

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

‘Policy’ is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy or change to service	National Treatment Centre		
Names and role of Review Team:	Review Team members Karen Andrews, General Manager Debbie Kirk, Head of Access Joanne Edwards, Director Acute Services Supported by: Elaine McClure, Portfolio Programme Manager Seonaid Lewis, Engagement Manager Elaine Savory, Equality and Diversity Adviser	Date(s) of assessment:	31 December 2021 26 January 2022 22 February 2022 17 August 2022

SECTION ONE

AIMS OF THE POLICY

1.1. Please state which this applies to?

Please state which:

Policy

Strategy

Function

Service Change

Guidance

Other

New build facility

1.2 What is the scope of this EQIA?

NHS A&A wide

Service specific

Discipline specific

Other (please detail)

1.3a. What is the aim?

The aim of the National Treatment Centre (NTC) based in NHS Ayrshire & Arran will be to optimise delivery of elective orthopaedic activity by improving and enhancing access to theatre sessions, enhancing all existing surgical and associated journeys through a whole scale review and redesign of processes, services, staffing and accommodation. This NTC will provide orthopaedic capacity to support patients within NHS Ayrshire and Arran and from other NHS Boards.

The site of the new NTC is on the previous Carrick Glen Hospital site which is located close by to University Hospital Ayr (UHA).

1.3b. What are the objectives?

To provide additional capacity for elective orthopaedic patients. The development of an NTC to complement the elective centre of excellence on the UHA site will mean that we can treat more patients which will in turn reduce waiting times and improve patient experience for all patients.

Specific objectives are:

- Expanded clinical facilities – theatres and beds
- Significant increase in number of orthopaedic operations
- Significant investment in staffing in all staff groups
- Right size and capacity for current and future demand

1.3c. What are the intended outcomes?

The new model of care should enable the service to treat patients in a shorter timescale. The current backlog of orthopaedic patients in Ayrshire and Arran is approximately 3,000 patients.

- A goal-oriented culture of efficiency with a common drive and purpose will ensure cases are completed on the day they are scheduled;
- Streamlined processes, optimal communication, clearly defined roles and responsibilities and appropriate session start times will avoid delays at the beginning of the day and throughout sessions;
- Highly motivated staff with a common purpose will work flexibly to provide a consistent level of service, minimising cancellations;

- Staff morale will be good, staff sickness levels low and this will be reflected in data on recruitment and retention success rates;
- A flexible, inclusive approach to session planning and theatre operation will improve collaboration between colleagues located within orthopaedic services and those based in theatre environments;
- The development of specialist roles with a clear remit will complement and strengthen the multi-disciplinary team to deliver excellent patient outcomes; and
- The model for post-operative care, based on a balanced blend of generalist and specialist skillsets will ensure patient safety and optimise patient flow.

1.4. Who are the key stakeholder who need to be informed, engaged or consulted? What are the benefits?

- Patients and their carers/families
- Staff (Medical, Nursing, AHPs Pharmacy, Administrative)
- Laboratory Services, Clinical Support Services including Porterage, Domestic
- Supporting clinical services (Radiology, Clinical Physiology) .
- Scottish Ambulance Service
- Transport Service

The key benefits are as follows

Developing a NTC within Ayrshire and Arran will result in increased elective activity. This will, in turn, reduce waiting times for patients, which is particularly important as our services begin to recover after COVID-19. There will be significantly fewer breaches of Treatment Time Guarantee and overall an improved patient experience.

Patients

- Reduction in waiting times;
- Improved outcomes and quality of life;
- Reduced reliance on opioid and other painkillers whilst awaiting orthopaedic surgery
- Upskilling population to self-manage a long-term condition through a pre-habilitation model;
- Timely treatment based on patient need;
- Reduced patient travel (compared to attending elective care service at GJNH);
- Improved patient safety: minimising infection through design and practice, with shorter length of stay in hospital; and
- Improved patient dignity, optimising confidentiality; and Improved familiarity of surroundings for patients.

Workforce

- Happier workforce with improved morale and reduced sickness absence levels;
- Opportunity to develop in extended roles e.g. Advanced nurse practitioners, Advanced Surgical Practitioner which make them more attractive as a career proposition;
- Opportunity to be more self-sustaining in meeting local population need and supporting wider West of Scotland service needs;
- An alternative type of culture and work focus compared to a DGH will make working in the National Treatment Centre more attractive for some;
- A supportive staff environment encompassing pastoral care for staff, considering requirements for rest and recuperation, including mental health support and a strong culture;
- Recruitment and retention improved due to the above.

Economic

- Productivity improvements mean more cases will be completed each week compared to current arrangements;
- Optimal and predictable use of resources through consistently delivering '4 joint lists';
- Reduced health system costs for prescription of opioid pain killers;
- Repatriation of activity carried out in GJNH aids economy of scale reducing cost per case. This in turn offers opportunities for reductions in consumable costs on a unit basis;
- Reducing patient wait times, operating sooner reduces overall risk of morbidity, with a commensurate reduction in the need for community narcotics, cost of analgesics, potentially cost of care packages etc;
- Reduction in expenditure on agency staff; and
- Patients are contributing to society again more quickly, by e.g. getting back to work, providing childcare to let others work or shopping / dining locally.

1.5. How have the stakeholders been involved in the development of this policy?

Staff Informing and Engagement

To inform staff on the proposed development of a national treatment centre in NHSAA and wider Programme a 'high level' bulletin for staff was produced and circulated via Daily Digest. This bulletin also promoted the open staff information sessions (November 2021) detailed below.

Three open staff information sessions took place on 8 November, 12 November and 18 November 2021 - 28 staff attended these sessions. Questions and discussion points have been recorded and will be used to inform future sessions.

In November 2021, a number of targeted sessions took place, facilitated by the Project Team

- Orthopaedics Directorate meeting
- General Surgery and urology Directorate meetings
- Anaesthetics directorate meeting
- UHA theatre team
- UHA orthopaedics ward nursing
- UHA site communication group

Further staff engagement sessions took place in May 2022.

Patient engagement and involvement

Planning for patient involvement took place from November 2021. Options Appraisal sessions and a NHSScotland Design Assessment Process (NDAP) Workshop took place on 20 January 2022, 27 January 2022 and week commencing 7 February 2022 and opportunities for patients to be involved were implemented.

The current service identified and contacted potential patients to discuss involvement. Following this a further phone call was undertaken to discuss the levels of participation and ensure that the patients were able to easily participate using their mobile phone or laptop on the MS Teams platform. If they were not, alternative ways to be involved were discussed. Due to pandemic this had to be undertaken via MS Teams and therefore supporting actions were taken including one to one sessions for patients to access and use the platform.

1.6 Examination of Available Data and Consultation - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

National Treatment Centre Programme Board chaired by SG.

NHS Ayrshire and Arran Clinical Project Group - NTC

Consultants, nursing staff, AHPs, pharmacy staff, SAS , Business Intelligence/Planning and Performance etc

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

The NTC is part of a National network of ten centres across Scotland and will benefit both NHS Ayrshire & Arran citizens and those from other parts of Scotland. The impact of the Covid-19 pandemic on elective waiting times, in particular Orthopaedics, has been significant. As at August 2022 there is over 3,000 patients waiting for inpatient and day case treatment in Ayrshire and Arran, which is likely to grow further over the short and medium term.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

The demand for surgical procedures has been steadily increasing in recent years due to changing demographics, epidemiology, and advancing technology which enable more conditions to be surgically treated. National trends reflect an increasing demand over the previous 10 years for common elective procedures, in particular in Orthopaedics. Application of this growth rate to the current population and age profile projections reflects that further activity increases should be anticipated.

The Covid-19 pandemic has placed further significant pressure on the delivery of elective care across Scotland resulting in cancellation of planned surgery, delays in scheduling procedures, restrictions on the number of treatments / outpatient consultations and potentially latent demand arising from delays in patients accessing and being seen in general practice.

Orthopaedics has the highest number of patients waiting across Scotland.

1.7. What resource implications are linked to this policy?

There will be significant investment in staffing – workforce plan is currently at development stage. There will be additional capital build to support the delivery of this project.

SECTION TWO IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- **Eliminating unlawful discrimination**
- **Promoting equal opportunities**
- **Promoting relations within the equality group**

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
2.0 All	X			<p>This is additional capacity to that which is currently offered at UHA. Should any patient have difficulty in travelling to the new facility they can be offered a date for surgery at UHA.</p> <p>There will be an opportunity in the future to repatriate patients from the Golden Jubilee to the new facility.</p>
2.1. Age <ul style="list-style-type: none"> Children and young people 			X	<p>See All section</p> <p>Children and Young People – Children will not be impacted by this change as treatment for children will continue to be provided from University Hospital Crosshouse.</p>
<ul style="list-style-type: none"> Adults 	X			<p>Adults – patients are already attending for elective surgery at UHA, the new facility will be within close proximity to UHA and offers additional capacity to allow a shorter wait.</p>
<ul style="list-style-type: none"> Older People 	X			<p>Older People – patients are already attending for elective surgery at UHA, the new facility will be within close proximity to UHA and offers additional capacity to allow a shorter wait.</p>

<p>2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	X			<p>See All section</p> <p>There will be capacity for patients to be operated in UHA and the New Treatment Centre.</p> <p>The new build will comply with latest design legislation for buildings.</p> <p>Patients will be at the centre of their care and will be treated in the most appropriate site to meet the needs of each individual patient.</p> <p>Existing processes for supporting patients whose first language is British Sign Language (BSL) would be followed.</p> <p>NHS A&A already has in place Learning Disability Liaison Nurses who can support individuals along with family members / carers.</p> <p>Where necessary advice, guidance or support can be sought from our Mental Health Teams to support any individuals during or after accessing the service.</p>
<p>2.3. Gender Reassignment</p>			X	<p>See All section</p> <p>The impact on patients undergoing/have undergone gender reassignment is neutral. At all times NHS A&A will endeavour to accommodate individuals in a respectful manner in the gender in which they identify.</p>
<p>2.4 Marriage and Civil partnership</p>			X	<p>See All section</p> <p>The impact on marriage and civil partnership is neutral.</p>
<p>2.5 Pregnancy and Maternity</p>			X	<p>See All section</p> <p>The impact on pregnancy and maternity is neutral. Where an individual requires support in this area, advice and guidance can be sought from our maternity services.</p>

2.6 Race/Ethnicity			X	See All section The impact of someone's race or ethnicity would be neutral. Existing processes for supporting patients whose first language is not English would still be followed.
2.7 Religion/Faith			X	See All section The impact of someone's religion or faith would be neutral. Existing chaplaincy services are available should any individuals require access or support.
2.8 Sex (male/female)	X			See All section This is additional capacity to that which is currently offered at UHA. Should any patient have difficulty in travelling to the new facility they can be offered a date for surgery at UHA. There will be an opportunity in the future to repatriate patients from the Golden Jubilee to the new facility. The new facility will have individual peri-op rooms and the inpatient area will have single rooms with ensuite facility.
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 			X	See All section The new NTC will have a neutral impact on someone's sexual orientation.

2.10 Carers	X			<p>See All section</p> <p>Drop off facilities will be incorporated into the new NTC.</p> <p>The new facility will have individual peri-op rooms and the inpatient area will have single rooms with ensuite facility. This could allow for carer support to be present when appropriate.</p> <p>This is additional capacity to that which is currently offered at UHA. Should any patient have difficulty in travelling to the new facility they can be offered a date for surgery at UHA.</p> <p>There will be an opportunity in the future to repatriate patients from the Golden Jubilee to the new facility.</p>
2.10 Homeless			X	<p>See All section</p> <p>The impact of someone being homeless would be neutral.</p>
2.12 Involved in criminal justice system			X	<p>See All section</p> <p>Someone involved in the criminal justice system in Ayrshire having to undergo elective treatment whilst in prison is extremely low; they would be considered once they are liberated. Should someone within HMP Kilmarnock require to undergo trauma treatment, this would be undertaken at University Hospital Crosshouse and, therefore, there would be no differential impact.</p>

2.13 Literacy			X	<p>See All section</p> <p>NHS Ayrshire & Arran need to consider communication of the proposed changes to ensure members of the public are aware of them. Alternative messaging such as short video clips should be considered rather than written messaging.</p>
2.14 Rural Areas	X			<p>This is additional capacity to that which is currently offered at UHA. Should any patient have difficulty in travelling to the new facility they can be offered a date for surgery at UHA.</p> <p>There will be an opportunity in the future to repatriate patients from the Golden Jubilee to the new facility.</p>

<p>2.15 Staff</p> <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 	X			<p>The NTC will recruit new staff, it may be that some staff groups will rotate through UHA and the NTC. A recruitment drive will be in place to ensure recruitment and relevant training is in place before NTC opens.</p> <p>The NTC will be a new fit for purpose facility offering an improved and supportive staff environment encompassing pastoral care, as well as considering requirements for rest and recuperation, including mental health support.</p> <p>The aim to have a flexible, inclusive approach to session planning will improve collaboration between colleagues located within orthopaedic services.</p> <p>The development of specialist roles with a clear remit will complement and strengthen the multi-disciplinary team to deliver excellent patient outcomes, as well as opportunities to develop in extended roles, which make them more attractive as a career proposition.</p> <p>There has been staff information sessions all of which invited staff to send in comments and thoughts in relation to this development. The comments received have been recognised and incorporated into the planning. In addition regular updates and information sharing with staff via directorate meetings where feedback is incorporated.</p>
--	---	--	--	---

2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low income / poverty			X	This is additional capacity to that which is currently offered at UHA. Should any patient have difficulty in travelling to the new facility they can be offered a date for surgery at UHA. There will be an opportunity in the future to repatriate patients from the Golden Jubilee to the new facility.
Living in deprived areas			X	
Living in deprived communities of interest			X	
Employment (paid or unpaid)	X			As above. By ensuring patients receive care in a more timely manner will improve their outcome and rehabilitation, and therefore the possibility of returning to employment (paid or unpaid) in a timeous manner.

SECTION THREE CROSSCUTTING ISSUES				
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?			X	The NTC will have no differential impact on diet and nutrition.
3.2 Exercise and physical activity?	X			The new NTC will allow patients to have surgery in a more timely manner enabling them to resume to levels of exercise and physical activity.
3.3 Substance use: tobacco, alcohol or drugs?	X			The NTC will have no differential impact on substance use. However, by reducing waiting times there is reduced reliance on opioid and other painkillers whilst awaiting orthopaedic surgery.
3.4 Risk taking behaviour?			X	The NTC will have no differential impact on risk taking behaviour.

SECTION FOUR CROSSCUTTING ISSUES				
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			X	The NTC will have no differential impact on living conditions.
4.2 Working conditions?	X			The NTC will be a new fit for purpose facility offering an improved and supportive staff environment encompassing pastoral care, as well as considering requirements for rest and recuperation, including mental health support.
4.3 Pollution or climate change?	X			The NTC will be where possible carbon zero.
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	X			The NTC aims to reduce waiting times and avoid cancellation of elective surgery through additional capacity and staffing resources thus improving access for surgical procedures.
Social Services			X	No anticipated impact to social services will be realised.
Education			X	The NTC will have no differential impact on education services.
Transport	X	X		We will engage with transport services to determine possibilities for a drop off point close to the NTC entrance.

Housing			X	The NTC will have no differential impact on housing services.
----------------	--	--	---	---

SECTION FIVE**MONITORING****How will the outcomes be monitored?**

- Overall activity levels delivered
- Waiting time for patients reduced
- Re-admission rate
- Waiting list size
- Patient and staff feedback

What monitoring arrangements are in place?

- Regular reporting via agreed Governance Structure (all of items referenced below will be part of the governance reporting)
 - Monitoring of waiting list size and length of wait
 - Patient and staff feedback
 - Adverse events reviewed via DATIX system

Who will monitor?

General Manager for NTC with clinical colleagues as required.

What criteria will you use to measure progress towards the outcomes?

- Waiting list reduction
- Patient and staff feedback
- Reduced complaints about length of wait

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

Authorised by

Title

Signature

Date

Identified Negative Impact Assessment Action Plan

Name of EQIA:

National Treatment Centre

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
Jan 2022	Public Transport	To liaise with transport network to determine if additional drop off points are possible	K Andrews	Dec 2022		This will just be an issue if the site is not on the UHA campus

Further Notes:

Signed:

Date: