

# Equality and Children’s Rights Impact Assessment (Stage 1)

**This is a legal document as set out in the**

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

**and may be used as evidence for cases referred for further investigation for compliance issues.**

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

**Question 1: Title of Policy, Strategy, Redesign or Plan**

Scan for Safety Project

**Question 2a: Lead Assessor’s details**

<b>Name</b>	Karen Gregory	<b>Tel. No</b>	N/A
<b>Job Title:</b>	Senior Project Manager	<b>Ext:</b>	N/A
<b>Department</b>	Digital and Information	<b>Email</b>	Karen.gregory@nhs.scot

**Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?**

Scan for Safety Project Implementation Team

**Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.**

<b>Aim</b>	<p>The main aim of the Scan for Safety programme is to improve patient safety and quality of care by increasing the accuracy, reliability and traceability of medical devices and consumables used in clinical settings. This supports safer care, faster responses to safety alerts or recalls and improved learning from clinical data.</p> <p>The specific objectives of this work within NHS Fife are to:</p>
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	<ul style="list-style-type: none"> <li>• Improve the traceability of high-risk and implantable medical devices by ensuring accurate recording of product, patient and procedure information through barcode scanning.</li> <li>• Reduce the risk of patient harm associated with manual recording, incomplete records or delayed identification of affected patients during device safety alerts or recalls.</li> <li>• Support clinical teams by providing a simpler and more reliable process for recording device usage at the point of care.</li> <li>• Create a high-quality data source that can be used to monitor outcomes, improve clinical practice and support evidence-based decision making.</li> </ul> <p>The desired outcomes of implementing Scan for Safety are:</p> <ul style="list-style-type: none"> <li>• Safer patient care through improved ability to identify and contact patients quickly if a medical device issue arises.</li> <li>• Improved efficiency and reduced waste through better stock control and inventory management.</li> </ul>
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**Question 4: Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p><b>Age -</b> <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>There is no impact on patients. The service is provided to all age groups, and the inclusion or absence of age information does not affect the care delivered.</p> <p>Staff will be fully supported throughout the transition from the current paper-based system</p>

	<p>for recording patient notes to a new digital solution. We recognise that some staff particularly those who have relied on paper processes for a significant period may experience additional challenges during this change. As part of the project delivery, appropriate adjustments will be made to ensure all staff are supported. This will include training delivered in a range of formats and the introduction of local digital champions who will provide peer support, guidance, and reassurance during and after implementation, ensuring all staff have the confidence and support needed to use the new system effectively.</p>
<p><b>Disability –</b>  <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>The implementation of Scan for Safety is not expected to have a negative impact on patients with disabilities, including those with physical disabilities, learning disabilities, mental health conditions, or sensory impairments such as deafness, hearing loss, or sight loss. The approach supports safer, more accurate identification and tracking processes, which benefits all patients.</p> <p>For staff, we recognise that some individuals with disabilities such as visual impairments, dexterity challenges, neurodiversity, or mental health conditions may experience additional barriers when using digital systems. As part of implementation, reasonable adjustments will be considered to ensure accessibility needs are met. This may include accessible equipment, alternative formats, and support from local digital champions to provide guidance and reassurance.</p> <p>The use of Scan for Safety aims to improve consistency, reduce reliance on manual processes, and enhance patient safety overall, while ensuring that both patients and staff with disabilities are supported and not disadvantaged by the change.</p>

<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>The implementation of Scan for Safety is not expected to have a negative impact on patients from any racial or ethnic background, including individuals from White, Black, Asian, Arab, mixed, or multiple ethnic groups. The use of standardised scanning and identification processes supports safer, more consistent care delivery and reduces the risk of errors, benefiting all patients regardless of race or ethnicity.</p> <p>Scan for Safety does not rely on language proficiency, cultural background, or ethnicity-specific information to function effectively, and therefore does not create barriers for groups such as Gypsy/Traveller communities, people from migrant backgrounds, or those whose first language is not English. Where patients require additional support due to language or communication needs, existing interpreting and support arrangements will continue to be used alongside the system.</p> <p>For staff, the introduction of Scan for Safety is not anticipated to disproportionately impact individuals from any racial or ethnic group. Training and support will be delivered inclusively, with materials made available in accessible formats where required. Local digital champions will be in place to provide guidance and support, helping to ensure all staff are able to use the system confidently and consistently.</p> <p>Overall, Scan for Safety supports equity by promoting consistent processes and reducing variation, helping to ensure patients receive safe and effective care irrespective of their race or ethnicity.</p>
<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>The patient CHI number identifies patients as male or female with the ninth digit always being an even number for females and an odd for males. This information will be scanned in from the patient’s wristband.</p>
<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>The system does not store Sexual Orientation therefore there are no anticipated impacts.</p>

<p><b>Religion and Belief -</b>  <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i>  <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The system does not record information on religion or belief, so no direct impacts are anticipated. In general, a patient's religion or beliefs are not influenced.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No adverse impact identified. The proposal applies equally and inclusively to people of all gender identities, with dignity and privacy maintained.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i>  <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>The Scan for Safety system does not store Pregnancy and Maternity information; therefore, there are no anticipated impacts.</p>
<p><b>Marriage and Civil Partnership –</b>  <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i>  <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>The Scan for Safety system does not store Marriage and Civil Partnership information of patients; therefore, there are no anticipated impacts.</p> <p>Workforce – there is no impact on staff using the Scan for Safety system due to marriage.</p>

### Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p><b>Article 3 - Best Interests of the Child</b>  <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Scan for Safety supports the best interests of the child by improving safety and the quality of care through better tracking of medical devices, without changing how children access services.</p>

<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Scan for Safety helps protect children and support healthy development by improving patient safety and reducing risks linked to medical devices used in care.</p>
<p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b>  <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>The national Scan for Safety EQIA found a positive impact for all patients, including children and young people, and stressed the need for information to be easy to access and understand. Locally, Scan for Safety doesn’t change how children and young people share their views or raise concerns, but it does help by improving the quality of information used to support care decisions. Overall, there are no negative impacts, and the local approach matches the national position.</p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Scan for Safety applies equally to all children, including those who are refugees or care experienced. It does not change access to care or rights but supports equitable care by improving the accuracy and availability of information used in treatment decisions. Existing NHS Fife arrangements for interpretation, accessible information and additional support remain in place to ensure no child is disadvantaged.</p>
<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i>   <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Scan for Safety doesn’t stop disabled children from taking part in care or everyday activities, as it doesn’t change how services are accessed. It helps by making information about medical devices clearer and more reliable, while existing NHS Fife support and reasonable adjustments remain in place.</p>
<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i>   <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Scan for Safety supports good quality healthcare by improving the safety and traceability of medical devices used in children’s care. It helps create safer clinical environments and supports better health outcomes, without changing how children access services. No negative impacts have been identified.</p>

<p><b>Other relevant UNCRC articles:</b>  <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>	<p>No other UNCRC articles have been identified as specifically relevant to the Scan for Safety programme.</p>
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**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

Scan for Safety is a national programme led by National Services Scotland on behalf of the Scottish Government, introduced to improve the tracking and tracing of high-risk implantable medical devices through digital data capture at the point of care. The programme supports compliance with UK Medical Device Regulations, which require NHS Boards to store Unique Device Identification (UDI) data for Class III and IIb medical devices.

Within NHS Fife, implementation is overseen through established clinical governance arrangements, with assurance provided via a Clinical Governance Committee paper outlining the patient safety, quality improvement and regulatory drivers for adoption. A local Data Protection Impact Assessment (DPIA) has been completed to assess information governance and data protection risks associated with the programme.

The work represents a system and process change, rather than a service redesign or targeted intervention, and therefore no specific local demographic analysis or health needs assessment has been undertaken.

Video clips from the National team have been shared to understand the system functionality.

Case Studies and Videos:

[Case Studies and Videos - Scan4Safety](#)

Improving Patient Safety:

[Scan for Safety – Improving patient safety through the traceability of medical devices and equipment](#)

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?  
(Please tick)**

Yes	√	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Yes. Consultation has taken place with a range of relevant clinical, operational and national stakeholders to support the assessment of potential impacts. Engagement has included the NHS Fife Ophthalmology Clinical Lead, Theatre Manager, Senior Charge Nurse, Charge Nurse, and wider theatre staff, alongside procurement, IT, and finance colleagues.

In addition, National Services Scotland (NSS) Scan for Safety Programme representatives have been involved through regular project team meetings, on-site visits, and workshops. These forums have been used to discuss workflow changes; system use and safety considerations.

**Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

Conclusion Option	Comments
<p><b>1. No Further Action Required.</b> Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>Potential impacts have been considered through stakeholder engagement, local governance arrangements and completion of a Data Protection Impact Assessment (DPIA). The Scan for Safety programme represents a system and process change aligned to national policy, with no changes to service access or eligibility. No significant adverse impacts on protected characteristic groups or children and young people have been identified. A Stage 2 EQIA or full Children’s Rights and Wellbeing Impact Assessment (CRWIA) is therefore not required at this stage.</p>
<p><b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p><b>3. Continue Without Adjustments</b> Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p><b>4. Stop the Proposal</b> Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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Return to Equality and Human Rights Team at  
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