

Equality Impact Assessment (Full) Form 2

EQIA Document Control

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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 one or more protected characteristic groups 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
<p>Describe what have you found in detail in relation to:</p> <p>Protected Characteristic Groups Workforce Other cross cutting issues</p> <p>The SIA identified potential adverse impact in relation to:</p> <ul style="list-style-type: none"> • age • race/ethnicity • disability • Religion and Belief (Community Hospitals only) <p>Cross-cutting issues identified included:</p> <ul style="list-style-type: none"> • low income/deprivation • carers • homelessness • people living in rural areas • Transport <p>The standard impact assessment indicated that there are potential risks to access related to travel, transport and distance to and between service centres.</p> <p>In relation to the workforce the standard impact assessment indicated that there are potential risks in relation to additional travel.</p>	<p>What are you going to do about it?</p> <ul style="list-style-type: none"> • Develop a clear action plan to support access for all affected groups. • Monitor activity to understand and mitigate against any negative impacts <p>Who are you going to involve to help advise and involve in decision making about the adverse impact?</p> <ul style="list-style-type: none"> • Equality and Human Rights team. • Scottish Health Council • Continue to engage with third sector stakeholder groups. • Engage with staff through management arrangements and partnership structures. • Engage with service users • Feedback to senior management of information received through the EQIA process. <p>How are you going to involve and engage with people, staff, etc on decision?</p> <ul style="list-style-type: none"> • EQIA workshops • Public consultation questionnaire • Public meetings • Elected member briefings • Elected member meetings. • Staff engagement meetings and briefings. • Press releases. • FHSCP Website • Visits to community groups; <p>What are your timescales to do this?</p> <ul style="list-style-type: none"> • September 2018

	<ul style="list-style-type: none"> • Ongoing communication has been undertaken via above routes. • Formal consultation to begin on 2nd June. <p>What stages (if more than one) are involved?</p> <p>Stage 1 – scoping of full EQIA – Comms and Engagement Group</p> <p>Stage 2 - EQIA engagement – links to Public Consultation and stakeholder engagement.</p> <p>Stage 3 – analysis, evaluation and feedback report</p> <p>How will you feedback to those you have consulted with?</p> <ul style="list-style-type: none"> • Publish report on FHSCP website • Direct feedback to equality groups. • A partnership briefing will be prepared to feedback to staff. • An elected members briefing will be prepared to feedback on the contingency arrangement.
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OUT OF HOURS URGENT CARE				
Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
Difficulties, <u>Cross cutting issues</u> Communication needs Cognitive impairment			High High	<ul style="list-style-type: none"> • Availability of public transport during the night for some people • Low income – roll out of Universal Credit in Fife http://dwp-stats.maps.arcgis.com/apps/MapSeries/index.html?appid=f90fb305d8da4eb3970812b3199cf489 Higher levels of deprivation and low income exist in Dunfermline/ West Fife areas and this creates the potential for increased hardship for some people living in these areas.
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			High	Minority ethnic groups are traditionally “hard to reach”, have lower levels of contact with health services and present issues around communication and. In Fife there are few “intermediary” groups, one notable exception being Fife Migrant’s Forum.
Religion/Faith		*		.
Sex (Male/female)		*		
Marriage or Civil		*		

OUT OF HOURS URGENT CARE				
Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
Partnership				
Sexual Orientation		*		
Staff (this could include details of staff training completed or required in relation to service delivery) Policies, etc.			High	Re-configuration of services could potentially have an impact e.g. travel to an alternative base and impact on personal life of longer commute. Feedback received from 1-1 conversations with staff, survey, focus groups and workforce engagement workshops.
Carers			High	Concerns about driving further over night have been voiced in feedback by 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.
Homeless			High	Concerns about travelling further over night have been raised in the EQIA engagement workshops by staff from Shelter and Fife Council.

OUT OF HOURS URGENT CARE				
Protected Characteristic Groups	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
	Positive Impact	No Impact	Adverse Impact	
Involved in the Criminal Justice System		*		
Language /Social Origins		*		The booking of Out of Hours care interpreting communication supports can be variable. Staff must be aware of how to book interpreters out of hours.
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 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.

The impact of poverty on children must be given due regard under the Fairer Scotland Duty 2018 and a further assessment would be required should evidence suggest that children living in areas of deprivation would potentially be affected by any strategic decision made by the IJB.

Community Health and Wellbeing Hubs 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)	*			Feedback was positive about access, care co-ordination, integrated care, joint working among professionals.
Disability Physical/ sensory problems, Learning Difficulties, Communication needs Cognitive impairment Mental Health	*			Feedback was positive about access, care co-ordination, integrated care, joint working among professionals. Mental Health service users will experience a much improved joined up service.
Gender Reassignment		*		
Pregnancy and Maternity		*		
Race/ Ethnicity			*	Minority ethnic groups are traditionally “hard to reach”, have lower levels of contact with health services and present issues around communication and language. In Fife there are few “intermediary” groups, one notable exception being Fife Migrant’s Forum.
Religion/Faith		*		

Sex (Male/female)		*		
Marriage or Civil Partnership		*		
Sexual Orientation		*		
Community Hospitals and Intermediate Care	IMPACT RATING			DETAILS (what evidence has helped you come to this decision)
Protected Characteristic Groups	Positive Impact	No Impact	Adverse Impact	
AGE Adults, Older People, Children and Young People (0-18 Years)		*		Feedback was largely positive, although a key message was that, at this stage, much more information was required.
Disability Physical/ sensory problems, Learning Difficulties, Communication needs Cognitive impairment		*		
Gender Reassignment		*		
Pregnancy and Maternity		*		

Race/ Ethnicity		*		Minority ethnic groups are traditionally “hard to reach”, have lower levels of contact with health services and present issues around communication and. In Fife there are few “intermediary” groups, one notable exception being Fife Migrant’s Forum.
Religion/Faith			*	There is a need to ensure that Prayer rooms are identified in Community Hospitals to ensure the Equality Act 2010 is upheld in terms of providing services for patients and workforce
Sex (Male/female)		*		
Marriage or Civil Partnership		*		
Sexual Orientation		*		

Appendix

**Equality Impact Assessment (EQIA)
Action Plan Template**

Title of Action Plan	Joining Up Care	
Lead for Action Plan	Claire Dobson DGM (West)	Contact details: clairedobson@nhs.net 03451 555555 ext 401453
Who will be involved? (please list)	Service Managers – Community Health and Wellbeing Hubs, Community Hospitals, Out of Hours Urgent Care, Change and Improvement Team	

1. Out of Hours Urgent Care

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
01/11/2018 & 23/11/2018	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 overnight there will be communities that have to travel further to access the treatment centre between 00:00 and 08:00.	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 to identify best practice on this issue.	27/11/2018	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 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

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
	<p>Where staffing levels are below optimum / activity is higher it may be difficult to offer a home visit</p>	<p>Develop a procedure to provide transport support where there is reduced staffing available to undertake Home Visits.</p> <p>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.</p> <p>Confirm facilities access to support additional Treatment Centre attendances</p> <p>Continual clinical review of activity is undertaken to ensure safe, quality</p>	27/11/18	ongoing		<p>attend.</p> <p>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.</p> <p>Where staffing resources are limited the Scottish Ambulance Service would be asked to support.</p> <p>Work is underway to develop a procedure with PCES Clinical Governance Group</p> <p>Liaising with NHS 24 to support application.</p> <p>Communication with staff / contractors / ED re change in practice</p>

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
		<p>service provision, this includes review of any missed/cancelled appointments or home visits.</p> <p>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).</p>				
	<p>Age: Older people. Concerns about travelling further.</p> <p>Children. Concerns about travelling further.</p> <p>Concerns raised regarding 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.</p>	<p>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.</p> <p>In addition ensure that social circumstances impact on children's access is considered.</p> <p>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.</p> <p>Explore transport policies in other NHS board areas.</p> <p>Continual clinical review of activity is undertaken to ensure safe, quality service provision, this includes review of any missed/cancelled appointments or home visits.</p>				<p>See Social inequalities update.</p>

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
		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).				
	Staff: Additional commuting distance and impact on other roles	Flexibility over shift start and finish times. Support transport arrangements for staff changing base during a shift.			£325 to as at 9/7	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. 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

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
		<p>Individual 1-1 conversations with staff</p> <p>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).</p>				<p>(as per organisational policy).</p> <p>Individual 1-1 conversations are available and have been undertaken to enable adjustment to support continued input to the service.</p>

2. Community Health and Wellbeing Hubs

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
01/11 /2018 & 23/11 /2018	<p>Booking of BSL interpreters process clearly communicated to staff and service users</p> <p>Buildings being utilised are fully accessible</p>	<ul style="list-style-type: none"> • Discussion with Equality and Human Rights Team to discuss how community language /BSL support will be provided in Hubs • NHS Fife / Fife Council to check that EQIA's on buildings being utilised for Wellbeing Hubs 	27/11/2018	ongoing	<p>Fife Centre of Equalities involvement</p> <p>Environmental checks</p> <p>SBAR re Cost pressures to provide interpreting</p>	

					and translation supports	
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3. Community Hospitals and Intermediate Care

Date	Description of Issue or concern raised	Actions required (inc public involvement)	Start date	End date	Resource Implications	Last Update
01/11/2018	Inequity of prayer room provision may be exacerbated by any closure or reconfiguration of facilities.	Spiritual care and prayer rooms should be factored into planning and management of services for staff and patients to use in buildings	27/11/2018	ongoing	Accommodation to be assessed to allow for prayer rooms in each Community Hospital site.	

Notes:

Plan will require monitoring until fully implemented.

Document Control

Signed (Lead for Action Plan)	Claire Dobson		
Date of sign off	26 th November 2018		
Date of last update			
Version No	V0.1	Changed by:	
Additional notes			
To be completed by Equality and Participation Co-ordinator			
EQIA checked by: Shirley Ballingall			
Date: 27 th November 2018			
Comments:			
Date EQIA published: 1 st December 2018			

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