

**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 [hina.sheikh@lanarkshire.scot.nhs.uk](mailto:hina.sheikh@lanarkshire.scot.nhs.uk)

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

<p><b>Name of Policy</b></p>	<p>NHS Lanarkshire Trauma and Orthopaedic Re-design This EQA:</p> <ul style="list-style-type: none"> <li>• Focuses on the redesign of the NHS Lanarkshire Trauma and Orthopaedic Service, specifically the relocation of the Elective Orthopaedic's to the new Monklands Hospital</li> <li>• It assesses the location and not the internal design or delivery of services within the building</li> <li>• A separate EQIA will be developed in regards to the design, once a location has been agreed</li> <li>• A separate EQIA has been undertaken to as part of the communication and engagement approach for the consultation process.</li> </ul>		
<p><b>Names and role of Review Team:</b></p>	<p>David Murray – Interim Service Manager – T&amp;O Alistair Murray – Consultant Surgeon Corinne Barrett – Acting Senior Nurse Fiona Cowan – MRP Clinical Lead Graeme Reid – MRP Project Director Kathryn Henderson – MRP Project Manager Elspeth Russell – Head of Health Improvement Hina Sheikh – Equality and Diversity Manager Kirsty Orr – Head of Planning and Development</p>		<p>October 2021</p>

**SECTION ONE AIMS OF THE POLICY**

1.1. Is this a new or existing Policy: New policy?  
Please state which: Policy  Strategy  Function  Service Change  Guidance  Other

1.2 What is the scope of this EQIA?  
NHS Lanarkshire wide  Service specific  Discipline specific  Other (please detail)

1.3a. What is the aim?

Currently NHS Lanarkshire Trauma and Orthopaedic service is delivered on all three acute sites with Trauma services are provided at UHW, Elective inpatient Ortho at UHH and elective outpatient services provided at all 3 sites. There is also support from Golden Jubilee to provide additional capacity to manage demand.

The proposed relocation of NHS Lanarkshire Elective Orthopaedic service to the new University Hospital Monklands (UHM) would benefit from a modern technological and geographically accessible location. Importantly patients will continue to receive pre and post op elective orthopaedic care from their local hospital. Patients would require to travel via public or private transport to the proposed preferred site for surgery. This is likely to be a one off requirement.

The design of UHM takes into account a number of the social, physical and environment factors which will benefit the placement of any service relocated to the site. The aim for the relocation is to:

- Work towards the centralisation of the Elective Site for Trauma and Orthopaedics.
- Support the construction of a healthcare facility according to current design standards.
- Improve the atmosphere and setting in which care is provided
- improve patient experience and the hospital staff's work environment and
- Enable the Board to agree on a preferred option for the future location of elective orthopaedic service in NHS Lanarkshire.

### **1.3b. What is the objectives?**

- To consider the impact on people in Lanarkshire who are referred to the elective orthopaedic service
- To consider the impact on NHS Lanarkshire staff who are impacted by the move of the elective orthopaedic service
- To ensure that: Patients/Carers, staff and service providers are not negatively impacted by this preferred reconfiguration of service
- To identify any specific groups or individuals who may be affected by the move of the elective orthopaedic services
- It would be large enough to conduct all the elective orthopaedic surgery currently provided at Hairmyres and the small amount done at Wishaw
- It would reduce or even remove the need for independent sector for external capacity. However, this does not include GJNH, which will continue to treat elective Ortho services for NHS Lanarkshire
- It would help us cope with the growing need of the people of Lanarkshire for joint replacements as we live longer lives
- The new hospital will have a single room for every patient, which is ideal for exercise and rehabilitation and has been shown by research to reduce the time spent in hospital and lessen the risk of an infection in the replaced joint.

### 1.3c. What is the intended outcome?

- To provide equity of access to elective Orthopaedic services for all NHS Lanarkshire adults aged 16 and over
- It is proposed that the proposal will reshape the service and the care environment for patients using the Trauma and Orthopaedics service, and
- the centralisation of the service provides an opportunity to bring together a skilled workforce to one location, better co-ordination and management of resources and equipment etc.
- The centralisation of services supports NHS Lanarkshires ambition to provide a better experience for patients with a patient centric approach

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

Any development process is being conducted in accordance with guidance issued by Health Care Improvement Scotland which describes the Board's responsibility to inform potentially affected people, staff and communities about the proposed changes and to involve them in the design, development and appraisal of options; in a proportionate public engagement on the preferred options; and in recommending a decision.

- Engagement Webpage developed. Engagement webpage can be accessed here [www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/](http://www.nhslanarkshire.scot.nhs.uk/get-involved/consult-engage/elective-orthopaedics/)
- British Sign Language video – Facebook: reach 18.5K; views 4,500
- Also shared via Deaf Services Lanarkshire's Facebook
- Limited feedback received via social media comments
- Additional paid for social media posts used to promote stakeholder meeting and increase survey responses
- NHS Lanarkshire Facebook – 52 posts: total reach 183,000; total engagement 1,400
- NHSL Twitter - 47 tweets. NHSL Instagram 12 posts
- Four updates circulated: content same as media releases and these reached over 1000 email addresses: NHSL Board; MROB; NHSL staff/staff-side; ScotGov; MSPs/MPs/local elected members; North Lanarkshire Council; South Lanarkshire Council; community planning partners; community councils; public involvement groups; third sector; equality & diversity contacts; care providers; schools & colleges; project partners; HIS-CE; media.
- Regular updates to MSPs/MPs and councillors via the weekly elected representative briefing email
- Three open stakeholder events held on MS Teams - relatively low attendance - seven attendees across the two public events and 10 at the staff event
- Joint APF/ACF meeting
- Additional meetings held with staff groups

- MP/MSP briefing session on 3 September

### **1.5 Examination of Available Data and Consultation –**

- Feedback on the proposed plan data sources includes: consultations, surveys, focus groups/ group discussion feedback, survey reports
- Demand activity will be captured via MILAN, SCI gateway referrals, theatre activity system – Opera ,NSS ISD ( Discovery)

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

- Healthcare improvement Scotland - Community Engagement
- NHS Lanarkshire Communications
- Scottish Government
- North and South Lanarkshire Councils
- Community Planning Partners
- Third and Voluntary Sector Groups
- Elective MSPs/ MPs
- Monklands Replacement Team

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

#### Connecting the findings from the Fairer Scotland Duty (FSD) Assessment to the EQIA process

A Fairer Scotland Duty (FSD) assessment was undertaken as part of the site selection process for the Monklands Replacement Project (MRP). The assessment drew on research evidence, local data and consultations.

The recommendations, which were supported by the Board, included:

- Further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.
- Development of innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.
- Ensure the new EALR new road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.
- Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time. Consider working with local employability partners to support other opportunities for staff if required.
- Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.

The recommendations listed are reflected in the relevant sections throughout the assessment document.

### Assessing Staff Impact to the proposals

We know that the staffing model will be finalised as part of the transition plan and at present these are the current staffing models at UHH for the elective inpatient beds and theatres which we anticipate would transfer to the new Monklands Hospital site.

The nursing staff impacted are outlined below for the 28 inpatient elective beds.

WTE – 25.08 (RN 15.05 and CSW 10.03) Plus 4 x L1 beds = 5.50 WTE

For three ortho theatres the staff directly involved in theatres (not including recovery) would include:

RN – 18.4 WTE for 3 theatres x 5 days a week

CSW – 4.4 WTE for 3 theatres x 5 days a week

1 WTE – Orthopaedic store person

The medical staffing model is currently 9 consultants and 3 middle grades staff which would transfer to the new hospital.

The location admin staffing including medical secretaries, waiting list co-ordinators etc would also need to be determined. Along with any impact on our AHP colleagues, given that physio input is particularly important for post op recovery.

In terms of impact on lower paid staff it was noted in the FSD that many lower paid staff undertake split shifts or have two jobs as contracts are part-time, so travel and the time taken is very important.

Staff also noted concern around managing caring responsibilities if journey time to the new hospital was greater.

We will need to determine the individual impact on staff members. It is acknowledged that this will form part of the Organisation Development / Transition process to support the change but it would be important to determine from the current staff group their thoughts and concerns around the move. If they are not specialist staff it may be they can be redeployed in other roles on the UHH site but if they are specialist staff. Example of these specialist roles include ERAS, SCN in T&O and orthopaedic theatre staffing with some of the staff being more senior and specialist and therefore more difficult to replace. There also are many benefits to a new hospital if we have the skilled motivated team we need. The service can improve and develop with what is on offer. A new hospital will be attractive for recruiting new staff and we need to

consider these requirements and how far in advance we start planning and succession planning. It is important that when a decision is reached, in relation to location of the service, that we can understand all of these factors to determine the resilience of the service; as well as supporting staff to be able to move, succession plan, redeploy and retrain, if required.

### Assessing Patient Impact to the Proposals

Table 1 illustrates a snapshot of patients by each locality who have used the UHH elective service for their arthroplasty procedure (IP and DC) during a six-month period (March 2021 to August 2021). The data demonstrates that there is very little difference in referral numbers, for this reporting between, North and South Lanarkshire localities; with 105 referrals being received from North Lanarkshire localities and 100 from the South.

To help inform our understanding of the activity levels for inpatient elective orthopaedics across NHS Lanarkshire Tables 1 and 2 are collated below. A total of 1693 NHS Lanarkshire patients received inpatient elective orthopaedic treatment and care during 2019. Importantly, 2019 has been selected for this data to demonstrate a more accurate reflection of business as usual service activity, pre-pandemic. Table 1 provides an illustration of the number of inpatient elective orthopaedic procedures / month for 2019. Table 2 provides a summary of the number of procedures / month for elective orthopaedic procedures by locality / NHS Lanarkshire location and offsite 2019.

**Table 1 – Number of procedures / month for inpatient elective orthopaedics NHS Lanarkshire 2019**

Sum of Number of Referrals	Column Labels												
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Grand Total
Prim Hybrid Hip Repl - Cem Femoral						1		1	1		1	2	6
Primary Hybrid Hip Replacement-Cement	5	1	2	3	0	6		6	2	2	3	8	48
Primary Resurfacing Arthroplasty Knee				1	1	1	1	2	2		1	1	10
Primary Total Replacement Of Joint	2	2	6	1		4	6	8	7	5	7	2	50
Primary Uncemented Hip Replacement	8	8	2	8	6	6	5	7	4	6	1	3	64
Revision Total Hip Replacement	4	3	3	4	2	2	4	3	5	1	1	2	34
Revision Total Hip Replacement GJ					2								2
Revision Total Knee Replacement	3	2	3	1	2	5	2	2	4	4		3	31

Revision Total Knee Replacement (Cemented)													1			1
Revision Total Knee Replacement GJ	1				2	1	2						1			7
Total Hip Replacement (Cementing not Specified)	6			1	11	8	3	5	3	5	11		9	7		69
Total Hip Replacement GJ	16			22	20	18	4	22	11	6	12	14	18	20		213
Total Hip Replacement Using Cement	32			18	30	26	3	28	20	9	33	16	21	20		306
Total Knee Replace Not Using Cement				1												1
Total Knee Replacement (Conversion)				1			1				1					3
Total Knee Replacement Using Cement	64			47	51	68	4	45	43	6	33	21	40	51		563
Total Knee Replacement Using Cement GJ	32			25	32	26	9	19	24	2	28	15	18	35		285
							1			1						
<b>Grand Total</b>	<b>173</b>			<b>12</b>	<b>16</b>	<b>16</b>	<b>6</b>	<b>14</b>	<b>11</b>	<b>2</b>	<b>14</b>		<b>12</b>	<b>15</b>		<b>1693</b>
				<b>9</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>9</b>	<b>9</b>	<b>3</b>	<b>84</b>	<b>0</b>	<b>4</b>		

**Table 2 - Number of procedures / month for elective orthopaedic procedures by locality / NHS Lanarkshire location and offsite 2019**

Sum of Number of Referrals	Column Labels												
Row Labels	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Grand Total
<b>Offsite</b>	<b>93</b>	<b>60</b>	<b>92</b>	<b>100</b>	<b>44</b>	<b>93</b>	<b>63</b>	<b>84</b>	<b>62</b>	<b>51</b>	<b>62</b>	<b>93</b>	<b>921</b>
Airdrie Locality	10	4	12	14	5	10	8	8	3	5	8	9	106
Bellshill Locality	7	2	9	9	5	5	8	6	7	3	1	9	71
Cambuslang/Rutherglen Locality	1	2		1	2			1	1	2		1	11
Clydesdale Locality	16	2	13	11	3	17	4	3	11	8	7	15	120
Coatbridge Locality	1	10	2	9	9	7	5	6	2	3	1	12	67
East Kilbride Locality	19	10	11	16	2	14	12	4	12	6	17	13	146
Hamilton Locality	14	11	19	17	9	12	9	9	16	16	14	14	170
Motherwell Locality	8	4	5	5	7	7	4	2	2	4	4	6	58

North Locality	9	5	5	6	1	10	7	4	3	1	5	6	72
UNKNOWN		1	4	3	1	1						2	12
Wishaw Locality	8	9	12	9	0	10	6	5	5	3	5	6	88
<b>University Hospital Hairmyres</b>	<b>52</b>	<b>45</b>	<b>58</b>	<b>45</b>	<b>5</b>	<b>34</b>	<b>36</b>	<b>0</b>	<b>55</b>	<b>22</b>	<b>38</b>	<b>42</b>	<b>532</b>
Airdrie Locality	5	8	8	3	9	4	7	8	4	3	5	3	67
Bellshill Locality	3	1	2	3	6	4	4	8	3		2	3	39
Cambuslang/Rutherglen Locality	4		2	2		1		2			1		12
Clydesdale Locality	6	3	4	4	3	5	2	7	7	1	3	2	47
Coatbridge Locality	6	9	4	4	4	3	7	3	4	5	1	4	54
East Kilbride Locality	12	8	8	11	3	6	7	4	13	6	9	11	108
Hamilton Locality	7	9	23	7	7	7	3	9	12	3	8	9	104
Motherwell Locality	2	2	2	2	3		1	2	3	2	4		23
North Locality	4	2	1	4	9	2	2	5	5		1	8	43
UNKNOWN		1	1	1		1		1	2		2		9
Wishaw Locality	3	2	3	4	1	1	3	1	2	2	2	2	26
<b>University Hospital Wishaw</b>	<b>28</b>	<b>24</b>	<b>14</b>	<b>20</b>	<b>0</b>	<b>17</b>	<b>20</b>	<b>1</b>	<b>26</b>	<b>11</b>	<b>20</b>	<b>19</b>	<b>240</b>
Airdrie Locality	2	2		2	1	1	2		3		2	1	16
Bellshill Locality	3	1		1	2	3	1	2	4	1	1	2	21
Cambuslang/Rutherglen Locality						1							1
Clydesdale Locality	6	7	3	3	4	4	2	6	7	4	6	3	55
Coatbridge Locality	4	1	1	1	1	1			3	3	1	1	17
East Kilbride Locality			2	2				1			1		6
Hamilton Locality	4	2	2		4	1	2	3	2		4	3	27
Motherwell Locality	5	1		1	3	3	4	2	4	1	1	1	26
North Locality	2	3	1	2			1	3	1		1	1	15
UNKNOWN						1	1						2
Wishaw Locality	2	7	5	8	5	2	7	4	2	2	3	7	54
<b>Grand Total</b>	<b>173</b>	<b>12</b>	<b>16</b>	<b>16</b>	<b>6</b>	<b>14</b>	<b>11</b>	<b>2</b>	<b>14</b>	<b>84</b>	<b>0</b>	<b>15</b>	<b>1693</b>



A total of 386 people responded to the elective orthopaedics consultation between 28<sup>th</sup> July and 30<sup>th</sup> September, 2021.

Two specific questions and the analysis are included in the EQIA due to its particular relevance to this process and are detailed below.

### Views on providing elective (planned) orthopaedic surgery at the new hospital

This was considered to be a key question in the consultation so has been analysed with care. Initially responses were categorised as positive/negative/neutral and then coded to generate more detailed themes (Table 3). Some people made more than one point, so the themes relate either to their main one (where this was clear) or the first one listed. Overall, there were nearly as many positive responses (43%) as negative ones (44%) and 12% were neutral (three left Q3 blank).

**Table 3** – Survey response themes on providing elective orthopaedic surgery at the new hospital

Positive responses (n=165)	Negative responses (n=170)	Neutral responses (n=48)
More modern facilities	4	Travel too difficult 71
Better access	7	Location not critical 13
Shorter waiting times	2	Too far away 51
Generally supportive	7	Specific requirement 13
Better services	1	Keep hospitals local 27
Great/excellent	9	No view/don't know 9
Good/fine	1	Wrong decision/disagree 8
Happy to travel	9	Poor staff consultation 6
	7	Specific question 3
	1	Need new hospital 3
	5	Consult with staff 1
	1	Not enough beds 3
	5	Positives > negatives
	6	Ortho. not a priority 1
		<i>Disparaging comment</i> * 1

\* *Disparaging comment about two Lanarkshire hospitals*

The positive responses submitted were mainly around the new replacement University Hospital Monklands being better, primarily because the facilities would be more modern or be a centre of excellence. Others said that access would be improved (presumably for those in the catchment

area) although six said they were happy to travel. Some people felt that waiting times would be shorter, which may indicate a possible misunderstanding that the new hospital would provide replacement rather than additional services. A number of people simply provided general statements or descriptors of support, some expressing more enthusiasm (great/excellent) than others (good/fine).

The majority of negative comments related to geography, mainly that travel to the new hospital would be too difficult, it was too far away from where respondents lived, or they expressed a desire to retain services at their local hospital. A few simply felt the location of the new hospital was wrong, although three negative responses related to it not being able to be built fast enough and three felt it would not have enough beds when it was.

The neutral responses mainly covered similar themes, but phrased as comments, questions or requirements to be considered rather than positive/negative views. The new hospital's location was not critical to some respondents and others asked that transport be considered. A number of specific requirements were suggested, including strict separation of orthopaedic facilities, increased inpatient beds, more staff and generally more resources. Specific questions were raised about the wards, clinics and waiting times, although quite a few respondents were either unaware of what was being proposed or did not have a strong view about it.

#### **What's important about elective orthopaedic surgery delivery in Lanarkshire?**

When asked what was important to them about elective orthopaedic surgery delivery in Lanarkshire, there was considerable commonality across the responses (Table 4).

**Table 4 – Survey response themes about the most important aspects of delivery in Lanarkshire**

Response theme	f	Response theme	f	Response theme	f
Waiting times	106	Local provision	84	High quality service	35
Stop cancellations	6	Access	72	Skilled staff	33

88% of the responses to this question fell into these categories and Table 2 shows that waiting times were important to the largest number of people. Local provision and access (focused on being able to get to the service rather than asking for it to be local) were next, followed by high quality services provided by skilled staff.

From analysis of the consultation data there is no current evidence to suggest concerns / impact to patients' well-being around the proposals. Details around the mitigations in place to support transport to the new hospital for patients are described in the document. The impact of an admission to hospital on an individual's well-being would be important for the operational service consider and respond to on an individual basis.

We also analysed the consultation responses by SIMD and the summary is shown in Table 5.

**Table 5 - Responses to consultation by SIMD**

	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5	Unknown	Total
Positive	28	34	24	40	28	11	165 (43%)
Negative	19	34	41	23	34	19	170 (44%)
Neutral	6	10	8	11	9	4	48 (12%)
Blank	1	1	0	0	1	0	3 (1%)
All	54 (14%)	79 (20%)	73 (19%)	74 (19%)	72 (19%)	34 (9%)	386 (100%)

- Overall there was a similar number of positive and negative responses to the proposal to move elective orthopaedics to the new site.
- There were less responses overall from people who reside in SIMD 1 compared to those from SIMD 2 to 5.
- For those within SIMD 1 there were a higher number from SIMD 1 (28, 52%) made positive comments, mostly related to anticipated shorter waiting times and more modern facilities but a few noting closer access. There were 19 negative responses (35% of all SIMD 1 responses), nearly all made mention of travel or ease of access or a desire to keep the hospital local. There were 6 neutral comments.
- For those within SIMD 2 there were equal numbers of positive and negative responses (34, 43%), nearly all made mention of travel or ease of access or a desire to keep the hospital local. There were 10 neutral comments.

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

It is worth noting that NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites for the new hospital. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services was given for the chosen site and that it would be greater than at present.

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

- For staff – clinical, managerial and administrative staff maybe required to respond to frustrated patients and families / carers who are required to travel a longer distance to a centralised site. This will take time and effort to resolve.
- For staff – staff may be required to travel a further distance if services are centralised. This may have both logistical and socio-economic implications. This will be assessed via NHS L's Organisational Development processes.
- Patients – will continue to receive pre and post op elective orthopaedic care from their local hospital. Patients would require to travel via public or private transport to the proposed preferred site for surgery. This is likely to be a one off requirement.

### **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 in form C must be completed**

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

	<b>Positive impact</b>	<b>Adverse impact</b>	<b>Neutral impact</b>	<b>Reason or comment for impact rating</b>
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<p><b>All patients</b></p>	<p>v</p>			<p>The design and build of the of the new UHM at Wester Moffat has taken into account a number of social, physical and environment factors to support that it be an accessible location, site and service provider. The proposed relocation of NHS Lanarkshire's inpatient Elective Orthopaedic service will potentially benefit from this.</p> <p><u>The <b>positive</b> impact of providing elective orthopaedic services on the new Monklands site are:</u></p> <ul style="list-style-type: none"> <li>• Improved Patient Experience</li> <li>• Fit-for-purpose 21<sup>st</sup> century elective orthopaedic centre with single bed rooms (important for rehab, infection control)</li> <li>• Increased theatre capacity would support max theatre activity through consolidation of services</li> <li>• Recruitment and retention of staff is enhanced as staff are attracted to work within a new state of the art hospital</li> <li>• Opportunity for procedures traditionally done in theatre can be carried out in bespoke procedure room in outpatients converting inpatient stays to day case.</li> </ul>
<p><b>Travel</b></p>	<p>v</p>			<p><u>The risks of this proposed change are:</u></p> <ul style="list-style-type: none"> <li>• Disruption in moving services across sites may have implications for waiting lists and planned operation dates</li> <li>• Recruitment and retention of staff is adversely impacted by the reconfiguration of services</li> </ul>

	√	√		<p>There is the possibility of travelling further to the location/needing different travel / transport issues / arrangements. This could have a negative impact where age groups of service users/carers are disproportionately affected by transport issues (e.g. less likely to have own transport if older/additional cost of transport) or where service users require assistance to travel or escort.</p> <p>Could potentially lead to unequal opportunities due to:</p> <ul style="list-style-type: none"> <li>• Negative: for some members of the population the new site would require additional travel time</li> <li>• Currently, there are no bus stops within 400m of the Wester Moffat site and no railway station within 800m of the site</li> <li>• The nearest train station is Drumgelloch which connects to Coatbridge and Airdrie stations on the Glasgow, Edinburgh and Helensburgh line.</li> <li>• There is a possibility in the increase in traffic and congestion on local roads and motorways – a traffic impact assessment will be undertaken as part of the formal planning approval process and this has been factored into the financial analysis</li> </ul> <p>There is the possibility of less travel to the location/needing different travel / transport issues / arrangements. This could have a positive impact where age groups of service users/carers are closer to the location and will require less assistance with travel or escort.</p> <p><b>Transport</b></p> <ul style="list-style-type: none"> <li>• New location is more accessible for a larger proportion for the hospitals catchment area who are able to reach Wester Moffat within 20 minutes; this is an increase of 6% from the existing site.</li> <li>• new single carriageway link road (Glenboig)</li> <li>• Train station (Drumgelloch) has good links to Coatbridge, Airdrie, Edinburgh and Glasgow.</li> </ul>
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			<ul style="list-style-type: none"><li>• Provision of bus services will be provided at least equivalent existing services,</li><li>• Buses will continue to be provided to Wester Moffat based on existing timetable of frequencies – currently – currently 4.98% of population use bus services</li><li>• All buses that currently provide access to Monklands will provide the equivalent to Wester Moffat</li></ul> <p>The ongoing provision of the <b>integrated community transport hub</b>. This is a NHS L commissioned service which is a NHSL facing service to provide door to door transport to and from acute and community settings to ensure that members of our population can access the services that they need and return home when treatment is completed or when they are discharged from hospital. The transport hub will continue to support people with:</p> <ul style="list-style-type: none"><li>• Poor access to public transport due to rurality or other geographical factors complex or challenging health issues who are not eligible for ambulance transport e.g. people with limited mobility or short term acquired disabilities</li></ul> <p><b>Parking</b></p> <ul style="list-style-type: none"><li>• Development of a parking strategy for NHS Lanarkshire with focus on patient parking.</li></ul> <p>Improve facilities with the creation or increase of the following: -</p> <ul style="list-style-type: none"><li>• Disability parking</li><li>• Drop off zone</li><li>• Parking will be protected for the use of patients, carers and staff – introduction of a system to discourage inappropriate users to park on site e.g. commuters using the car park as park and ride</li><li>• Improve infrastructure to support Scottish government sustainability and clean travel agenda by creating secure cycle parking, showers and changing facilities for people using the site</li></ul>
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What impact has your review had on the following 'protected characteristics':	<b>Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race/Ethnicity, Religion/Faith, Sex (Male/Female), Sexual Orientation</b>			
	<b>Positive</b>	<b>Adverse/ Negative</b>	<b>Neutral</b>	<b>Comments</b> Provide any evidence that supports your answer for positive, negative or neutral including what is currently in place or is required to ensure equality of access.
	The design and building of the new UHM will incorporate additional support needs based on the range of issues pertaining to the needs of protected characteristics. Currently there is no evidence that shows that there is a differential impact for any of the protected characteristics. This will continue to be assessed at each stage.			
<b>2.10 Transient Populations</b>				Accessibility to hospital sites is important as some communities like the gypsy/travelling communities are more likely to access a hospital with numerous good main road links.
<b>2.10 Carers</b>	√	√	√	<b>See All Patients and Travel section</b> This is a specific group of patients who have expressed difficulties in the past in attending hospital and/or clinic sites due to caring commitments – consequently this could have a positive, negative or neutral impact.
<b>2.10 Homeless</b>			√	<b>See All Patients section</b> The implementation of this service will have no differential impact on homelessness.
<b>2.12 Involved in criminal justice system</b>			√	<b>See All Patients section</b> The implementation of this service will have no differential impact on those in prison / custody requiring elective orthopaedic care.
<b>2.13 Communications/Literacy</b>	√			<b>See All Patients section</b>
<b>2.14 Rural Areas</b>			√	<b>See All Patients and travel section</b>



<p><b>2.15 Staff</b></p> <ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factor</li> </ul>	<p>√</p> <p>√</p>	<p>√</p>	<p>√</p>	<p>Recruitment and retention of staff can be adversely impacted by the reconfiguration of services which consequently affects the working conditions of the existing staff.</p> <p>No change anticipated for knowledge and skills, but some changes may be necessary in role profiles due to technological advances</p> <p><b>See Travel section</b></p> <p>Due to travel increase there may be additional costs for some staff who currently walk to work or use public transport, those affected will be supported via:</p> <ul style="list-style-type: none"> <li>• Travel expenses for 4 years</li> <li>• Bus services will be in place to support staff and local communities</li> <li>• Park and ride at local train stations.</li> <li>• Car sharing</li> <li>• Some changes may be necessary in role profiles due to technological advances</li> <li>• Potential for park and ride at Drumgelloch.</li> <li>• Improved staff facilities including better socialisation space and changing facilities.</li> <li>• Improved staff training facilities with space for expansion for research and development</li> <li>• Ability to maximise University status which will help support in-house training and development</li> <li>• Possibility of childcare facilities on site</li> <li>• Better recruitment opportunities with the availability to compete with other health boards with better facilities</li> <li>• Retention of employees due to better working facilities and a new build allows an optimal clinical model which improves patient care and staff morale.</li> <li>• Potential for new roles and staff development within all areas of the multi-disciplinary team. Staff across all disciplines have the potential to be upskilled to undertake additional or new roles.</li> <li>• Integrated transport hub</li> <li>• Shorter distance to work for some staff</li> </ul>
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- Supporting an increasing number of people to choose to travel actively across Lanarkshire as part of their everyday lives

**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	√	√	√	<p><b>See All Patients section</b></p> <p>Due to travel increase there may be additional costs for a small group of the population, but there is mitigation for that, patients in receipt of designated range of benefits eligible for reimbursement of</p> <ul style="list-style-type: none"> <li>• Travel costs for hospital appointments</li> <li>• All patients over 60 years of age have access to Free bus travel</li> <li>• A number of protected groups have access to Free travel costs</li> </ul> <p>The continued provision of and extended scope of an <b>integrated community transport hub</b>, will support people with:</p> <ul style="list-style-type: none"> <li>• Poor access to public transport due to rurality or other geographical factors</li> <li>• complex or challenging health issues who are not eligible for ambulance transport e.g. people with limited mobility or short term acquired disabilities</li> </ul> <p><b>Public Transport</b></p> <ul style="list-style-type: none"> <li>• Train station (Drumgelloch) has good links to Coatbridge, Airdrie, Edinburgh and Glasgow</li> <li>• Provision of bus services at least equivalent to existing services,</li> <li>• Buses will continue to be provided to Wester Moffat based on existing timetable of frequencies – currently – currently 4.98% of population use bus services</li> </ul> <p><i>(all buses that currently provide access to Monklands will provide a service to the Wester Moffat site)</i></p>

Living in deprived areas	√	√	√	See All Patients/Travel sections • As above
Living in deprived communities of interest	√	√	√	See All Patients/Travel sections • As above
Employment (paid or unpaid)	√	√	√	See All Patients/Travel sections • As above

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?			√	See All Patients section • This is already part of the existing clinical consultation processes.
3.2 Exercise and physical activity?			√	See All Patients section • This is already part of the existing clinical consultation processes
3.3 Substance use: tobacco, alcohol or drugs?			√	See All Patients section • This is already part of the existing clinical consultation processes.
3.4 Risk taking behaviour?			√	See All Patients section • This is already part of the existing clinical consultation processes.

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?			√	See All Patients section • No negative impact anticipated

<b>4.2 Working conditions?</b>			√	<b>See All Patients/Travel sections/Staff</b> <ul style="list-style-type: none"> <li>No negative impact anticipated</li> </ul>
<b>4.3 Pollution or climate change?</b>	√ √			<b>See All Patients section</b> <ul style="list-style-type: none"> <li>Carbon impact assessment undertaken – proposed move to new Monklands site from each of the locality population centres demonstrates a reduction in carbon impact (Please see Appendix 6).</li> </ul>
<b>Will the proposal affect access to and experience of services? For example:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>Health care</b>	√			<b>See All Patients/Travel sections</b> <ul style="list-style-type: none"> <li>positive impact anticipated</li> </ul>
<b>Social Services</b>			√	<ul style="list-style-type: none"> <li>No impact anticipated</li> </ul>
<b>Education</b>			√	<ul style="list-style-type: none"> <li>No impact anticipated</li> </ul>
<b>Transport</b>	√	√	√	<b>See All Patients/Travel/staff sections</b>
<b>Housing</b>			√	<ul style="list-style-type: none"> <li>No impact anticipated</li> </ul>

<b>SECTION FIVE MONITORING</b>
<b>How will the outcomes be monitored?</b> Feedback from patients, carers, clinicians, managerial and clerical staff. Feedback from Elected members, Third Sector organisations and community groups. Formal and informal routes of comments, compliments and complaints.
<b>What monitoring arrangements are in place?</b> As part of the new hospital a performance framework will be established to ensure evaluation of all aspects of change of location.
<b>Who will monitor?</b> To be agreed
<b>What criteria will you use to measure progress towards the outcomes?</b> <ul style="list-style-type: none"> <li>Compare previous DCAQ figures</li> </ul>

- Obtain qualitative patient and staff feedback

**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 Manager**

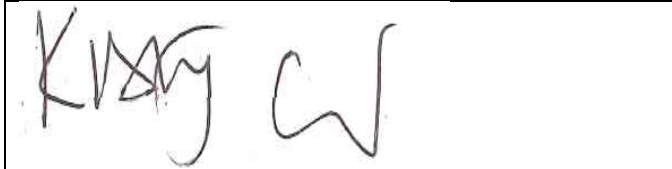
**Authorised by**

Kirsty Orr

**Title**

Head of Planning and Development

**Signature**



**Date**

29 October 2021