

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

Implementation of Fife Hybrid Mail

Question 2a: Lead Assessor's details

Name	Jacqui Penman	Tel. No	
Job Title:	Senior Project Manager	Ext:	
Department	Digital & Information	Email	Jacqueline.penman@nhs.scot

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

Hybrid Mail Project 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.

Aim	The main aim of the project is to encourage new solutions to reduce manual effort in existing processes. The project will see a move from a physical printing of letters across NHS Fife to electronic distribution via Adare SEC – a Royal Mail sub-contractor.
------------	--

	<p>Currently NHS Fife staff print letters on-site, manually enveloping them and distributing them via NHS Fife’s internal mailrooms. The new model will involve letters being sent electronically through a secure platform to Adare SEC who will handle the physical production – printing the letter, preparing the envelope and posting it via Royal Mail.</p> <p>There will be no change to patients receiving letters. There are several benefits aligned to this project, including:</p> <p>Costs savings: reduced expenditure on paper, printers, maintenance and consumables</p> <p>Reduced waste: optimised print runs, reducing overproduction and waste</p> <p>Speed and turnaround: faster production times, including better mail tracking functionality</p> <p>Reduced admin burden: staff freed up to focus on higher-value tasks</p> <p>Patient satisfaction: clearer communications, consistent branding and faster turnaround times ensure timely delivery of critical documents.</p> <p>Reduction in did not attend (DNAs): letters sent timeously, reduction in incomplete address to avoid undelivered mail.</p>
--	---

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
All Domains	<p>This will impact all protected characteristics positively in 2 ways:</p> <ol style="list-style-type: none"> 1. Patients will receive communications in a more timely manner, reducing the likelihood of missing short-notice appointments, subsequently improving access to care. 2. Staff working these processes will have a reduction in timeous tasks to enable them to focus on higher-value tasks.

<p>Age - <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>No negative impact – health communications (e.g. appointment letters, referrals, test results) will continue to be sent to patients regardless of age. In the case of children (for the purposes of this document, children are under 17 years), the message will go to the next of kin recorded in our patient administration system.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Adare Sec interface must meet the needs of staff. Identified staff who have expressed challenges in accessing technology will have support in place.</p> <p>The Services will continue to provide health communication in various accessible formats (e.g. large print, braille or audio).</p> <p>Patients with additional learning needs will be able to receive the communication in the same way that they currently do.</p>
<p>Race and Ethnicity – <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>No negative impact - the services will continue to provide translated materials and interpreter access for people whose preferred language is not English.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>No impact – Services will continue to produce health communications based on a patients' demographic information held on the system.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>No impact – Services will continue to produce health communications based on a patients' demographic information held on the system.</p>

<p>Religion and Belief - <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></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>No impact – Services will continue to produce health communications based on a patients’ demographic information held on the system.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No impact – Services will continue to produce health communications using the patient’ name as it is recorded within the appropriate patient management system.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>No negative impacts identified for this group.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between same-sex couples. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>No impact – Services will continue to produce health communications using the patient’ name as it is recorded within the appropriate patient management system.</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.

<p>UNCRC Right</p>	<p>Anticipated Impacts & Relevant Mitigations</p>
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made.</i></p>	<p>Hybrid mail can support the best interests of the child by improving the efficiency, security and accessibility of how information is</p>

<p><i>Decisions must be made whilst considering what is best for children.</i></p>	<p>delivered to families and carriers. Hybrid mail can reduce admin burden and documents such as appointment letters, vaccination reminders, care updates and referrals can reach families quickly.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <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>Timely delivery of health communications (e.g. appointment letters, vaccination reminders) ensures children access care without delay, supporting their development.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <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>Timely delivery of health communications ensures children are informed about decisions affecting them, enabling meaningful participation.</p> <p>There would be no change to the current service children under 17 receive. For example, if children under 17 request a copy of their Audiology report or an appointment letter they would receive one.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <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>Timely delivery of health communications ensures refugee and asylum-seeking children receive timely access to healthcare, safeguarding, and support services.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Hybrid mail can delivery appointment letters and health communications in Braille, large print and other formats tailored to children or carers. Communications can be dynamically tailored to included specific health needs, appointment types or support services relevant to the child’s disability.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Timely delivery of health communications (e.g. appointment letters, vaccination reminders) ensures children access care without delay, supporting both physical and mental health.</p> <p>Cost-effective communication reduces NHS administrative costs, allowing more resources</p>

	to be directed toward frontline services that support children’s development.
Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i>	NA

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.

NHS Fife is facing a financially unsustainable situation due to multiple pressures, including inflation, rising energy and prescribing costs, reduced funding for planned care, increased service-level agreement (SLA) costs, and workforce shortages leading to reliance on temporary staffing.

To address this, the Business Transformation Programme—part of the *Reform, Transform and Perform Framework*—aims to modernise and sustain support services by:

- Identifying and delivering impactful, efficiency-driven projects.
- Redesigning roles and functions to create a shared support service model.
- Promoting continuous improvement, technology adoption, and streamlined processes.

One such initiative is the Hybrid Mail Project, which supports the programme’s goal of reducing manual processes. It will:

- Implement a new Hybrid Mail/Print & Post Service.
- Complement ongoing Digital & Information work, such as the Patient Hub.
- Offer a more cost-effective solution for sending paper-based patient communications.

The desired outcomes of this project are:

1. More standardised mail production and communication/delivery processes.
2. Better mail tracking so Services know where their letters are in the delivery process.
3. Less costly mail production and delivery processes.

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

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?

Audiology (as the full service looking to adopt Hybrid Mail) and Health Records have been consulted on the benefits of digital communications and external print house options. Staff have been consulted and opinions sought as part of the implementation. Services report complaints/feedback are regularly reported from Patients regarding letter quality and delivery issues e.g. letter did not arrive on time. NHS Fife have high DNA rate that results in lost capacity and underutilised clinics as well as an increased admin burden.

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>1. No Further Action Required. 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>There are no negative impacts identified and therefore no requirement for further impact assessment.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments 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>4. Stop the Proposal 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 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	
Name	Jacqueline Penman
Email	Jacqueline.penman@nhs.scot
Telephone (ext)	
Signature	
Date	21.10.25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	
Signature	
Date	20.10.25

Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot