

## 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](mailto:elaine.savory@aapct.scot.nhs.uk)

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

<b>Name of Policy</b>	Standard Operating Procedure for Patients attending Orthopaedic Nurse Clinic for follow up.		
<b>Names and role of Review Team:</b>	Andy Tanagho –Consultant Orthopaedic Surgeon Marsha Maurri- Senior Charge Nurse Eileen Stewart- Deputy Charge Nurse	<b>Date(s) of assessment:</b>	07/06/2022
<b>SECTION ONE AIMS OF THE POLICY</b>			
1.1. Is this a new or existing Policy : <u>  New  </u> policy_____			
Please state which:      Policy <input checked="" type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service Change <input type="checkbox"/> Guidance <input type="checkbox"/> Other <input type="checkbox"/>			
1.2 What is the scope of this EQIA?			
NHS A&A wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail) _____			
1.3a. What is the aim?			

To develop a robust training programme for orthopaedic nurses who will then provide a follow up service for a specified group of patients. The standard operating procedure has been produced to ensure that the procedures for follow up of specified orthopaedic fracture patients are followed safely and to a high standard, within NHS Ayrshire & Arran. The intention is to ensure consistent practice by a suitably experienced registered nurse.

**1.3b. What is the objectives?** To provide a robust orthopaedic nurse led service for the follow up of specified group of patients. The aim of the orthopaedic nurse clinic is to free up the time of the Orthopaedic Surgeons to focus on those patients with more complex issues.

**1.3c. What is the intended outcomes?**

Timely follow up appointments and appropriate care carried out in line with the Standard Operating Procedure.

The orthopaedic nurse clinic will focus on the management of a specific group of fractures. There is potential scope to expand it in the future if required.

The Orthopaedic Surgeons will offer training to NMC registered nursing staff to allow them to carry out the follow up care for a specified group of patients. These patients will be identified by the Orthopaedic Surgeon following review of their case.

This clinic will always run alongside a consultant led orthopaedic clinic. The Orthopaedic surgical team undertaking the adjacent Fracture clinic will be available for checking X-rays and advice should any issues be identified.

NMC registered nursing staff must successfully complete the Orthopaedic Nurse Clinic education programme delivered by an Orthopaedic Consultant and be deemed competent by the named surgeon. This will enable the nurse to deliver the appropriate care as laid out in the standard operating procedure guide.

**1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?**

The stakeholders are the named Orthopaedic Consultant Surgeons, The Out-Patient Department senior charge nurse and the registered general nurses who are working within the Orthopaedic Out-Patients clinic.

The policy will benefit patients by providing a consistent and robust review process for specified patients attending the Orthopaedic service. They will be given time specific appointments and will have care delivered as per the Standard Operating Procedure. We will monitor the success of the SOP for the nurse led clinics by asking patients to complete a feedback form.

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

They have worked as a team to develop the Standard Operating Procedures in order to provide our patients with appropriate and timely care.

**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)

Yearly review of clinic, User feedback forms, documented evidence from yearly PDP and reviews of any complaints received.

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

Orthopaedic consultants within Crosshouse Hospital, also contact with British Orthopaedic Association.

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

At the current time, the orthopaedic fracture clinics held within NHS Ayrshire & Arran are extremely busy and patients often have a lengthy wait to be seen by the Orthopaedic Specialists due to the high volume of patients attending. A nurse led service has run previously within the outpatient department and feedback was positive.

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

Promotes evidence based care delivery.

**1.7. What resource implications are linked to this policy?**

4 nurses involved in delivery of the nurse led clinics and one nurse required to run clinic on each session.

<b>SECTION TWO</b>	<b>IMPACT ASSESSMENT</b>
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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.**

<b>Equality Target Groups – please note, this could also refer to staff</b>				
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	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating

<p><b>2.0 All</b></p>			<p>X</p>	<p>The purpose of the standard operating procedure is to ensure consistency in approach and application by staff. It describes the care which should be delivered following the bony injuries/ operations described. All staff should be able to follow this standard operating procedure and where any reasonable adjustments are required this will be known to the manager.</p> <p>NMC registered nursing staff must successfully complete the Orthopaedic Nurse Clinic education programme delivered by an Orthopaedic Consultant and be deemed competent by the named surgeon. This will enable the nurse to deliver the appropriate care as laid out in the standard operating procedure guide.</p> <p>This clinic will always run alongside a consultant led orthopaedic clinic. The Orthopaedic surgical team undertaking the adjacent Fracture clinic will be available for checking X-rays and advice should any issues be identified.</p>
<p><b>2.1. Age</b></p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults</li> <li>• Older People</li> </ul>			<p>X</p>	<p>See all above.</p> <p>The standard operating procedure is designed for individuals aged 16 and over so staff would not require to work with Paediatric patients.</p> <p>A staff member's age should not have any impact on delivering this standard operating procedure.</p>

<b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)			X	See all above. If a staff member has a disability for example dyslexia, reasonable adjustments will be in place to support them to deliver the approach outlined in the standard operating procedure.
<b>2.3. Gender Reassignment</b>			X	See all above. A staff member's gender identity should not have any impact on the delivery of the Standard operating procedure for the specified injuries.
<b>2.4 Marriage and Civil partnership</b>			X	See all above. A staff member's marital status should not have any impact on the delivery of the Standard operating procedure for the specified injuries.
<b>2.5 Pregnancy and Maternity</b>			X	See all above. If any adjustments are required for a staff member who is pregnant/ had a baby, these will be addressed through a staff workplace risk assessment.
<b>2.6 Race/Ethnicity</b>			X	See all above. A staff member's race/ ethnicity should not have any impact on the delivery of the Standard operating procedure for the specified injuries.
<b>2.7 Religion/Faith</b>			X	See all above. A staff member's religion should not have any impact on the delivery of the Standard operating procedure for the specified injuries.

<b>2.8 Sex (male/female)</b>			X	See all above. A staff member's sex should not have an impact on the delivery of the Standard operating procedure for the specified injuries.
<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>			X	See all above. A staff member's sexual orientation should not have an impact on the delivery of the Standard operating procedure for the specified injuries.
<b>2.10 Carers</b>			X	See all above. This would not impact the Standard operating procedure for the specified injuries.
<b>2.10 Homeless</b>			X	See all above. This would not impact the Standard operating procedure for the specified injuries.
<b>2.12 Involved in criminal justice system</b>			X	See all above. This would not impact the Standard operating procedure for the specified injuries.
<b>2.13 Literacy</b>			X	See all above. This would not impact the Standard operating procedure for the specified injuries.  For patients, we always ensure that the patient has understood any guidance given both verbally and written.

<b>2.14 Rural Areas</b>	X			<p>See all above.</p> <p>This would not impact the Standard operating procedure for the specified injuries. It is hoped that this service would also be rolled out on the Ayr Hospital site thus improving patient access and opportunities for staff to upskill.</p>
<b>2.15 Staff</b> <ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factors</li> </ul>			X	<p>See all above.</p> <p>The purpose of this standard operating procedure is to ensure consistency in approach and application by staff. It describes the care which should be delivered following these specified injuries/ operations. Staff are registered nurses who have shown interested in developing their skills and are willing to undertake further training.</p> <p>The clinic will be undertaken in the current Orthopaedic out-patients department. Where there is access to appropriate equipment for moving and handling, application and removal of limb casting equipment. All staff have undergone training in the use of this equipment.</p> <p>Clinicians are required to operate under their own professional codes and respect their NHS board's equality and diversity protocols.</p> <p>All staff should follow this standard operating procedure and where reasonable adjustments are required this will be known to the manager.</p>

<b>2.16. What is the socio-economic impact of this policy / service change? (The <a href="#">Fairer Scotland Duty</a> places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)</b>				
	<b>Positive</b>	<b>Adverse</b>	<b>Neutral</b>	<b>Rationale/Evidence</b>



<b>Low income / poverty</b>			X	This would not impact delivery of care when following the Standard operating procedure for the specified injuries.
<b>Living in deprived areas</b>			X	This would not impact delivery of care when following the Standard operating procedure for the specified injuries.
<b>Living in deprived communities of interest</b>			X	This would not impact delivery of care when following the Standard operating procedure for the specified injuries.
<b>Employment (paid or unpaid)</b>			X	This would not impact delivery of care when following the Standard operating procedure for the specified injuries. By upskilling our staff to undertake the aims of the standing operating procedure has the potential to support them into future promoted posts.

<b>SECTION THREE CROSSCUTTING ISSUES</b>				
<b>What impact will the proposal have on lifestyles? For example, will the changes affect:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>3.1 Diet and nutrition?</b>			X	This would not impact the Standard operating procedure for the specified injuries. Patients are encouraged to have a healthy balanced diet that promotes bone health.
<b>3.2 Exercise and physical activity?</b>			X	No impact although patients are all given specific instructions depending on their injury.

<b>3.3 Substance use: tobacco, alcohol or drugs?</b>			X	This would not impact the Standard operating procedure for the specified injuries. Patients are encouraged to maintain a healthy life style that promotes bone health.
<b>3.4 Risk taking behaviour?</b>			X	This would not impact the Standard operating procedure for the specified injuries.

<b>SECTION FOUR CROSSCUTTING ISSUES</b>
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<b>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</b>
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	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>			X	This would not impact the Standard operating procedure for the specified injuries.
<b>4.2 Working conditions?</b>			X	This would not impact the Standard operating procedure for the specified injuries. The nurse led clinic would operate from the existing premises within the hospital.
<b>4.3 Pollution or climate change?</b>			X	This would not impact the Standard operating procedure for the specified injuries.

<b>Will the proposal affect access to and experience of services? For example:</b>
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	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>

<b>Health care</b>	X			There will be a positive impact on the acute fracture clinics which are currently over-subscribed. This service will free up time for the Orthopaedic surgeons to deal with more complex patients.
<b>Social Services</b>			X	This would not impact the Standard operating procedure for the specified injuries.
<b>Education</b>			X	This would not impact the Standard operating procedure for the specified injuries.
<b>Transport</b>			X	This would not impact the Standard operating procedure for the specified injuries.
<b>Housing</b>			X	This would not impact the Standard operating procedure for the specified injuries.

<b>SECTION FIVE</b>	<b>MONITORING</b>
<b>How will the outcomes be monitored?</b>	
User feedback forms. Documented evidence from yearly PDP, yearly review.	
<b>What monitoring arrangements are in place?</b>	
Yearly review	
<b>Who will monitor?</b>	
SCN M Maurri / Mr Tanagho	
<b>What criteria will you use to measure progress towards the outcomes?</b> User feedback forms and yearly PDP review evidence.	

**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:**

<b>Date</b>	<b>Issue</b>	<b>Action Required</b>	<b>Lead (Name, title, and contact details)</b>	<b>Timescale</b>	<b>Resource Implications</b>	<b>Comments</b>

Further  
Notes:

Signed:

Date: