Equality Impact Assessment (Full) Form 2

EQIA Document Control

Date started	1st June 2018
Date completed	28th August 2018
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Equality Impact Assessment (Full) Form 2

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process.

You have by this stage identified Adverse Impact for a protected characteristic group and/ or some cross cutting issues.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have found and the **mitigation plan** to address the Adverse, the overview for this work will look like this (see below):

Adverse Impact Detail	Outline of Mitigation Plan
Describe what have you found in detail in relation to: • Community Groups • Workforce • Other cross cutting issues The standard impact assessment indicated that there are potential risks to access related to additional travel, particularly for older people, people with limited access to transport, people on low incomes and people living in rural communities. In relation to the workforce the standard impact assessment indicated that there are potential risks in relation to additional travel. (use EQIA - form 2)	**What are you going to do about it?** • Develop a clear action plan to support access for all affected groups. • Monitor activity to understand and mitigate against any negative impacts **Who are you going to involve to help advise and involve in decision making about the adverse impact?** • Continue to engage with stakeholders via groups such as the PCES Clinical Governance Group • Through contingency monitoring arrangements meet with staff • Survey service users • Feedback to senior management information related to contingency receievd through the Joining Up Care Consultation **How are you going to involve and engage with people, staff, etc on decision?** The decision was communicated via: • Staff and Elected member briefings • Staff and elected member meetings

	• Press releases • Website materials • Signs in Urgent Care Centres **What are your timescales to do this?** • As an urgent contingency measure the communication was immediate. • Ongoing communication has been undertaken via above routes. • Survey and focus groups were undertaken in June to inform service management on stakeholders experiences of the contingency arrangements. **What stages (if more than one) are involved?** Not applicable. **How will you feedback to those you have consulted with?** • Updates via media releases to whole community. • A partnership briefing will be prepared to feedback on the contingency arrangement. • An elected members briefing will be prepared to feedback on the contingency arrangement.

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Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
AGE Adults, Older People, Children and Young People (0-18 Years)			 High High High	Concerns about driving further over night have been voiced in feedback by a small number of members of the public and their representatives. Circa 30% of contacts are children, only 1% of this activity is via a Home Visit. Practice indicates that social circumstances sometimes mean that a parent/carer is unable to provide or secure transport for a child to a centre. The Service wishes to ensure that a child does not miss out on clinical care because of a decision they are not party to. Potential compounding of difficulties for 10.9% of Fife families which are lone parent families.
Disability Physical/ sensory problems, Learning Difficulties, Communication needs Cognitive impairment			 High High High High	Clinical management continues in line with non contingency arrangements. Concerns about driving further over night have been voiced in feedback by a small number of members of the public and their representatives.

Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
Gender Reassignment		*		
Pregnancy and Maternity	*			Co-location with specialist services will facilitate faster access to specialist services where a patient attends a centre.
Race/ Ethnicity		*		
Religion/Faith		*		
Sex (Male/female)		*		
Marriage or Civil Partnership		*		
Sexual Orientation		*		
Staff (this could include details of staff training completed or required in relation to service delivery) Policies, etc.			High	Travel outwith normal base and impact on personal life of longer commute. Feedback received from 1-1 conversations with staff, survey and focus groups.
Carers			High	Concerns about driving further over night have been voiced in feedback by a small number of members of the public

Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
				and their representatives. Circa 30% of contacts are children, only 1% of this activity is via a Home Visit. Practice indicates that social circumstances sometimes mean that a parent/carer is unable to provide or secure transport for a child to a centre. The Service wishes to ensure that a child does not miss out on clinical care because of a decision they are not party to. Potential compounding of difficulties for 10.9% of Fife families which are lone parent families.
Homeless			High	Concerns about driving further over night have been voiced in feedback by a small number of members of the public and their representatives.
Involved in the Criminal Justice System		*		
Language /Social Origins		*		
Low income/ *Poverty			High	Concerns have been noted in relation to the impact on access of additional travel cost and access to travel. 12.4% (2016) of the population of Fife are noted as income deprived, with 25.6 % (2011) of households having no access to a car or van. Income deprivation varies significantly by area, ranging from 6.7% in East, 16.3% central and 11.2% in the West. The area with the lowest access to a vehicle is Central

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	Positive Impact	No Impact	Adverse Impact	
				Fife. Accessible rural areas have relatively low levels of income deprivation 7.3% with 14.2% of households having no vehicle access.
Mental Health Problems		*		
Rural Areas		*		Assessed that contingency will have the same characteristics as normal service provision for those living in rural areas.

- Poverty is to become another statutory and legal characteristic as part of the Equality Act (2010) via an amendment.

Appendix 3

Equality Impact Assessment (EQIA)

Action Plan Template

Title of Action Plan	PCES Contingency Plan: EQIA	
Lead for Action Plan	Claire Dobson DGM (West)	**Contact details:** **clairedobson@nhs.net** **03451 555555 ext 401453**
Who will be involved? (please list)	PCES Service Manager PCES Operational Management Team	

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
June 2018	**Social Inequalities:** Travel where people cannot access / afford travel to attend an appointment. This is however not a new issue. It is recognised that due to the contingency arrangements	Ensure that current practice for disputed outcome or unable to travel calls are followed up with an advice call within the recommended disposition is consistent and robust.	**June 2018**	**Ongoing**	Transport funding Procedure to be developed	Initial assessment is undertaken by NHS 24, an outcome can be that people are offered a Treatment Centre appointment - where people advise that they

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	overnight there will be communities that have to travel further to access the treatment centre between 00:00 and 08:00.	Explore transport policies in other NHS board areas.				cannot travel this is logged as a 'disputed outcome'. Alternatively when PCES dispatch call to make the arrangements for an appointment they may be advised that the person cannot arrange travel to attend. In both these instances an Advice call will be arranged with a clinician (at the same time disposition as the offered appointment). Where the clinician calls the patient to assess clinical need and where a clinical assessment is required urgently a home visit is arranged.
		Develop a procedure to provide transport support where there is reduced staffing available to undertake Home Visits.	**July 2018**	**Ongoing**		Where staffing resources are limited the Scottish Ambulance Service would be asked to support.

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
	Where staffing levels are below optimum / activity is higher it may be difficult to offer a home visit	To ensure there is capacity for Home Visits review criteria to ensure people are seen in the appropriate environment and people who are able to travel support the most efficient use of service resources. Confirm facilities access to support additional Treatment Centre attendances Continual clinical review of activity is undertaken to ensure safe, quality service provision, this includes review of any missed/cancelled appointments or home visits. Initially daily now fortnightly conference calls with senior leadership and management team to ensure responsive action to any emerging concerns (this would include any complaints).	**Daily practice** **April 2018**	**Ongoing** **Ongoing**		Work is underway to develop a procedure with PCES Clinical Governance Group Liaising with NHS 24 to support application. Communication with staff / contractors / ED re change in practice
June 2018	**Age:** Older people. Concerns about travelling further. Children. Concerns about travelling further. Concerns raised regarding	Conversations regarding travel are routine practice with the service. 60% of older people contacts with the service are home visits and 16% are advice calls. In addition ensure that social	**June 2018**	**Ongoing**		**See Social inequalities update.**

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
	travel where people cannot access / afford travel to attend an appointment. This is however not a new issue. It is recognised that due to the contingency arrangements overnight there will be communities that have to travel further to access the treatment centre between 00:00 and 08:00.	circumstances impact on children's access is considered. Ensure that current practice for disputed outcome or unable to travel calls are followed up with an advice call within the recommended disposition is consistent and robust. Explore transport policies in other NHS board areas. Continual clinical review of activity is undertaken to ensure safe, quality service provision, this includes review of any missed/cancelled appointments or home visits. Initially daily now fortnightly conference calls with senior leadership and management team to ensure responsive action to any emerging concerns (this would include any complaints).	**Part of review** **Daily practice** **April 2018**	**Ongoing** **Ongoing**		

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
April 2018	**Staff:** Additional commuting distance and impact on other roles	Flexibility over shift start and finish times.	**April 2018**	**Ongoing**		To support staff, flexibility over shift start and finish times has been implemented. These have been adjusted to support additional time to attend and mitigate against commuting through peak traffic.
		Support transport arrangements for staff changing base during a shift.	**April 2018**	**Ongoing**	£325 to as at 9/7	For medical staff moving between St Andrews Community Hospital and Victoria Hospital to complete a shift that commenced in St Andrews and finishes in Kirkcaldy a taxi has been provided to enable them to move between bases at 00:00 and return to St Andrews. The Partnership is reimbursing the additional travel costs where staff's normal bases have changed to accommodate contingency arrangements (as per organisational policy). Individual 1-1

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
		Individual 1-1 conversations with staff Initially daily now fortnightly conference calls with senior leadership and management team to ensure responsive action to any emerging concerns (this would include any complaints).	**April 2018** **April 2018**	**Ongoing** **Ongoing**		conversations are available and have been undertaken to enable adjustment to support continued input to the service.

Notes:

Document Control

Signed (Lead for Action Plan)	**Claire Dobson**		
Date of sign off	**28th August 2018**		
Date of last update			
Version No	**1**	**Changed by:**	
Additional notes			

To be completed by Equality and Participation Co-ordinator
EQIA checked by: Shirley Ballingall
Date: 14th September 2018
Comments:
Date EQIA published: by end of September 2018

(Please note) This is the minimum Action Plan template required; please add in any additional sections required.