



## Equality Impact: Screening and Assessment Form

<b>Section 1: Policy details - policy are shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.</b>	
a. Name of policy or practice (list also any linked policies or decisions)	Integrated Clinical Hub (ICHub)
b. Name of department	Medical Directorate and ACC
c. Name of Lead	Jim Ward
d. Equality Impact Assessment Team [names, job roles]	Liam Coughlan – Head of Programmes Kaye Ferguson – Programme Support Officer
e. Date of assessment	initial assessment 09/05/2023, last update 15/11/2023, Approved by Project Board 12/12/2023.
f. Who are the main target groups / who will be affected by the policy?	Operational ACC Staff Patients
g. What are the intended outcomes / purpose of the policy?	To develop the Integrated Clinical Hub to further target resource at pre-dispatch assessments which will deliver improvements for patients by helping to ensure they are provided with the most appropriate response, which may not be an ambulance or conveyance to hospital. This will also benefit vehicle utilisation and ambulance availability which will also positively impact staffing and morale.
h. Is the policy relevant to the General Duty to eliminate discrimination? Advance equality of opportunity? Foster good relations?	The Project will actively advance equality of opportunity and foster good relations by enabling staff within the ICHub to work collaboratively in the best interest of both patient and staff. As more patients receive a person-centred pre-dispatch assessment, ambulances will be targeted at those that

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	need them most and more appropriate, alternative outcomes will be delivered for those that do not need an ambulance dispatched.
<p>If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance</p>	

### **Section 2: Evidence, consultation and involvement**

**Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.**

a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics

Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
The Project has been discussed with the following groups: <ul style="list-style-type: none"> <li>Integrated Clinical Hub Steering Group</li> </ul>	Various from April 2022	There has been support and endorsement from all groups involved to continue to develop the ICHub.	N/A

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<ul style="list-style-type: none"> <li>• 2030 Programme Board</li> <li>• 2020 Strategy Steering Group</li> <li>• The Engine Room Group</li> <li>• Integrated, Planned, Unscheduled and Urgent Care Portfolio Board.</li> <li>• The Executive Management Team</li> <li>• Senior Leadership Team</li> <li>• Chief Exec's Bulletin</li> <li>• The Scottish Government</li> <li>• Staff Engagement Session</li> </ul>			
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	Available evidence
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b. Research and relevant information	<p>In 2021-22 the Scottish Ambulance Service (SAS) received funding to support the introduction of senior clinical decision making in the Ambulance Control Centre and to establish a pathway navigation function to support our frontline clinicians. This funding has enabled us to establish these initiatives at pace with the aim of testing the impact on patients, SAS and the wider system.</p> <p>An evaluation report of this work was completed with the aim to seek recurrent funding beyond 2023. This funding has been approved.</p> <p>The aim is to build and expand developments which were implemented, maximising all the potential opportunities in reducing unnecessary hospital admissions and maximising care in the community.</p> <p>This will ensure that SAS continues to realise significant benefits for NHS Scotland.</p>
c. Knowledge of policy lead	The Executive Lead for the project is the Medical Director of the Scottish Ambulance Service, Jim Ward.
d. Equality monitoring information -- including service and employee information	
e. Feedback from service users, partner or other organisations as relevant	<p>Meetings have been held which included input from stakeholders, including a survey of different service users.</p> <p>A lessons learned log is also kept.</p>
f. Other	

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g. Are there any gaps in evidence? Please indicate how these will be addressed	No
Gaps identified	
Measure to address these; give brief details. Further research? Consultation? Other	
Note: specific actions relating to these measures can be listed at section 5	

<b>Section 3: Analysis of positive and negative impacts</b> <b>Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations</b>			
<b>Protected characteristics</b>	<b>i. Eliminating discrimination</b>	<b>ii. Advancing equality of opportunity</b>	<b>iii. Fostering good relations</b>
<b>Age</b>			
Positive impacts	Project has the potential to bring benefits to staff and patients by providing person-centred clinical assessments that deliver them the best outcome.		
Negative impacts	Video consultation might not be suitable for technically challenged patients. This may result in an ambulance being dispatched to carry out an assessment if a telephony consultation is not sufficient.		
Opportunities to enhance equality	A clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought, including telephony triage. This includes utilisation of pathways and care closer to home. By educating staff and providing ongoing feedback we can provide opportunities to enhance equality.		
<b>Disability</b>			

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Positive impacts	Project has the potential to bring benefits to staff and patients by providing person-centred clinical assessments that deliver them the best outcome.
Negative impacts	Remote consultation might not be suitable for certain patients with disabilities. This may result in an ambulance being dispatched to carry out an assessment.
Opportunities to enhance equality	A clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought. This includes utilisation of pathways and care closer to home. By educating staff and providing ongoing feedback we can provide opportunities to enhance equality.
<b>Gender reassignment</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Gender / sex</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Marriage / civil partnership</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Pregnancy / maternity</b>	
Positive impacts	Project has the potential to bring benefits to staff and patients by providing person-centred clinical assessments that deliver them the best outcome.
Negative impacts	None Identified.

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Opportunities to enhance equality	
<b>Race</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Religion / belief</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Sexual orientation</b>	
Positive impacts	None Identified.
Negative impacts	None Identified.
Opportunities to enhance equality	
<b>Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas.</b>	
<b>Other</b>	
Positive impacts	Project has the potential to bring benefits to staff and patients by providing person-centred clinical assessments that deliver them the best outcome.
Negative impacts	It may not be possible to undertake a full clinical assessment as noted in the examples below:

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	<ul style="list-style-type: none"> <li>• Requirement of translation services – Can make pre -assessment difficult. Translation services not always available — a clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought.</li> <li>• Remote and Rural -May not have access to required communications. Can present a challenge when explanation of Hear &amp; Treat provided – a clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought.</li> <li>• Video consultation might not be suitable for technically challenged patients – a clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought.</li> </ul> <p>In these cases, this may result in an ambulance being dispatched to carry out an assessment.</p>
Opportunities to enhance equality	A clinical risk assessment should be completed, and the safest and most appropriate outcome should be sought. This includes utilisation of pathways and care closer to home. By educating staff and providing ongoing feedback we can provide opportunities to enhance equality.
Note: specific actions relating to these measures can be listed at section 5	

#### Section 4: Addressing impacts

Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan

	Reasons
a. <b>No major change</b> - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	
b. <b>Adjust the policy</b> – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new	There are some actions that will be taken forward as a result of the review – see Section 5 below.

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measures to the policy to remove barriers or promote equality or foster good relations	
<p><b>c. Continue the development and implementation of the policy without adjustments</b> – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	
<p><b>d. Stop and remove the policy</b> - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	

<p><b>Section 5: Action plan</b> Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation</p>					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*

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Use of the Comms plan to address the concerns of remote and rural areas.	Communications to remote and rural areas	Better understanding of the ICHub and what it means for remote and rural patients	Comms Lead	March 2024	Cross cutting – rural areas
Provide additional training for staff for dealing with patients who have protected characteristics.	Training/re-enforcement to clinical staff, including assessing tools that could be used to improve communication for those with protected characteristics.	Clinical staff reminded of need for clinical assessment where patient is deemed not suitable for a remote consultation	Chair of Clinical Leadership Group	March 2024	<ul style="list-style-type: none"> <li>• Disability</li> <li>• Age</li> <li>• Poor technical literacy</li> </ul>
* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc					

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<b>Section 6: Monitoring and review</b> <b>Please detail the arrangements for review and monitoring of the policy</b>	
	Details
a. How will the policy be monitored? Provide dates as appropriate	The project will assess any equality related issues if they arise.
b. What equalities monitoring will be put in place?	The project will assess any equality related issues if they arise.
c. When will the policy be reviewed? Provide a review date.	The policy will be reviewed as part of the end of project review. Actions identified will be monitored through the project documentation.

<b>Section 7: Sign off</b> <b>Please provide signatures as appropriate</b>			
Name of Lead	Title	Signature	Date
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent			

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