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<p>Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.</p>		

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1 PURPOSE

This document sets out the Blackpool Teaching Hospitals NHS Foundation Trust's Health Informatics (HI) Strategy in support of the Trust Strategy.

2 TARGET AUDIENCE

This Health Informatics Strategy applies to all staff working within Blackpool Teaching Hospitals NHS Foundation Trust (the Trust).

3 STRATEGY

3.1 Introduction

Health Informatics is used throughout the Trust to underpin the core business. This Strategy outlines the main purpose and direction for the use of Health Informatics.

The Health Informatics Strategy is derived from and supports the Trust's five year strategy (April 2016) and the Strategic vision for 2020:

As a high performing Trust, operating as part of an integrated care system, we will provide high quality, safe and effective care. This will be achieved in a financially sustainable way, through our skilled and motivated workforce

and the Trust 'Together We Care' Values,:-

- People Centred – Serving people is the focus of everything we do
- Excellence – Continually striving to provide the best care possible
- Compassion – Always demonstrating we care
- Positive – Having a can do response whatever the situation

“Creating a great and safe place to work”

This Strategy is involved with the management and communication of all forms of information. Some of this will be person-identifiable, and therefore subject to strict safeguards for preserving confidentiality. Some of this information will also be to support the quality of care; as such this information will be subject to strict audit, governance and quality assurance.

The overall Health Informatics Strategy is to:

Use Information and ICT to Support Better, Safer Care for Patients.

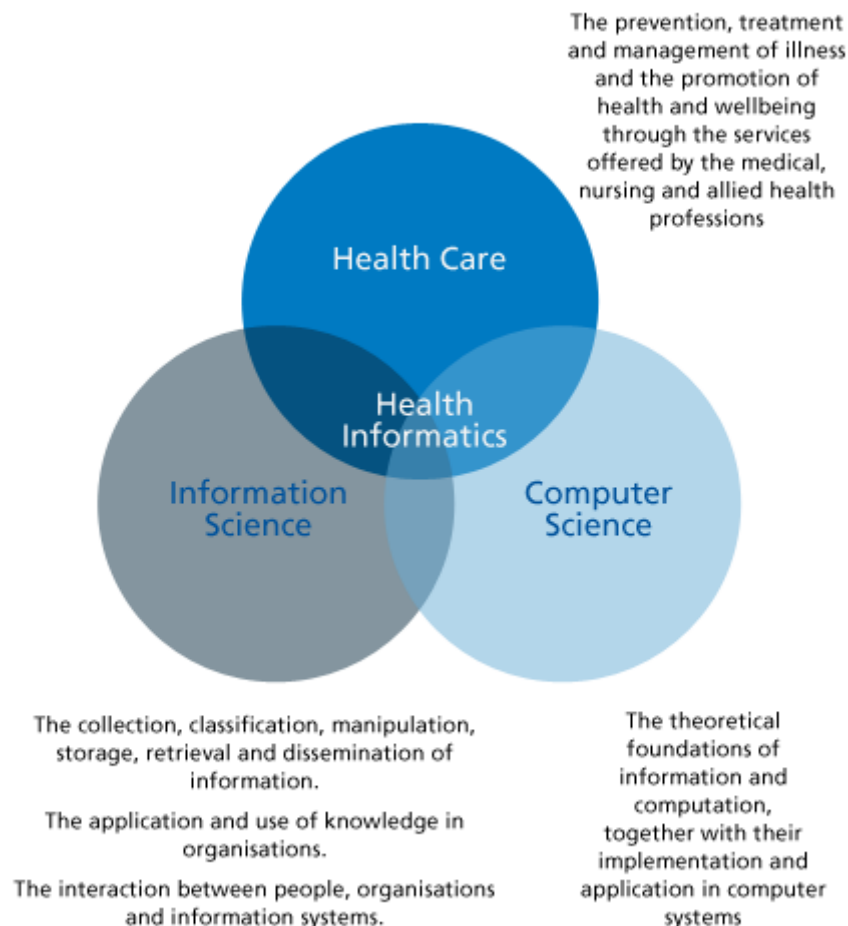
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Health Informatics is defined as: “the knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and promote health”.

These are the families of jobs which make up the health informatics workforce: -

- Information Management (IM)
- Knowledge Management
- Health Informatics Education
- Clinical Informatics
- Health Informatics Project and Programme management, including Change Management
- Health Records and Patient Administration
- Information Communications Technology (ICT)
- Information Governance (IG)

The following diagram shows how Health Informatics fits into the organisation:



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3.2 Key Benefits

The principle of the Health Informatics Strategy is to deliver the following benefits: -

3.2.1 Benefits to Patients

For patients the Health Informatics Strategy aims to deliver:

- Support for the progression to seamless care through a shared Electronic Care Record.
- A reduction in the duplication of registration.
- A mechanism for the optimising of investigative procedures and tests.
- An increase in the availability of waiting time information, and quality of service information.
- Increased confidence in the quality of healthcare-related information and therefore, healthcare itself.
- Improved choice of services.
- A mechanism to ensure that the best evidenced care is provided.
- Better communications.
- Access to information about the care they are receiving.

3.2.2 Benefits to Professionals

For staff, particularly clinical staff, the implementation of the Health Informatics Strategy will:

- Focus patient contact time on diagnosis and the provision of care.
- Provide information at the point of delivery of care.
- Improve the availability of appropriate information for each patient encounter.
- Increase access to patient information.
- Improve the timeliness, availability and analysis of information supporting management and clinical decisions.
- Enable better targeting of funds for appropriate patient care.
- Modernise and standardise service delivery.
- Increase access to Trust administration information.
- Increase the ability to communicate through the use of technology.

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3.2.3 Benefits to the Local Health Economy (Public)

The Trust will work in partnership with other organisations within the Local Health Economy and the Local Digital Footprint to implement a wider Local Programme for Health Informatics (LPfHI) that will:

- Increase the availability of information across both NHS and Non-NHS care organisations, where the sharing of such information is permitted by legitimate relationships.
- Allow better access to Provider healthcare and Information.
- Enable more accurate commissioning of Provider services.
- Improve communications between organisations.
- Enable collaboration.
- Enable new models of care under the Vanguard programme.

3.2.4 Benefits to Management and Administration

For management and administration, implementation of the Health Informatics Strategy will:

- Improve information to support the understanding of health needs and appropriate commissioning to meet those needs.
- Reduce the overhead in collecting information required for management purposes.
- Increase the ability to analyse and use information to improve business intelligence, performance and financial management.
- Enable the monitoring, review and redistribution of resources to improve quality of service.
- Lead to greater return on investment from ICT products and training.

To realise these benefits locally, Managers, Clinicians and relevant staff will need to work together as a Team (the Health Informatics Community). This process will be overseen by the Health Informatics Committee.

The Strategy also accounts for National Strategies: -

3.2.5 Complementing the National Strategies

This Strategy implementation will utilise the components of the National Government Digital Strategies, wherever possible, that link to the [NHS Five Year Forward View](#)¹. This includes, but is not limited to:

¹ NHS Five Year Forward View - <https://www.england.nhs.uk/ourwork/futurenhs/>

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- [Harnessing the Information Revolution](#)² - the overarching objective of harnessing the information revolution is to make the **NHS paperless by 2020**. This vision is encompassed in the [National Information Board's Personalised Health and Care 2020 Framework](#)³.
- [Government Digital Strategy 2012](#)⁴ - This strategy sets out how the government will become digital by default as per the [Civil Service Reform Plan](#)⁵.
- NHS England's [Safer Hospitals Safer Wards](#)⁶ - Guidance on achieving an integrated digital care record.
- New Models of Care - Patient centric care models that could be implemented in England.
- The National Children's Health Digital Strategy.

Changes to the National agenda mean that this area of the Health Informatics Strategy must remain under constant review.

The Trust will ensure that it works in the relevant Local Digital Footprint to create an integrated Local Digital Roadmap for the delivery of the national objectives in the context of local delivery.

² Harnessing the Information Revolution - <https://www.england.nhs.uk/digitaltechnology/info-revolution/>

³ Personalised Health and Care 2020 -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384650/NIB_Report.pdf

⁴ <http://fcsharepoint/divisions/corporateservices/ict/newswebcuttings/Documents/government-digital-strategy.pdf>

⁵ <http://my.civilservice.gov.uk/reform/>

⁶ <http://fcsharepoint/divisions/corporateservices/ict/newswebcuttings/Documents/Safer%20Hospitals%20Safer%20Wards.pdf>

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3.3 Key Principles

The Health Informatics Strategy is guided by the following principles:

3.3.1 Health Information Will Be Person Based

Person-based systems will hold a healthcare record for each individual, which can be referenced to that person's NHS number. All such systems will have strict governance arrangements to ensure that relevant information is only seen by relevant users.

3.3.2 Business Information Will Be Fit For Purpose

Trust administration systems and systems with Business Information held on them will hold records that are fit for the purpose that they are intended.

3.3.3 Systems May Be Integrated or Interfaced

Wherever practical, data will need to be entered on a computer only once. Subsequently, it may be available, in whole or in part, on other designated NHS systems, or relevant partner organisations. Steps will be taken to protect confidential information from unauthorised access.

3.3.4 Information Will Be Derived, As a By-Product, From Operational Systems

Subject to safeguards to maintain the confidentiality of personal health information, data will be obtained from systems used by healthcare professionals in their day-to-day work. There should be little need for different systems to capture information specifically for management or audit purposes.

3.3.5 Information Will Be Secure and Confidential

Great care will be taken to ensure that the information and data held on computer will be available only to those who need to know it and are authorised to know too. The Trust will implement systems that reduce the overhead of password access whilst retaining the need for advanced security.

3.3.6 Information Will Be Driven By the Business Needs

Information will be produced to aid clinicians and managers alike. Information will be both qualitative and quantitative.

3.3.7 All Systems Will Be Fully Risk Assessed

The increasing use of Information Communications Technology for Trust systems increases the risk to the Trust of using that Technology. All systems will be risk assessed and business continuity plans put in place.

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3.3.8 Information Will Be Shared Across the NHS and Health Partners

Common standards and NHS-wide networking will allow computers to communicate so that information can be shared, subject to security, confidentiality and information sharing safeguards.

3.3.9 The Trust Strategy Will Support National Strategies

At all times the strategy will be reviewed in light of any current National Information Strategy so that the Trust is part of the whole NHS Strategy.

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3.4 The Strategy Components

The overall Strategy is:

Use Information and ICT to Support Better, Safer Care for Patients.

The following sections are the components of the Health Informatics Strategy. A pictorial view is available at Appendix 1 showing how the components will be brought together to form the Electronic Health Record across the Provider care setting.

Business systems must also fit within the architecture of the Strategy.

3.4.1 Wide Area Network

A resilient Wide Area Network will be maintained covering all Trust sites. This network will follow national and industry standards.

3.4.2 Wide Area Network interconnectivity

The Wide Area Network will interconnect securely with the rest of the NHS network and the wider Internet.

3.4.3 Local Area Networking

The Local Area Networks will provide business class connectivity for the purposes of Trust business.

Clinical grade wireless networks will be provided at all sites and in all buildings / facilities where access to Electronic Care Records is required.

3.4.4 Server Infrastructure

The Trust will manage a resilient server infrastructure that is expandable as requirements grow. This will be a mixture of on-site and off-site storage as is required and allowing for Information Governance requirements.

The Trust will implement server virtualisation as part of a greener computing environment.

3.4.5 Directory Infrastructure

To enable value for money and better administration the Trust will implement a Directory structure based on industry standards that links to Local and National NHS directories as appropriate.

3.4.6 Integrated Telephony Systems

The Trust will maintain an integrated telephony system in line with modern systems and the NHS interoperability framework. Such systems provide cost savings and enhanced functionality for users.

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The telephone system will be integrated with the Trust Directory Infrastructure to provide convergence and Unified Communications. The system will also be designed to integrate with the wider Health Economy to provide enhanced services and lower cost phone calls.

All staff will have access to applicable Telecommunications.

3.4.7 Access Device Infrastructure

Access devices will meet the requirements of the staff using the systems to perform their duties. This includes desktop devices, mobile devices (on-site and in the community), smart phones, tablets and, where applicable, a staff members own device (with appropriate governance).

3.4.8 Operating Systems Architecture

The Trust will use standard operating systems and ensure that all access devices are at a minimum standard required to run Trust systems. These operating systems must have appropriate governance.

3.4.9 Office Systems Architecture

The Trust will use standard office systems. Any exceptions must gain prior authorisation from the Health Informatics Divisional Board.

3.4.10 eMail messaging

All staff will have access to an eMail address reflecting the organisation in which they work. The Trust will use a single eMail client throughout.

3.4.11 Internet

All staff will have the right to Internet Access as governed by the Trust Internet Policy. The Trust will take any precaution deemed suitable to ensure that the Internet is used for appropriate business purposes only.

3.4.12 Intranet

The Trust will keep an up to date intranet and allow all staff access to this resource.

3.4.13 Health Record Messaging and Scheduling

The Trust will utilise international standards for the interchange of health records based on secure and encrypted messages.

Trust systems should use a single scheduling system.

3.4.14 Pan Health Economy Systems

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Where practical the Trust will use systems across the whole health economy. Systems such as Pathology and Radiology fit into this category.

Where national systems are unavailable to deliver the Trust required functionality the Trust will implement, through a benefits approach, best of breed systems to enable the Trust to innovate healthcare.

The Trust will adopt a connect-all and open systems approach to systems development and build on the foundations laid by the Electronic Care Record.

The Trust will collaborate with other NHS organisations across the Health Economy and the Local Digital Footprint.

3.4.15 Provider Care Systems

The Trust will implement provider care systems as part of the Electronic Care Record Programme. Where additional provider care systems are required the Trust will implement, through a benefits approach, best of breed systems to enable the Trust to innovate healthcare.

All provider care and departmental systems required across the Trust will be integrated or interfaced to the Electronic Care Record.

The Trust will implement single solutions across the Trust for identical provider care settings.

The Trust will ensure that all systems have a single demographic view of all patients.

Where possible the Trust will implement systems that conform to open source architecture and have open application programming interfaces⁷ (Open First) to enable better development and sharing of systems and ideas.

The Trust will collaborate with other NHS organisations across the Health Economy and the Local Digital Footprint.

3.4.16 Clinical Modules

Clinical modules, delivered through the Electronic Care Record Programme, will be integrated into the infrastructure and deliver relevant information to the Electronic Care Record.

⁷ <http://fcsharepoint/divisions/corporateservices/ict/newswebcuttings/Documents/NHS%20England%20open-api-policy.pdf>

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Where clinical modules cannot be delivered through the Electronic Care Record they will be interfaced to it so that inputs and outputs are easily transferred to provide continuing care.

3.4.17 Electronic Care Record

The Trust will create an integrated Electronic Care Record (ECR) based on all the clinical and departmental systems. This ECR will then feed through into the Electronic Health Record.

The Trust will implement an Electronic Care Record Programme for this in both hospital based and community care settings.

The Trust will implement the ECR in line with the NHS England Clinical Digital Maturity Model

3.4.17.1 The Clinical Data Maturity Model

Level one – foundation

Patient Administration System

Discharge Letters

Community PAS

Simple Business Intelligence

Level two – core ancillary

Pharmacy

Pathology

Radiology (RIS)

Picture Archiving (PACS)

Level three – departmental

Accident and Emergency

Theatres

Maternity

Level four – specialist departmentals

Cardiology

Oncology

Critical care

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Others – Endoscopy, Colposcopy.

Level five – order communications, diagnostic reporting and bed management

Order communications

Diagnostic reporting

Bed management

Level six – Document Management, Clinical noting and observations

Document Management

Clinical Noting

Observations of vital signs

Level seven – Enterprise scheduling

Scheduling

Clinical workflow engine/integrated pathways

Blood tracking

Level eight – simple ePrescribing

Outpatient / TTO ePrescribing

Level nine – Advanced ePrescribing

Inpatient ePrescribing

Oncology ePrescribing

Clinical decision support in use in ePrescribing

Appendix 3 shows a pictorial representation of the Trust Clinical Data Maturity Index in terms of the Health Informatics Strategy and Health Informatics Operational Plan.

3.4.18 Electronic Health Record

The Trust will feed the Electronic Care Record into any Local or National Electronic Health Record through the use of National standards.

3.4.19 Business Systems (Back Office)

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The Trust has many back office functions to support the business of Healthcare, these are Human Resources (incl. Payroll), Finance, Governance and Risk, Estates, Facilities Management, ICT, Information Management and Procurement.

In these areas the Trust will use integrated systems to provide relevant staff with the processes and information they require.

Where National Systems are available the Trust will make best use of those systems (e.g. the Electronic Staff Record).

In Human Resources, in particular, the Trust will implement systems to create an end-to-end staff management system to support staff and management alike. This will be based on the Electronic Staff Record system.

In areas such as ICT and Estates the Trust will implement integrated self-help style systems to enable tracking and process management.

The implementation of Back Office Systems must enable efficiencies in these areas.

3.4.20 Information Services

The Trust will provide Performance, Profiling, Planning and Governance Information through an adequate information service. This service will also provide Benchmarking and Risk Assessment information. The development of Executive Information Systems will be key to the delivery of information. The information to feed these systems will come from the operational systems and the information service will oversee all Trust information.

Information will, at all times, be relevant accurate and timely.

Key Performance Indicator information will be provided to the relevant committees and the Trust Board. These key indicators will cover quality as well as quantity indicators.

3.4.21 Governance

Access to information and the use of information will be governed at all times through the implementation and maintenance of robust Information Governance and Trust Policy.

The Trust will ensure that the principles of the Information Governance Toolkit are continually worked towards and that the Toolkit is properly maintained within the Trust.

3.4.22 Business Continuity

All systems will have Business Continuity Plans developed in conjunction with the relevant department(s).

3.4.23 Maintenance

All systems will be maintained to a sufficient level to allow them to function as intended.

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3.4.24 Support Services

The Trust will provide sufficient services to support the use of Health Informatics throughout the Trust.

3.5 Making it Happen

3.5.1 Local Lead and Local Implementation

3.5.1.1 Trust Board

Overall accountable body for the implementation of this Health Informatics Strategy.

3.5.1.2 Health Informatics Committee

Within the Trust the Health Informatics Committee (HIC) will be responsible for making sure that this Strategy is implemented and that the Health Informatics Operational Plan is managed to completion.

The Health Informatics Committee will oversee all resources for the HI Strategy and HI Operational Plan.

3.5.1.3 Health Informatics Strategy

The Trust will maintain a current Health Informatics Strategy at all times that meets the requirements of the Trust Strategy and National Strategies as appropriate. (This document)

3.5.1.4 Health Informatics Operational Plan

The Trust will maintain a Health Informatics Operational Plan that shows the high-level approach to implementing this Health Informatics Strategy. The plan will be reviewed regularly by the Health Informatics Committee to ensure that this Health Informatics Strategy is implemented to support the Trust Strategy.

The Health Informatics Operational Plan will be developed in conjunction with the Local Digital Roadmap and NHS strategies.

3.5.1.5 Programme Management

The Trust will use recognised Programme Management methodologies across all relevant disciplines to ensure that this Health Informatics Strategy is delivered and that the benefits are realised.

The Trust will ensure that people, services and systems are modernised to maximise the impact of the Health Informatics Strategy.

3.5.1.6 Change Management

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The impact of the Health Informatics Strategy and Health Informatics Plan require changes to the way staff will work and their interaction with technology. The Trust will use recognised Change Management Methodologies across the Health Informatics Community and wider Trust to ensure that change is effective, successful and sustainable.

3.5.1.7 Project Methodology

All projects within this Health Informatics Strategy must follow recognised project management methodology. Project Managers must be fully competent with these methodologies.

Project Executives must be assigned to every Project and held accountable for the delivery of that Project.

3.5.1.8 Key stakeholders

As well as the Project Manager and Project Executive there may be a requirement for other key stakeholders. They must be aware of their responsibilities and given sufficient support and time to discharge any duties.

3.5.2 Training and Personal Development Plans

The Staff Development function, together with the Human Resources department must ensure that Personal Development Plans for all Trust staff include Information Management, Information Governance and Information Communication Technology training where appropriate.

The Health Informatics IT Training function must have appropriately skilled staff to deliver training in all areas required. Areas not covered by the IT Training function will be sourced externally.

3.5.3 Standing Financial Instructions

The purchase of all systems and supporting infrastructure must adhere to Trust Standing Financial Instructions. This includes the use of national framework suppliers.

3.5.4 The Health Economy

The Trust will be represented on any Health Economy Boards to ensure that this Health Informatics Strategy integrates with the wider health economy.

3.5.5 Reporting Organisations

The Trust will monitor the changes to the NHS and react appropriately. This will be the responsibility of the Chief Information Officer.

3.5.6 National

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The Trust will ensure that the operational plan meets with the requirements of any National Information Strategy.

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3.6 Conclusion

This Health Informatics Strategy represents a long-term programme which is crucial to achieving the Strategy, Vision and the Values of the Trust. It represents, together with the Health Informatics Operational Plan, a major change in the way healthcare is delivered in the local health economy and the NHS as a whole.

The Health Informatics Strategy cannot be taken in isolation but must fit in with National Strategies and those of partner Health Organisations.

It will take time to implement this Health Informatics Strategy and the whole organisation must play its part in the implementation, especially the Health Informatics Community. Key individuals and Senior Trust Officers must ensure that the objectives for Health Informatics are achieved by modernising people, services and systems together, using information to seek to improve continuously the services they provide. Many examples of this exist within the Trust and many more will come.

The Trust must also take responsibility for ensuring that any national lead is translated into Local, combined, strategies and actions.

The Trust must also continuously review this strategy as changes to the NHS are made. This is more important now as ever before due to changes both nationally and locally in both service configuration and strategy.

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4 ATTACHMENTS	
Appendix Number	Title
1	Pictorial representation of the Health Informatics Strategy for the Electronic Care Record.
2	Pictorial Representation of the Trust Clinical Data Maturity Index
3	Equality Analysis Assessment Form

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	
2	Wards, Departments and Service	

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/POL/171	Use of the Internet Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-171.docx

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8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS
References In Full
See footnotes

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received

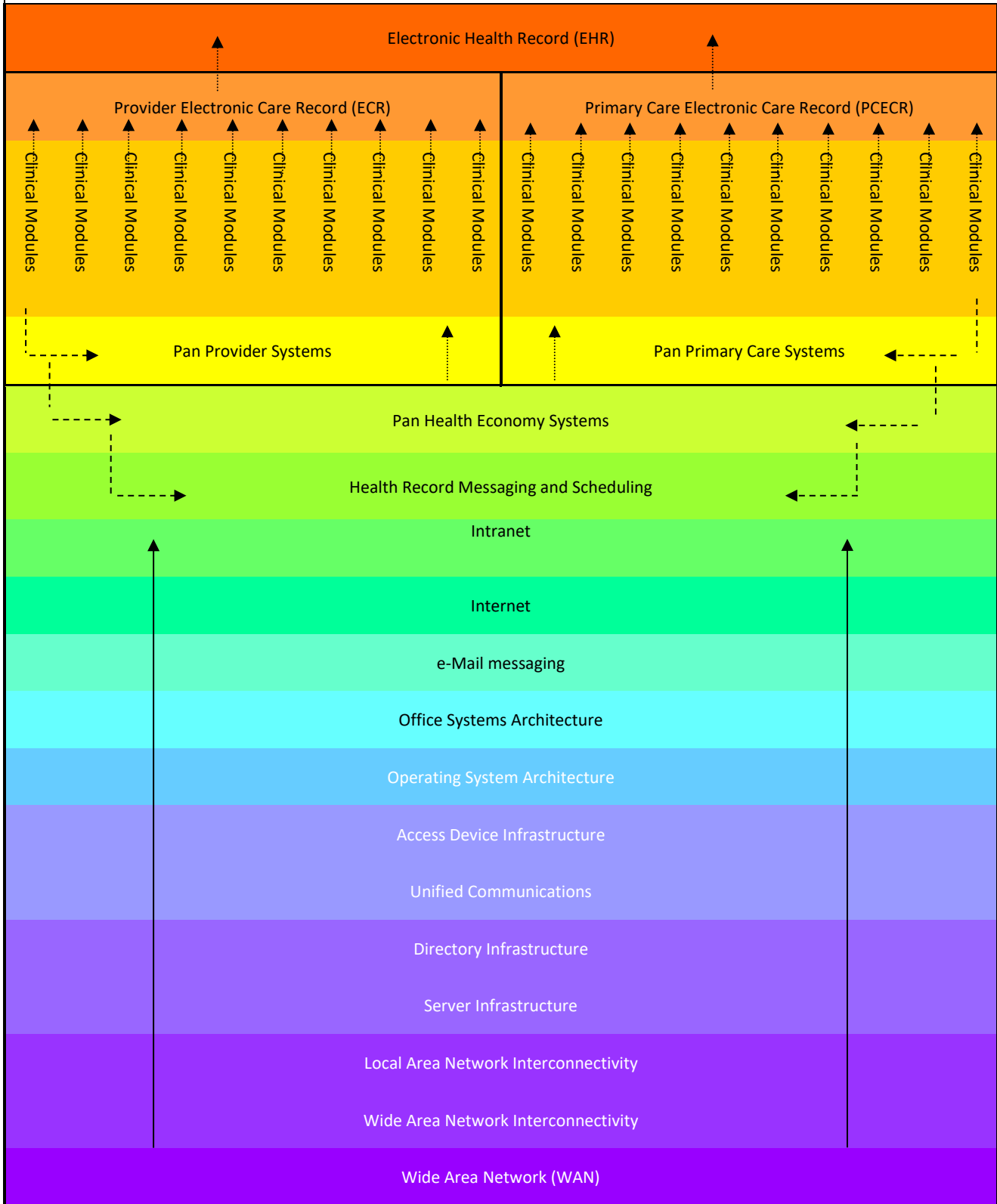
10 DEFINITIONS / GLOSSARY OF TERMS	
EPR	Electronic Patient Record
HI	Health Informatics
HIC	Health Informatics Committee
ICT	Information Communications Technology
IG	Information Governance
IM	Information Management
LPfHI	Local Programme for Health Informatics
PACS	Picture Archiving Communications System
RIS	Radiology Information System
the Trust	Blackpool Teaching Hospitals NHS Foundation Trust

11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
Issued By	Steven Bloor	Checked By	Tim Bennett
Job Title	Chief Information Officer	Job Title	Deputy Chief Executive
Date	April 2016	Date	April 2016

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APPENDIX 1: PICTORIAL REPRESENTATION OF THE HEALTH INFORMATICS STRATEGY

Figure 1 shows the Health Informatics Strategy in its component form, showing how it is built on a robust infrastructure, and how it fits in with the wider Health Economy.



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APPENDIX 2: PICTORIAL REPRESENTATION OF THE TRUST CLINICAL DATA MATURITY INDEX

9	Advanced e-prescribing	Inpatient ward e-prescribing (Medchart)	Oncology e-prescribing (Varian)	CDSS in use on e-prescribing (Medchart)	
8	Simple e-prescribing	Outpatient (TTO) e-prescribing (Medchart)			
7	Enterprise scheduling	Scheduling (EPR)	Clinical workflow engine/ICPs (EPR)	Blood tracking	
6	Clinical noting and document management	Document management (EPR)	Clinical noting (EPR)	Observations vital signs (EPR)	
5	Order comms and diagnostic reporting	Order comms (Cyberlab)	Diagnostic reporting (Cyberlab)	Bed management (IMS)	
4	Specialist Departments	Cardiology Agfa (RIS)	Oncology (Varian)	Critical care (Ward Watcher)	
3	Departmental	A+E (IMS)	Theatres (ORMIS)	Maternity (Euroking)	
2	Core ancillary	Pharmacy (Ascribe)	Pathology (Labcentre)	RIS (Agfa)	PACS (Agfa)
1	Foundation	PAS (IMS)	Discharge letters (IMS)	Community PAS (EMIS)	Simple BI (IMS)

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APPENDIX 3: EQUALITY IMPACT ASSESSMENT FORM

Department	Organisation Wide	Service or Policy	Strategy	Date Completed:	July 2014
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GROUPS TO BE CONSIDERED
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			

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APPENDIX 3: EQUALITY IMPACT ASSESSMENT FORM				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment <ul style="list-style-type: none"> • During development • At implementation? 	No			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author: Signature of Author:	P Graham		Date Signed:	July 2014
Name of Lead Person: Signature of Lead Person:			Date Signed:	
Name of Manager: Signature of Manager	S Bloor		Date Signed:	July 2014

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