Scottish Ambulance Service

Equality Impact Assessment

for the

Ambulance Telehealth Programme

December 2015
Version 3.2

Note: This version supersedes all previous versions

Ambulance Telehealth Equality Impact Assessment

Equality Impact Assessment is concerned with anticipating and identifying the equality consequences of particular policy / service initiative and ensuring that as far as possible any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures.

This document constitutes the Equality Impact Assessment for The Ambulance Telehealth Programme.

1. Introduction

The Scottish Ambulance Service introduced Cab Based Terminals in all frontline A&E vehicles in 2007. The cab based solution includes a front and rear computer terminal, providing allocation, mobilisation and satellite navigation facilities in the front of the vehicle and an electronic patient reporting system in the rear of the vehicle. Since the introduction of the electronic patient reporting form (ePRF), more than 5 million patient records have been uploaded to the ePRF database and data warehouse.

A revised hardware solution was also identified and purchased to cater for the smaller Paramedic Response and Urgent Tier vehicles. These were provided with a smaller 8" front terminal and an updated central communications unit.

The Ambulance Telehealth Programme aims to upgrade and improve the current emergency ambulance technology (hardware in Phase 1 and associated software in Phase 2) to provide a better user and patient experience and a faster, more reliable communications infrastructure.

When this programme is completed patients will be treated in the most appropriate environment and where possible this will be at, or near, their home or in a homely setting.

This will be achieved by giving staff access to key patient information, clinical guidance, integrated diagnostic devices and provide the capability to exploit advances in decision support which rely on technology, e.g., video conferencing, electronic access to patient records. This will enable SAS to work together with health, social care and emergency service partners to maximise clinical quality and deliver the best result for the patient in terms of their care and safety.

Staff in the ambulance will also have access to SAS 'back office' systems such as incident reporting, intranet/internet, etc. that will enable them to do their job as efficiently as possible as well as a bespoke app detailing pathways, services and guidelines available to the clinician.

2. Progress

Following the successful conclusion of a tender process for Phase 1 of the programme, a contract to supply and install new hardware technology in over 500 emergency ambulance vehicles across Scotland was awarded to Terrafix Limited who are scheduled to complete implementation by May 2016. Work on specifications and procurement activities for Phase 2 has been ongoing since April 2015. The Full Business Case in relation to Phase 2 is being submitted to the Service Board for approval in Jan 2016.

A high-level overview of key dates is as follows:

- Initial Agreement: completed May 2013

- Outline Business Case: completed December 2013; approved March 2013

- Invitation To Tender for Phase 1: completed November 2014

- Full Business Case Phase 1: approved by Service Board December 2014

- Phase 2 procurement processes: recommendations made November 2015

- Full Business Case Phase 2: going to Service Board for approval January 2016

3. Key Findings

Throughout the process from development of the Initial Agreement through to Outline Business Case, Full Business Case and Invitation to Tender, the programme has ensured that no person or group of persons will be discriminated against through the introduction of the products delivered as a result of the Ambulance Telehealth Programme.

There has been widespread consultation with staff and other stakeholders through workshops, surveys, meetings, presentations and email.

From an EQIA perspective, no evidence of a negative impact has been found and the following positives have been identified:

- The programme will deliver the capability for increased levels of treatment at the point of care, reducing the need for conveyance to

A&E and reducing potential stress levels for patients who may otherwise have been removed from their home environment for treatment.

- All SAS vehicles will be fitted to an agreed standard providing maximum flexibility of use whilst ensuring health and safety standards are met for patients and staff.
- The programme will provide the capability for patients in rural areas to be afforded a similar level of care through remote communications (subject to signal strength) with Health Care Professionals as those patients in more urban communities through the use of communications technology including the transfer of data and the capability for video conferencing.
- A4 printers will be used providing for a much larger font size and better legibility than the current solution. This is particularly relevant in terms of Patient information Leaflets that are left with the patient as an outcome of 'see and treat' cases.
- A variety of training methods will be used to accommodate various learning styles (e.g., eLearning, face-to-face)
- Users will be able to pinch to zoom to increase font sizes where appropriate.
- A Translation App will be provided to assist staff with communicating with patients
- A spellchecker will be available to staff completing ePRs
- Access to standardised information about pathways and services will be available on the tablets, meaning all staff will have this information available to them when considering the best outcome for the patient.

4. Conclusions

From the above narrative and the attached assessment, it is concluded that, from an EQIA perspective, the process so far has been robust and that there is no potential for discrimination or adverse impact.

Consequently, the programme should be allowed to progress with no major changes required.

Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Ambulance Telehealth Programme
b. Name of department	ICT
c. Name of Lead	Liam Coughlan (Programme Manager)
d. Equality Impact Assessment Team [names, job roles]	Liam Coughlan (Programme Manager) Loraine Jackson (Programme Support Officer)
e. Date of assessment	Initial assessment 05/08/2014, revised 10/11/2014, further revised 26/11/2015
f. Who are the main target groups / who will be affected by the policy?	Suppliers, Service staff, Patients, Health Board A&E Departments
g. What are the intended outcomes / purpose of the policy?	• To deliver an improved patient-focussed user interface. • To deliver mobile data connection to the data terminals • To ensure compliance with Vehicle Type Assurance guidelines BS EN 1789:2007. • To deliver a robust and reliable hardware solution that supports wireless data communications outside of the dock and can therefore be used effectively at the point of care. • To enable data links to patient monitoring equipment within the vehicle to allow automatic population of clinical data. • To enable electronic data sharing between responding vehicles. • To deliver a mobile Telehealth interface to support video connections to health care professionals from the point of care. • To provide a solution that supports access to external clinical information to aid clinical decision making and access to back office systems
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	Yes – advancing equality of opportunity & foster good relations.
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	

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
			Age
			Disability
			Gender reassignment
			Gender / sex
			Marriage / civil partnership *
			Pregnancy / maternity
			Race
			Religion / belief
			Sexual orientation
• Workshops held to define the requirements for the OBC. • Risk & Benefits workshop for OBC. • Collaborative workshops with the Digital Health Institute • Telehealth Specification	2013 June 2013 March 2014 May	• The programme will deliver the capability for increased levels of treatment at the point of care, reducing the need for conveyance to A&E and reducing potential stress levels for patients who may otherwise have been removed from their home environment for treatment. • All SAS vehicles will be fitted to an agreed	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

Workshop for The Communications Hub	2014	standard providing maximum flexibility of use whilst ensuring health and safety standards are met for patients and staff.	rural areas.
• Telehealth Specification Workshop for Mobile Data Terminals/Tablets,	June 2014	• Users will be able to pinch to zoom to increase font sizes where appropriate.	
• Online consultation with all SAS staff on Operational Requirements for hardware	July 2014	• A Translation App will be provided to assist staff with communicating with patients	
• Objectives and Benefits Workshop for Full Business Case	July 2014	• Patients in rural areas will have the potential to be afforded a similar level of care through remote communications with Health Care Professionals as those patients in more urban communities through the use of communications technology including the transfer of data and the capability for video conferencing.	
• Risk and Benefits Workshop for Full Business Case	Aug 2014, Sept 2015		
• Invitation to Tender review	Oct-Nov 2014		
• Directory of Services Workshops	Dec 2014		
• ePR Specification Workshops	August 2015	• A4 printers will be used provided for a much larger font size and better legibility than the current solution. This is particularly relevant in terms of Patient information Leaflets that are left with the patient as an outcome of 'see and treat' cases, as well as for staff in receiving centres.	
• Staff Surveys	July 2015		
• Staff engagement station visits	Jul-Nov 2015		
		• A variety of training methods will be used to accommodate different learning styles (e.g., eLearning, face-to-face)	
		• Access to standardised	

		information about pathways and services will be available on the tablets, meaning all staff will have this information available to them when considering the best outcome for the patient.	

	Available evidence
b. Research and relevant information	In addition to the workshops noted above, consultations have taken place with ambulance services in the UK and Australia to assess best practice in the implementation and use of equipment in Emergency services. A formal survey of UK ambulance trusts was also undertaken to review software used and lessons learned.
c. Knowledge of policy lead	
d. Equality monitoring information -- including service and employee information	
e. Feedback from service users, partner or other organisations as relevant	The consultation process has involved a number of workshops, various documents and online consultations with Service users to help define the necessary specification for the equipment and the related installation and support to be delivered in Phase 1 and Phase 2 of this programme. Consultation has taken place with other UK Ambulance Services and feedback received with regards to ePR systems and other software currently in use. Numerous workshops and engagement visits have been held with staff. Consultation has also taken place with senior A&E staff in Health boards throughout Scotland
f. Other	
g. Are there any gaps in evidence? Please indicate how these will be	

addressed	
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	

Section 3: Analysis of positive and negative impacts **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**			
Protected characteristics	**i. Eliminating discrimination**	**ii. Advancing equality of opportunity**	**iii. Fostering good relations**
Age			
Positive impacts	Age related customisable fields on the tablet.		
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality			
Disability			
Positive impacts	Staff will have the ability to zoom into text on the tablet where appropriate. Printouts will be in larger font and will be more legible. A spellchecker will be included in the ePR software.		
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality	Video capability provided in the vehicle may provide the opportunity to link with the contactScotland video relay service for BSL interpreters.		
Gender reassignment			
Positive impacts			
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality			
Gender / sex			
Positive impacts			
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality			
Marriage / civil partnership			
Positive impacts			
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality			
Pregnancy /			

maternity	
Positive impacts	
Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	
Race	
Positive impacts	
Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	
Religion / belief	
Positive impacts	
Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	
Sexual orientation	
Positive impacts	
Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	
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. Other	
Positive impacts	Potential for increased levels of treatment at the point of care, reducing the need for conveyance to A&E and reducing potential stress levels for patients who may otherwise have been removed from their home environment for treatment. All SAS vehicles will be fitted to an agreed standard providing maximum flexibility of use whilst ensuring health and safety standards are met for patients and staff. A translation app will be available to staff to help with communication challenges.
Negative impacts	No negative impact has been identified.
Opportunities to	The potential will exist for patients in rural areas to be

enhance equality	afforded a similar level of care through remote communications with Health Care Professionals as those patients in more urban communities. This will be supported by a platform of audio and video via public communications systems where necessary.
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. **No major change** - 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	The EQIA shows that at every stage of the process so far, adequate steps have been taken to ensure that the outcomes of Ambulance Telehealth will have no adverse effect on anyone affected by the proposed system, including patients, Service staff and suppliers. All associated documents are clear and easy to understand.
b. **Adjust the policy** – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
c. **Continue the development and implementation of the policy without adjustments** – 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.	
d. **Stop and remove the policy** - 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.	

Section 5: Action plan
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

Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
Communicate positive impacts to stakeholders	Via variety of communications	Communications Plan updated. Stakeholders informed of positive impacts	Liam Coughlan	as per Programme Communications Plan	Various

* 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

Section 6: Monitoring and review
Please detail the arrangements for review and monitoring of the policy

	Details
a. How will the policy be monitored? Provide dates as appropriate	The process will continue to be monitored and reviewed by the Programme Manager/Board until the completion of the programme.
b. What equalities monitoring will be put in place?	The process will continue to be looked at from an EQIA perspective until the programme is complete.
c. When will the policy be reviewed? Provide a review date.	The EQIA will be reviewed at least every 6 months. The next review will take place in May 2016.

Section 7: Sign off

Please provide signatures as appropriate			
Name of Lead	Title	Signature	Date
Liam Coughlan	Programme Manager		23/12/2015
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	23/12/2015		