robust documentation, systems and processes</p> <p>Quality Assurance measures will be demonstrated more effectively. The Nursing Process Model, which is integral to DCN, will enable individualised person-centred care planning using the Assessment, Planning, Implementation and Evaluation stages.</p> <p>Finally, DCN will reduce expenditure with reduction of paper usage.</p>	

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	The DCN educational materials reinforce the importance of identifying patients with protected characteristics and acting on this information when planning and delivering care.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No perceived risk. Adoption of a single shared electronic record system should reduce risk of delay in accessing records and improve effectiveness and efficiency.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

Not relevant.

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

The aspiration is the DCN will further enhance the quality of planning, delivery and recording of care which is person-centred care for people with protected characteristics. The impact and value of this will become clearer as the implementation of DCN progresses. Enhanced reporting mechanisms within DCN provides the potential to better understand patient experience by protected characteristics and inform future service provision. Informing the design of the mainstream tools, access for staff with protected characteristics and mitigations taken to reflect reasonable adjustments required will benefit disabled staff.

**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
1. Scope out options for inclusion of Trans data in future design.	Review in 6 months	DCN Programme Board
2. Scope out options for Gender Pronouns to be included in future design	Review in 6 months	DCN Programme Board
3. Explore further opportunity for reporting of protected characteristics with eHealth Project Leads from Trakcare	Review in 6 months	DCN Programme Board
4. Where parts of the build do not comply with the 'Clear To All' criteria the DCN Project Team are working closely with InterSystems (ISC) to explore with them how future design of the system can be modified to comply and adhere to the following simple guidelines to support accessibility.	Review in 6 months	DCN Programme Board
5. The Associate Chief Nurse for Excellence in Care is presenting the DCN project to the Staff Disability Forum in April 2023. This conversation will aim to update and engage with staff to discuss access to the system and explore their views regards reasonable adjustments which require further exploration.	May 2023	Associate Chief Nurse for Excellence in Care
6. During the early adopter phase representation from the Staff Disability Forum will be invited to shadow staff in these wards to gather feedback from them in the 'live' environment.	April/May 2023	Associate Chief Nurse for Excellence in Care
7. Seek opportunity to explore potential to capture data on Gender Based Violence in future product	Review in 6 months	DCN Programme Board

design.		
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

September 2023
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Lead Reviewer:  
EQIA Sign Off:

Name  
Job Title  
Signature  
Date

Ann McLinton  
Programme Manager, Person-Centred Health and Care

Quality Assurance Sign Off:

Name  
Job Title  
Signature  
Date

Alastair Low  
Planning Manager  
04/04/2023

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL**  
**MEETING THE NEEDS OF DIVERSE COMMUNITIES**  
**6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)