



Healthcare  
Improvement  
Scotland

# Right Decision Service Equality Impact Assessment (EQIA)

10<sup>th</sup> February, 2026

**Name:** Right Decision Service Equality Impact Assessment (EQIA)

**Directorate:** Evidence

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**Published Month Year**

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# Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](#) to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](#).
- Advance equality of opportunity between people who share a [protected characteristic](#) and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the [Fairer Scotland Duty](#) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with [UNCRC](#) requirements.
- If the work will impact islands communities please follow the guidance from Scottish Government here: [Island communities impact assessments: guidance and toolkit - gov.scot \(www.gov.scot\)](#). Island communities are included within this impact assessment template.

# EQIA overview

Status	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>
Aim(s)	<p>The Right Decision Service (RDS) is a Once for Scotland digital platform managed by Healthcare Improvement Scotland. The RDS aims to enable people to make safe, evidence-informed decisions about their care and the care of the people they support. It provides health and social care organisations with a single point of access to web and mobile apps which deliver decision-ready guidance, pathways, risk scoring tools, shared decision aids and other decision support resources.</p> <p>The web and mobile app platform is currently the best known and most widely used RDS system. RDS as a whole encompasses a wider suite of interlinked decision support systems including:</p> <ul style="list-style-type: none"> <li>• Patient-specific polypharmacy decision support platform integrated with electronic patient record systems.</li> <li>• Patient-specific decision support for pharmacogenomics, integrated with electronic patient record systems.</li> <li>• Multidisciplinary team decision support for discharge planning.</li> <li>• National platform for capture and use of Patient Reported Outcomes and Experience Measures (PROMs and PREMs).</li> </ul> <p>These decision support systems are novel within NHS Scotland, and generally add value to previous platforms rather than replacing them. In some cases, they may be used to streamline existing resources, for example when used to host patient information leaflets that had previously been distributed in hard copy.</p>	
Intended Outcome(s)	<p>The RDS Delivery Plan for April 2025 onwards sets out the following strategic outcomes and sub-outcomes:</p> <ol style="list-style-type: none"> <li><b>1. Delivery of Realistic Medicine and Value-Based Health and Care</b> <ol style="list-style-type: none"> <li>1.1 Consistent evidence-based practice, reduction in variation and harm</li> <li>1.2 Optimising efficiency, performance and sustainability</li> <li>1.3 Patient outcomes and shared decision-making at the centre of care</li> </ol> </li> <li><b>2. Enablement of NHS reform and renewal</b> <ol style="list-style-type: none"> <li>2.1 Improved referral management, reducing waiting times.</li> <li>2.2 Reducing avoidable admissions and length of stay.</li> </ol> </li> <li><b>3. Improvement in population health, reducing inequalities</b></li> <li><b>4. Addressing workforce challenges across health and social care</b></li> </ol>	

<b>Is there specific relevance for children and young people?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Are island communities included in the work?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

# Advancing equality

## Scope

The RDS programme does not aim to impact one particular service or stakeholder group, but rather aims to support the Scottish health and social care system as a whole. It is therefore necessary for this assessment to take into consideration the wide scope of individuals who are impacted by these systems.

This includes:

- Health and social care workers who use the RDS for their work
- Members of the public who use the RDS to support their care
- Members of the public who use the RDS to support the care of their loved ones
- Members of the public whose care is impacted by use of the RDS by those who care for them

RDS work which involves shared decision-making and self-management tools are of particular relevance to this assessment, as the accessibility and equalities requirements for these will be particularly strong.

The RDS hosts several toolkits which outline healthcare rights and standards, including SIGN guidance, SHTG assessments and those produced by the HIS Standards team. These resources aim to support both professional and public users in improving their awareness of these rights and standards. It is anticipated that this may improve outcomes for marginalised groups, which is noted in the relevant sections below.

It is important to note that the health and social care workforce are themselves representative of the Scottish population and it is therefore crucial to consider how they may experience inequalities in relation to the below protected characteristics both as workers and as individuals. It is anticipated that potential barriers will vary in the context of whether someone is accessing the RDS as NHS staff or as a member of the public, however. For example, a disabled person using the RDS as part of their NHS role would be entitled to reasonable adjustments and support from their employer, helping to mitigate the risk of digital exclusion. A disabled person using the RDS as an individual may not have access to these adjustments and is therefore at greater risk of exclusion.

## Intersectionality

The results below are categorised by the protected characteristics set out in the UK Equality Act 2010. These characteristics are cross-cutting, and it is crucial to consider that many individuals will fall into multiple categories. It is therefore essential to consider intersectionality when evaluating evidence and establishing mitigating actions. Intersectionality considers how characteristics and circumstances may overlap for an individual and impact their opportunities and outcomes.

<b>Age</b>	<p>There are lower rates of internet use among older adults in Scotland, with 23 % of those aged 60+ stating that they do not use the internet, compared to 1 % of those aged 16 to 34.(1)</p> <p>Older age groups also report lower digital capability and confidence, however recent reports indicate that these metrics are improving. A 2023 skills assessment found that 32 % of those aged over 75 were unable to open different applications on their devices and 32 % were unable to recognise what online information is trustworthy.(2)</p> <p>The median age of NHS Scotland staff is 44 years and the median age within the Scottish social services sector is 42 years.(3, 4)</p>
<b>Positive impact</b>	<p>RDS resources support the care of older people through both professional- and public-facing resources. These help to improve the quality and consistency of care received by this group.</p> <p>As a Once for Scotland product, the RDS may improve ease of searching and navigation for those with limited digital skills, as compared to accessing disparate online information from various health boards, organisations etc. The NHS Scotland branding on the site may also support those who are uncertain about the trustworthiness of information found online.</p>
<b>Negative impact</b>	<p>There is a possibility that older adults facing barriers to accessing digital resources may struggle to access the RDS, resulting in them being unable to access information related to their health or the health of someone they care for.</p>
<b>Neutral impact</b>	<p>Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.</p>

<b>Care Experience</b>	<p>Care experienced children and young people are at heightened risk of digital inequalities, linked to limited access to devices, internet connection and digitally skilled adults to support their skills. A 2019 study in Glasgow found that the digital facilities in young people’s residential homes were often not operational or fit for purpose.(5)</p>
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	Evidence shows that those who have experienced care at any point in their life have a higher prevalence of injuries, disabilities and neurodevelopmental conditions. They are also more likely than the general population to experience comorbidities and to have complex health needs.(6)
Positive impact	<p>RDS resources support the care of children and young people through both professional- and public-facing resources, particularly those with an emphasis on child protection and support. These help to improve the quality and consistency of care received by this group.</p> <p>As a group facing higher risk of health inequalities, the greater accessibility of free, high-quality health information may support this group in making decisions about their care and the care of their loved ones.</p>
Negative impact	There is a possibility that those currently in care may struggle to access the RDS given the digital inequalities faced by this group. This may result in them being unable to access information related to their health or the health of someone they care for.
Neutral impact	Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.

<b>Disability</b>	<p>Lower rates of internet usage are observed in disabled populations in Scotland across all age groups. In the most recent Lloyds Digital Index (2025), of those who responded that they did not use the internet, 48 % said they have a “physical or mental impairment” which may affect their ability to carry out day-to-day activities.(7)</p> <p>Many people with learning disabilities, sensory or motor impairments, neurodivergences and other disabilities require digital accessibility features in order to engage with technology.(8) Examples of these include screen reader compatibility, alt text and form labels. Studies show that many health information websites do not meet accessibility standards, therefore reducing access to this information.</p> <p>Accessible digital resources should also consider those with hearing and speech differences, for example d/Deaf people who may need access to captioning, translation or interpretation services.(9)</p>
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	<p>Workforce surveys indicate that 2% of social services staff and 1.8% of NHS Scotland staff have a disability. (3, 4) However, it should be noted that it is difficult to record accurate data around disability due to the large proportion of unknown responses and reluctance to declare disabilities in the workplace.</p>
<p>Positive impact</p>	<p>RDS resources support the care of disabled people through both professional- and public-facing resources. These help to improve the quality and consistency of care received by this group.</p> <p>The Right Decision Service platform complies with W3C AA accessibility standards, and its standard operating procedures require all editors to check that content complies with accessibility legislation. An accessibility statement and guide to using assistive devices are provided in the footer of every page of the RDS website.</p> <p>These RDS features can help to reduce barriers to accessing health information. For example, an RDS toolkit which is compatible with a screenreader may be more accessible to an individual with a visual impairment than a traditional hard-copy information leaflet.</p> <p>People with physical disabilities and some mental health conditions – eg social anxiety disorder, agoraphobia - are also likely to benefit from health resources which can be accessed without a requirement to travel. Online shared decision-making support via the RDS may support those who face difficulties accessing in-person health and care services.</p>
<p>Negative impact</p>	<p>While digital tools may be more accessible to some disabled people, others may be excluded as a result of financial, physical or digital accessibility barriers which prevent them from using online or digital resources.</p>
<p>Neutral impact</p>	<p>Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.</p>

<p><b>Gender Reassignment</b></p>	<p>There is a crossover between this and the ‘Sexual Orientation’ protected characteristic, as a result of the ways in which LGBTQ+ identity is defined. This section will focus on literature which exclusively discusses trans people and those who have undergone gender reassignment.</p>
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	<p>Trans, non-binary and gender diverse people have additional barriers to accessing healthcare and are shown to experience higher rates of mental health conditions.</p> <p>Evidence also shows that trans people are more likely to seek out health information (particularly relating to gender affirming care) online, due in part to negative experiences when accessing in-person health care.(10, 11) The language used by healthcare providers and in health information should be accurate and inclusive to avoid causing further harm to this group.</p> <p>Workforce surveys indicate that 0.1% of NHS Scotland staff are trans.(3) However, as above, this data is often inaccurate due to a reluctance to declare this information on workplace surveys. No comparative data exists for the social services sector.</p>
Positive impact	<p>The RDS provides resources and tools which may improve the quality and consistency of care for this group, for example through the hosting of the Gender Identity Standards which support equitable, high-quality care for trans people and those who have undergone gender reassignment.</p> <p>The RDS provides high-quality, accessible health information online which may support individuals who prefer to seek health information online rather than in-person.</p>
Negative impact	<p>RDS toolkits are managed via a distributed model, meaning content is created and maintained by staff across health boards and other organisations. This increases the difficulty of ensuring accessible and inclusive language is used consistently, which may result in harm to this and other marginalised groups.</p>
Neutral impact	

<b>Marriage and Civil Partnership</b>	<p>No evidence has been found to suggest a relationship between marriage and civil partnership status and digital exclusion, lower uptake of digital resources or preferences in accessing health information.</p> <p>Should any future evidence arise to suggest a link between these, this document will be updated and appropriate mitigations considered.</p>
Positive impact	

Negative impact	
Neutral impact	

<b>Pregnancy and Maternity</b>	<p>There is evidence to suggest that digital health resources have the potential to improve self-management and the psychosocial health of pregnant people and those who have given birth.(12) One paper noted that while online health information is generally seen positively by pregnant people, there is a risk that an over-supply of information could lead to anxiety or overwhelm.(13)</p> <p>Lower uptake of digital healthcare was observed in vulnerable pregnant groups, for example refugees, asylum seekers, those with mental health issues and those facing domestic violence.(14) Consideration of these factors should be taken when designing digital resources with a focus on pregnancy and maternity.</p>
Positive impact	<p>RDS resources support high-quality pregnancy and maternity care through both professional- and public-facing resources. These help to improve the quality and consistency of care received by this group.</p> <p>The RDS may support and improve the health outcomes of pregnant people and parents by facilitating online access to high-quality health information.</p>
Negative impact	<p>Lower uptake of digital resources from vulnerable pregnant populations should be considered to avoid further impacting on health inequalities faced by them.</p> <p>An over-load of health information, particularly relating to pregnancy and maternity, may lead to anxiety and negative mental health outcomes for pregnant people.</p>
Neutral impact	<p>Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.</p>

<b>Race/ Ethnicity</b>	<p>A link has been made between race/ ethnicity and digital exclusion, however differences in digital access are often explained by the age and income profiles of particular demographics. For example, 19 % of those living in white households live in poverty compared with 49 % of Pakistani households and 42 % of Black African households.(15)</p>
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	<p>Gypsy Traveller communities also face digital inequality. A 2019 study found that 38 % of Gypsy Travellers had a household internet connection, compared to 86 % of the general population.(16)</p> <p>A Lancet paper states that “the clustering of low digital access, low digital literacy and financial hardship among minority ethnic people causes a triple disadvantage for digital inclusion.”(17)</p> <p>People for whom English is not their first language may also face digital exclusion as they may struggle to translate written information or to engage with digital chat bots.(18)</p> <p>Staff from minority ethnic backgrounds make up 12.3% of the NHS Scotland workforce, and “at least 8%” of the social services workforce.(3, 4)</p>
Positive impact	<p>The RDS may improve access to health information as compared to traditional print resources for those who use translation software alongside digital resources.</p> <p>RDS resources such as the ‘Being a Partner in my Care’ and ‘Manage my Meds’ (in development) toolkits signpost users to quality assured, translated resources and provide toolkits to help ensure culturally appropriate care.</p> <p>A number of RDS decision support tools (e.g. ASSIGN and ‘Healthy Weight Pathway’) take account of ethnicity in the assessment of clinical risk and make corresponding recommendations for practice.</p>
Negative impact	<p>Racialised and minority ethnic groups are more likely to face digital exclusion, and so they may face additional barriers to accessing health information via the RDS.</p>
Neutral impact	<p>Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.</p>

<p><b>Religion or Belief</b></p>	<p>No evidence has been found to suggest a relationship between religion or belief and digital exclusion, lower uptake of digital resources or preferences in accessing health information.</p> <p>Should any future evidence arise to suggest a link between these, this document will be updated and appropriate mitigations considered.</p>
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Positive impact	The RDS 'Multi-faith' resource (in development) has been designed to support cultural and faith-sensitive care across the health and social care sectors.
Negative impact	
Neutral impact	

<b>Sex</b>	<p>Women are over-represented in the population of people who do not use or have access to the internet, and they report lower digital skills than men.(19) Women are also significantly less positive about the use of health care technology than men.(20) This may be the result of a number of factors, for example:</p> <ul style="list-style-type: none"> <li>• Women in the UK experience a wage gap in comparison to men, meaning they are more likely to experience economic hardship. This in turn may impact on their access to digital resources. The Office of National Statistics (ONS) report the gender pay gap as 6.9% in April 2025, with women in full-time employment earning less than male full-time employees across all major occupation groups. This pay gap is larger for employees aged over 40, which indicates an intersectionality with age.(21)</li> <li>• Women in the UK are also estimated to experience “time poverty” in comparison to male counterparts, often bearing a larger burden of domestic and social reproductive tasks. The ONS report that women spend significantly more time on unpaid household work than men (10.9% vs 8.4% of their day). Similarly, women spend longer on average providing unpaid care (2.7% vs 1.8%).(22) This may impact on their ability to engage with digital resources and build confidence.</li> <li>• Women may also be inclined to rate their confidence lower than male counterparts, meaning that lower digital confidence rates may not accurately reflect digital competence. For example, National Numeracy report that 54% of British girls are “not confident” learning maths, compared to 41% of boys, despite there being no evidence to show a gender component to numeric ability.(23)</li> </ul> <p>Women make up the majority of the health (77%) and social care (81%) workforce and it is therefore essential to consider this group both as workers and as members of the public in their interactions with digital tools such as the</p>
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	RDS.(3, 4) However, as noted above, women as employees will be subject to different barriers to access compared to women in the public.
Positive impact	
Negative impact	Women who face barriers to accessing digital resources may struggle to access the RDS, resulting in them being unable to access information related to their health or the health of someone they care for.
Neutral impact	Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.

<b>Sexual Orientation</b>	<p>There is limited evidence to suggest that LGBTQ+ individuals in the UK experience digital exclusion.</p> <p>Attitudes to the internet may vary however, with a Public Health Scotland assessment reporting that 24 % of LGBTQ+ individuals perceived the effect of online activity on their lives to be “more negative than positive.”(24)</p> <p>Sources highlighted the need for codesign principles when designing digital tools for LGBTQ+ communities, and for the use of inclusive language in the development of Patient Reported Outcome Measure tools.(25, 26)</p> <p>The NHS Workforce is reported as being 66.3% heterosexual, 1.4% bisexual and 1.6% gay/lesbian.(3)</p>
Positive impact	<p>The RDS provides high-quality, accessible health information online which may support individuals who prefer to seek health information online.</p> <p>The RDS provides resources and tools which may improve the quality and consistency of care for this group, for example through the hosting of the Gender Identity Standards which support equitable, high-quality care for trans people and those who have undergone gender reassignment.</p>
Negative impact	RDS content is managed via a distributed model, which may make it more difficult to ensure accessible and inclusive language is used across all RDS content. This increases the difficulty of ensuring accessible and inclusive language is used consistently, which may result in harm to this and other marginalised groups.

Neutral impact	
<b>Socio-economic</b>	<p>People living on low incomes and/or in deprived areas experience heightened digital exclusion as compared to the rest of the population. This digital exclusion can impact on health outcomes both directly and indirectly.(27) Direct impacts include reduced access to health-improving and prevention services such as appointments, resources and information. Indirect impacts include limited access to employment, housing etc.</p> <p>The Scottish Household survey found that only 87 % of households in the 20 % most deprived areas in Scotland had home internet connections, compared with 96 % of households in the least deprived areas.(1) Citizen’s Advice Scotland found that 25 % of Scottish people regularly run out of money before pay day, with 15 % of those people going without home internet and 22 % going without mobile phone access as a result.(28)</p>
Positive impact	<p>The ability to access information offline on the RDS app may benefit those with limited or intermittent connectivity. The RDS ‘print’ feature facilitates the printing off of key resources for those without digital access or skills.</p> <p>The RDS team are currently working in partnership with public libraries in order to strengthen the role of these institutions in supporting all members of their communities in accessing and using RDS resources and other quality-assured health resources.</p> <p>The ‘InfoForWellbeing’ toolkit is a blended learning resources which supports public and school libraries to develop their role in supporting health and wellbeing. It includes a module on supporting groups who experience barriers to accessing health and care information.</p>
Negative impact	<p>People affected by socioeconomic conditions may face barriers to accessing digital resources and therefore struggle to access the RDS, resulting in them being unable to access information related to their health or the health of someone they care for.</p>
Neutral impact	<p>Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.</p>

<b>Island communities</b>	Island communities often face digital connectivity issues as a result of reduced connectivity. Ofcom state that connectivity levels in Scotland fall below the UK average, with only 46 % of the country receiving coverage from all four operators.(29) This lack of connectivity is heightened in remote, rural and island communities.
Positive impact	<p>Access to high-quality information online may improve access to healthcare for those living in isolated areas.</p> <p>The ability to access information offline on the RDS app may benefit island residents and healthcare workers with intermittent connectivity.</p>
Negative impact	People in island communities facing barriers to accessing digital resources may struggle to access the RDS, resulting in them being unable to access information related to their health or the health of someone they care for.
Neutral impact	Where health information is provided through traditional (eg paper copy) format as well as via the RDS, the impact on those with limited access will remain as it was previously.

## Overcoming negative impacts

#	Action	Protected Characteristics impacted	Person responsible	Approximate Timeline
A1	<p>Establish methodology and engagement plan to support inclusive engagement and needs assessment with people across all relevant protected characteristics.</p> <p>This should be used by the RDS team for internal developments and shared with toolkit editors for use in toolkit creation, testing etc.</p>	All	<p>RDS Team Equalities Lead (MC)</p> <p>RDS Programme Lead (AWa)</p>	Short term (year 1)
A2	<p>Raise awareness and provide training for editors in following content accessibility standard operating procedure (SOP).</p> <p>Establish a robust process for toolkit editors to consider and confirm their consideration of the specific equality and accessibility considerations of their toolkit content.</p> <p>Update SOP to include guidance on providing traditional/alternative formats of information to accommodate those without digital access/confidence. This is particularly relevant for public-facing toolkits and the PROMs platform.</p>	<p>Age</p> <p>Care Experience</p> <p>Disability</p> <p>Pregnancy and maternity</p> <p>Race and ethnicity</p> <p>Sex</p> <p>Socio-economic</p> <p>Island communities</p> <p>Pregnancy and maternity</p>	<p>RDS Programme Lead (AWa)</p> <p>RDS Team Equalities Lead (MC)</p> <p>RDS Comms/ Training Lead (AWi)</p>	Short term (year 1)

#	Action	Protected Characteristics impacted	Person responsible	Approximate Timeline
	Update SOP to encourage use of wellbeing signposting around content that may be upsetting or overwhelming.			
A3	Establish engagement plan for new developments to raise awareness and promote understanding with relevant groups that have been highlighted as being more likely to experience digital exclusion.	Age Care Experience Disability Pregnancy and maternity Race and ethnicity Sex Socio-economic Island communities	RDS Team Equalities Lead (MC) RDS Comms/ Training Lead (AWi)	Medium term
A4	Explore possibility of securing “zero-rating” of the RDS website and/or app to reduce data poverty barriers. Explore possibility of further minimising app size, beyond work already done on this.	Socioeconomic	RDS Programme Lead (AWa) RDS Team Equalities Lead (MC) Tactuum	Medium term
A5	Undertake stakeholder mapping/needs assessment of professionals with limited digital confidence or capabilities who are using the RDS as end-users.	Age Care Experience Disability Pregnancy and maternity Race and ethnicity Sex Socio-economic Island communities	RDS Team Equalities Lead (MC) RDS Comms/ Training Lead (AWi)	Medium term

#	Action	Protected Characteristics impacted	Person responsible	Approximate Timeline
A6	<p>Work with public library networks in Scotland to support uptake and use of the RDS. Provide RDS end-user support for members of the public with limited digital confidence or capabilities.</p> <p>Create a section on the RDS to signpost users to digital skills and health literacy training, provided by trusted organisations such as NHS Education for Scotland.</p>	<p>Age</p> <p>Care Experience</p> <p>Disability</p> <p>Pregnancy and maternity</p> <p>Race and ethnicity</p> <p>Sex</p> <p>Socio-economic</p> <p>Island communities</p>	<p>Knowledge Management Consultant (FB)</p> <p>RDS Team Equalities Lead (MC)</p>	Short term (year 1)
A7	Conduct a brief survey with users of public and professional RDS toolkits to establish self-reported digital confidence and other digital accessibility needs.	All	<p>RDS Team Equalities Lead (MC)</p> <p>RDS Comms/ Training Lead (AWi)</p>	Short term (year 1)
A8	Promote the functionality to save toolkits for offline use to those with limited connectivity.	<p>Socio-economic</p> <p>Island communities</p>	RDS Comms/ Training Lead (AWi)	Medium term
A9	Create SOP on the use of inclusive and non-discriminatory language and imagery in RDS toolkits. Add this to the existing RDS SOPs and Style Guide.	<p>All, but with particular consideration of:</p> <p>Disability</p> <p>Gender reassignment</p> <p>Race and ethnicity</p> <p>Sex</p> <p>Sexual orientation</p>	<p>RDS Team Equalities Lead (MC)</p> <p>HIS Comms/ Equality team(s) to support</p>	Short term (priority for year 1)

It is not anticipated that the changes recommended above will create any new, adverse impacts in relation to a person's protected characteristics.

# Impact rating

## Impact rating key

- Low**      There is little or no evidence that some people are (or could be) differently affected by the work.
- Medium**      There is some evidence that people are (or could be) differently affected by the work.
- High**      There is substantial evidence that people are (or could be) differently affected by the work

Protected characteristic	Low	Medium	High
Age		x	
Care experience		x	
Disability		x	
Gender reassignment		x	
Marriage and civil partnership	x		
Pregnancy and maternity		x	
Race and ethnicity		x	
Religion or belief	x		
Sex		x	
Sexual orientation		x	
Socio-economic		x	
Island communities		x	

# Monitor and review

Identified issue	Person responsible	Review date
Actions to mitigate negative impacts relating to lack of access to devices, internet connectivity, digital skills and/or digital confidence.	RDS Team Equalities Lead (MC)	1/12/26
Actions to mitigate negative impacts relating to exclusionary or inappropriate language, content and/ or functionality.	RDS Team Equalities Lead (MC)	1/12/26

# Evidence and research

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# EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager [rosie.tyler-greig@nhs.scot](mailto:rosie.tyler-greig@nhs.scot)

<b>Project lead</b>	Maria Cordero
<b>Sign off date</b>	10/02/2026