



EQIA – Standard Impact Assessment (Form 1)

Question 1:

Which Service, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name	Fife Elective Orthopaedic Centre- Project Team,
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Question 2:

Lead Assessor's contact details

Name	Alan Wilson Eleanor Bathgate	Tel. No	01383623623
Job Title:	Project Director Clinical Advisor	Ext:	29363 23149
Department	Fife Elective Orthopaedic Centre	Email	Eleanor.bathgate@nhs.scot

Question 3:

Title of Document / Policy (please include the Policy number) / Proposed Change (project or initiative)

The construction of a dedicated Elective Orthopaedic Centre within the existing VHK Estate.

Question 4

Define the work– is it? N= New, R= Review / Redesign

Policy		Procedure (inc SOPs)		Guideline		Project	✓
Strategy		Protocol		Service			
Other?	(Please describe)						

Question 5

Briefly outline the aim and the purpose of the work that is being screened for Adverse Equality Impact.

Aim	To provide a dedicated Elective Orthopaedic Centre
Purpose	<p>The project will provide a purpose built Elective Orthopaedic Centre (FEOC) within the existing VHK estate. The build will include an outpatient facility, admissions unit, inpatient ward and operating theatres as well as staff accommodation.</p> <p>Through participation and engagement with stake holders and service users we aim to ensure that the design is developed in line with the principals set out in the project design statement providing a sustainable elective orthopaedic service for the future.</p> <p>Which will increase efficiency for the patient, and improve practice for teams as a result of establishing a whole system approach to care.</p> <p>The FEOC will provide a centre of excellence for patients undergoing elective orthopaedic procedures from assessment until discharge following surgery.</p>

Question 6

Is this a new development? (Please tick)

Yes	✓	No	
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Question 7

If yes, what is it replacing or changing?

<p>This facility will replace the existing Outpatient, Ward, and Theatre services based in Phase 2 Victoria Hospital and Queen Margaret Hospital, providing a one stop service for the people of Fife undergoing Elective Orthopaedic Procedures.</p>

Question 8:

What is the scope for this EQIA? (Please tick*)

NHS Fife (all)		NHS Fife (Acute)	✓	NHS Fife (Corporate)	
HSCP West Division		HSCP East Division		HSCP Fife wide Division	
*Service specific?	Planned Caare		*Discipline specific?	Elective	

Name		Name	Orthopaedics.
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Question 9:

Who is it intended to benefit?

Staff	✓	Service Users	✓	Public	✓
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Question 10:

Identifying the Impacts

Consider any potential Impacts on the Protected Characteristic Groups, etc and the relevance of policy/ change to each group is described as:

H- High Relevance , **M = Medium Relevance** or **L= Low relevance**

Equality Impact Assessment Matrix

Protected Characteristic	Positive Impact	No Impact	Adverse Impact
High Relevance	NO Full EQIA required	NO Full EQIA required	Full EQIA required – Action Plan required
Medium Relevance	NO Full EQIA required	NO Full EQIA required	Full EQIA required – Action Plan required
Low Relevance	NO Full EQIA required	NO Full EQIA required	EQIA may be required – discuss with Equality and Participation Co-ordinator as you may be able to address these Impacts immediately.

Relevant Protected Characteristics	Employees	Equality group
Age - children and young people, older people	LR/PI	HR/PI
Disability - including people with mental health difficulties	LR/PI	HR/PI
Race - black and ethnic people including gypsy travellers	LR/PI	LR/PI
Sex - women and men	LR/PI	LR/PI
Sexual orientation - lesbian, gay or bisexual	LR/PI	LR/PI
Religion and Belief	LR/NI	LR/NI
Gender Reassignment	LR/PI	LI/PI
Pregnancy and Maternity	LR/NI	LR/NI
Marriage and Civil Partnership	LR/NI	LR/NI
<p>Are there any other groups this work may affect? i.e.</p> <p>Staff groups may be affected by car parking; however this is being planned for with new parking areas and extensions to parking sites across the whole VHK estate.</p> <p>Parking will also impact on those with a disability – what facility or support will be available to those who need to park either near the door or who will require support for a wheelchair on arrival assistance. However, after construction there will be disabled parking and a drop off point at the main entrance to the building. Wheelchairs have also been allocated to the main door. There will be the same amount of disabled parking and general / patient parking across the site albeit not in the same areas. Patient car parking will be allocated nearest to the</p>		

<p>hospital.</p> <p>ENT Ward-both this ward and the Audiology ward will be affected during construction. As part of the communication plan, we have planned for patients to be made aware of changes in locations of these services. In particular the needs of Deaf, hard of hearing patients will have additional support for any location changes/service change. Additional signage for those who are hard of hearing or deaf during this time and information to go out to our local community groups would be beneficial. Audiology will be relocated, there will be information within the audiology appointment letters around the changes to clinic relocations. Signage will be considered and displayed appropriately during this time, this will be coordinated by service managers.</p> <p>The ENT service are aware of the construction timelines and are discussing the options. They intend for the meantime to stay in the same location and manage any issues operationally. This is being discussed with clinicians, service managers and at the project board meetings.</p> <p>West Fife residents, travelling to VHK for OP appt, may occur additional time and costs-see below for additional contributions to reduce impacts.</p> <p>People living in rural areas, areas of disadvantage, homeless people, people on low incomes/poverty or people involved in the criminal justice system?</p> <p>Having a 'central' orthopaedic service may impact on those who are on living or low wages. Additional travel time and additional costs may be incurred. It is intended that these will impacts will be minimal as staffing will be transferred to the new build from the existing onsite services. An extensive communication plan will support awareness of travel routes, and costs and information will be provided as to how patients can reclaim any travel costs. This is not just for staff – the adverse impact may also affect those on a pension or low incomes / those who live in rural areas or in poverty. Patients from all sides of fife will be using the unit and are already travelling across fife for Outpatient appointments and / or surgery. However if there is a hardship then patients will be able to claim travel as they do at present. There are plans to reduce the necessity for patients requiring to attend for appointments, where possible these will be done virtually by telephone or video call (Near Me) for outpatient reviews there could be a reduction of 30% attendance and 10% for new patients.</p> <p>All WC's are gender neutral and there are accessible toilets allocated to fit in line with the current guidance. There is also a baby changing area.</p>		
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<p>There was a meeting on 24th September to discuss staffing for the outpatient department, staff side were invited to attend and will be kept up to date with staffing plans and changes as we move forward. Theatre and ward staff will be relocating on site so there are no issues anticipated.</p>		
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Question 11:

Have you consulted with staff, public, service users, others to help assess for Impacts?

(Please tick)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>
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If yes, **who** was involved and **how** were they involved? If not, why not, was this necessary as it is just a refresh of existing policy or guidance already in place for example?

<p>Who?</p> <p>List all consulted</p> <p>General Manager, Service Managers PC, Stake holders, Staff side, Members of Public/Patients. Clinical Lead for orthopaedics, Orthopaedic surgeons, Clinical Nurse Manager, Senior Charge nurses, Infection Prevention and Control, Director of Pharmacy, Labs, Radiology Service Manager, Audiology Service Manager, Information Services, Director of Estates, Director of Finance, Chief Operating Officer, Director of Nursing. Information Services, Head of communications. Health and Safety, Fire Officer, Security, Facilities, Fife Council.</p> <p>How?</p> <p>Through membership of project teams, Clinical Stakeholder Meeting, Public Consultation and Engagement through Achieving Excellence in Design Evaluation Toolkit meeting (AEDET), Project team Meetings, Project Board Meetings. Clinical Governance Meetings, On-going meetings with external Contractors and Architects, National Design Assessment Process (NDAP) Public engagement and involvement – we have recruited members of the public to be involved in the design processes which have ensured a strong community input and reflection of the additional considerations in the design and therefore the business case.</p>

Question 12:

If necessary- please include in brief evidence or relevant information that has influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements etc) . Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links :

Other Drivers for Change National, local and service strategies are also contributing towards the need for change. Key strategies are outlined below:

National Strategies ▪ The Healthcare Quality Strategy for NHSScotland, May 2010: Quality Ambitions include “safe” and “effective” care. ▪ 2020 Vision for Health and Social Care: the 2020 vision describes a healthcare system where “care will be provided to the highest standards of quality and safety” and where “there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk to readmission”.

Local Strategies ▪ NHS Fife Clinical Strategy, 2016: the strategy discusses the intention to continue the ongoing review into theatre efficiency across all sites (i.e. increase efficiencies within the current capacity). For elective orthopaedics this many involve investigating options for seven day working and longer days whilst continuing to protect beds. The strategy also mentions the requirement for “efficient, fit-for-purpose facilities” and the intention to “reconfigure the estate to provide safe, high quality, person centred care from the most suitable locations”.

Service Strategies & Reports ▪ GIRFT, Trauma and Orthopaedic ACCESS Review, March 2016 (for NHSScotland): the report focuses on sustainably embedding quality patient pathways of care, optimising the use of existing capacity (theatres and beds), determining if there is sufficient capacity and addressing gaps to deliver safe and timely care for patients now and in the future – having the services in the right place with the patient at the centre. ▪ MSK and Orthopaedic Quality Drive: five priority work-strands, each with a clinical evidence/best practice base, have been identified to have the greatest impact. The workstrands relevant to theatre redesign are: ▪ Enhanced Recovery - Optimising patient recovery after joint replacement ▪ Demand and Capacity Planning and Management - Supporting strategic and operational decisions

Public Consultation and Engagement through Achieving Excellence in Design Evaluation Toolkit meeting (AEDET).

Question 13:

Meeting the Public Duty for Equality Impact Assessment

Please provide a rationale to support the results of the Standard Impact Assessment, in that due consideration has been given to:

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**

- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this has been achieved
Eliminate discrimination	NHS Fife is an organisation which embraces diversity, we have considered the protected characteristics and have concluded that none of the 9 protected characteristic groups will be adversely affected by this development, that there will be either no impact or a positive impact.
Advance equality of opportunity	<p>NHS Fife advances equality of opportunity by ensuring inclusion and involvement in this project from start till finish, with public and staff, contractors and partners.</p> <p>All services contracted and procured are bound by our commitment to the Public Duty and Equality Acts. This makes sure that all our providers also take forward these duties thereby further extending our responsibility and own ethical values via our providers, to ensure fairness throughout the processes.</p>
Foster good relations	Stakeholders, NHS staff as well as patients and representatives have been involved and consulted during the planning, design and implementation of this project.

Question 14:

Has your assessment been able to demonstrate the following?

Positive Impact	✓
No Impact	
Adverse Impact	<p>✓ <u>The issues highlighted in this document to address as a result of them being possible negative or adverse impacts will be addressed as part of the action or project plan and monitored via these means.</u></p>

If you have identified that a Full EQIA is required then you will need to ensure that you have in place, either a working group or a means to address the results of the Adverse Impact Assessment at one of your meetings or as a separate arrangement. **Prepare for this in advance**; bring any information or reports to the meeting, make contact with community groups or other organisations that you would like to have involved or to check your policy/program or service change etc.

To be completed by Alan Wilson



EQIA checked by: Dianne Williamson



Date: 17/10/2019

Comments:

This EQIA is based on the actual design process of the new build for the Orthopaedic centre. Further considerations will be documented as part of the planning for example; the internal design process, patient/public communications and staff planning/communications.

Date EQIA published: 1.10.2020