

**NHS Lanarkshire Equality and Diversity Impact Assessment Document (EDIA)**



Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

**New Monklands Hospital Development – EDIA of Option A - Do minimum**

Q1 a; Function  Guidance  Policy  Project  Service  Other, please detail:

Q2: What is the scope of this EDIA

NHSL Wide  Service Specific  Discipline Specific  Other (Please Detail)

Q3: Is this a new development? (see Q1)

Yes  No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Impact Assessment? (please list)

New Monklands Core Team

Q6: Main EDIA person's contact details

Name:	Graham Johnston	Telephone Number:	01698 858264
Department:	Planning & Development	Email:	graham.johnston@lanarkshire.scot.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

NHS Lanarkshire is preparing plans for a c£400m project to replace or refurbish the existing Monklands Hospital. This provides a unique opportunity to further develop our specialist acute hospital services and centres of excellence and to fully integrate these with community based health and social care services.

The development process is being conducted in accordance with guidance issued by the Scottish Government Health Directorate<sup>1</sup>, which sets out 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.

**This report assesses Option A - Do minimum**

Q8: (i) Who is intended to benefit from the function/service development/other(Q1) – is it staff, service users or both?

Staff  Service Users  Other  Please identify: carers; partner organisations

(ii) Have they been involved in the development of the function/service development/other?

Yes

No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

A series of Stakeholder events have been undertaken as part of the process to develop plans for the replacement or refurbishment of Monklands Hospital. This process has developed since 2016 and will be continued to ensure appropriate engagement and representation to take forward the detail of the option appraisal process, with clinical, managerial, staff, patient and carer representatives. From the earliest stages of the process, the Core Team has given consideration to the key groups to inform and promote the need for change as well as identifying the possible barriers that may prevent people from engaging in the development process and agreed a range of different methods for engaging, discussing with people and enabling them to have their views heard. In addition, the involvement of staff and lay representatives in the stakeholder groups meant that they could directly disseminate information to their communities and provide on-going feedback on the process.

This Core Team supported and informed the development of a formal process of engagement with key stakeholders. The initial focus was Stakeholder Events held between January and October 2016 to ensure that :

- All stakeholders would be identified and have the opportunity to engage in the development of an appropriate clinical model;
- a process to develop a short list of service configuration options is agreed;
- a definitive short list of options can be developed; and
- Timescales for delivery will be agreed.

In addition the consultation process around NHS Lanarkshire's healthcare strategy 'Achieving Excellence' has included a specific section on the plans relating to Monklands Hospital and sought active engagement from the public on the options for delivery of services. This has been supported by a series of public events during October 2016. The results of the consultation responses will be factored into the formal option appraisal process.

The process has progressed through 2017 with the development of clinical work streams to finalise the model of delivery of clinical care to patients. This initial phase of this process concluded in May 2018 with a series of cross-check sessions attended by wide range (100+) of stakeholders – clinicians, patients, patient representatives and staff side representatives. This clinical model has informed the option appraisal process.

A formal option appraisal process, fully reflecting CEL 4(2010) requirements and meeting Scottish Health Council criteria, was taken forward in two stages in early June 2018. A total of 51 stakeholders, comprising 35 staff across NHS Lanarkshire and 16 patients, patient representatives and carers participated in the events.

Significant engagement with stakeholders/participants was undertaken in advance through a series of six pre-briefing sessions.

A formal public consultation on the outcome of the appraisal is now underway with a formal report setting out the option process, including a detailed financial analysis, and identification of the highest scoring option. Following this period of formal consultation (90 days) a final report and recommendation, including comments from stakeholders, will be considered by NHS Lanarkshire Board in autumn 2018.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this EDIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Copy of NHS Lanarkshire strategy – Achieving Excellence

Demographic profile of Lanarkshire residents and the changing needs of the population (e.g. significant increases in the 75+ population and recognition that patients are living longer with complex conditions)

Formal consultation report and associated documentation <https://www.monklands.scot.nhs.uk>

Advice taken from:

NHS Lanarkshire’s Equality and Diversity Manager

Director of Public Health Annual Report

SGHD CEL 4 ‘Informing, engaging and consulting people in developing health and community care services’

Scottish Health Council guidance: ‘Involving patients, carers and the public in option appraisal for major health service changes’

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following ‘protected characteristics’:	Positive	Adverse/ Negative	Neutral	Comments
<b>General</b>	<b>X</b>	<b>X</b>		<p>Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.</p> <p><b>No change to current arrangements or location In its current state Monklands:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>- communities are familiar with the site and there are established public transport links</li> <li>- Will on site retain the modern Maggie’s Centre and Lanarkshire Beatson building</li> </ul> <p><b>Adverse/Negative</b></p> <ul style="list-style-type: none"> <li>- Will be unable to implement clinical models identified to meet the needs of Lanarkshire current and future populations as identified in NHSL Health Achieving Excellence Strategy designed to be delivered over next 10yrs.</li> <li>- Will be unable to continue to meet the requirements of statutory legislations:               <ol style="list-style-type: none"> <li>1. <b>Health and Safety</b> – will require</li> </ol> </li> </ul>

				<p>constant maintenance and sections need to be rebuilt to replace ageing infrastructure. There would be; no end point to ongoing maintenance which in turn would cause considerable disruption caused by on-going maintenance and building works, in the long term</p> <p>2. <b>Infection Control</b>; More time and resources required to maintain health care acquired infection(HAI) compliance</p> <p>3. <b>Fire Safety</b> – will derogate from current fire regulations</p> <ul style="list-style-type: none"> <li>- Does not support delivery of regional model of care</li> <li>- Inability to maximise university status</li> <li>- Has poor clinical adjacency, which means that key departments are scattered across the site which impacts the patients journey in the hospital during their care</li> <li>- No ability to flex of bed usage</li> <li>- Has limited space for expansion internally and externally, current structure is complex and not easily accessible within the site i.e. two towers approach, limited parking</li> <li>- Will not achieve health care planning standards, which have changed the size and configuration of rooms required to deliver care</li> <li>- Has longer travel distance between departments which in turn increases time spent manoeuvring around a challenging site</li> <li>- Has limited natural light and open/green spaces, which are known to support recovery and wellbeing.</li> </ul>
Age		X	X	See General
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)		X	X	See General
Gender Reassignment		X	X	See General
Marriage and Civil partnership		X	X	See General
Pregnancy and Maternity		X	X	See General

Race/Ethnicity		X	X	See General
Religion/Faith		X	X	See General
Sex (male/female)		X	X	See General
Sexual orientation		X	X	See General
Staff (This could include details of staff training completed or required in relation to service delivery)		X	X	See General <ul style="list-style-type: none"> <li>- Due poor Clinical Adjacency unnecessary staff time is spent/lost in transit between departments</li> <li>- Communication is more challenging between teams and departments</li> <li>- Limited flexibility in using equipment's and resources due constraints of the site design</li> <li>- Negative impact on recruitment and retention</li> <li>- Inability to maximise university status</li> <li>- Lack of staff training facilities</li> <li>- Lack of staff facilities i.e. childcare, parking</li> <li>- There would be no end point to on-going maintenance leading to considerable disruption</li> <li>- Unattractive working environment</li> </ul>
Carers		X	X	See General
Homeless		X	X	See General
Involved in Criminal Justice System		X	X	See General
Language/ Social Origins		X	X	See General
Literacy		X	X	See General
Low income/poverty		X	X	See General
Mental Health Problems		X	X	See General
Rural Areas		X	X	See General
People who are unable to leave their homes without assistance		X	X	See General
Looked after and accommodated children and young people		X	X	See General
Transient populations		X	X	See General
People affected by addictions and		X	X	See General


substance abuse				
Refugees and asylum seekers		X	X	See General

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

If the screening process has shown potential for a high negative impact contact Hina Sheikh for further advice and support.

Date EDIA Completed	20 July 2018	Print Name	Graham Johnston
Date of next EDIA Review	July 2019		
Signature			
Department or Service	Planning & Development		

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of EDIA being completed. Send copy to [hina.sheikh@lanarkhsire.scot.nhs.uk](mailto:hina.sheikh@lanarkhsire.scot.nhs.uk)

<sup>1</sup> [http://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)