

2. Rapid Impact Checklist

This checklist does not form part of the RIA report but is intended to inform discussion. Please use the boxes provided to write your ideas down before discussion within the group.

1: Which groups of the population do you think will be affected by this proposal?

(The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.)

| Population Groups (Remember many people are in several of these groups which may add to their vulnerability) | How could these groups be affected differentially by the proposal? |
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| <ul style="list-style-type: none"> • Older people, children and young people • Women, men and transgender people (include issues relating to pregnancy and maternity) • Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems) • Minority ethnic people (includes Gypsy/ Travellers, non-English speakers) • Refugees & asylum seekers • People with different religions or beliefs • Lesbian, gay, bisexual and heterosexual people • People who are unmarried, married or in a civil partnership • People living in poverty / people of low income | <p>Edenview is a continuing care ward for all adults aged 55 and over. There is a +ve impact in that it has single room accommodation and can therefore afford privacy to everyone admitted and visiting</p> <p>As above</p> <p>The ward does not admit patients who have a learning disability as a primary diagnosis as there are specialist services that cater for this group. Patients with a mild learning disability as a secondary diagnosis could access the services.</p> <p>Less than 2% of the Midlothian population (2011 Census) indicated they were an ethnic minority. 0.6% considered themselves to be Gypsy/traveller. Access to information would be a positive impact</p> <p>None have been specifically identified in Midlothian however, the facilities available would not impact negatively</p> <p>The Chaplaincy Service can ensure appropriate religious & spiritual needs are met</p> <p>)</p> <p>)</p> <p>) The facilities and services offered at</p> <p>) Midlothian Community Hospital would</p> <p>) offer a positive impact on these groups</p> |

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| <ul style="list-style-type: none"> • Homeless people | <p>0.8% of the Midlothian population has been identified in the 2011 Census as Homeless. The facilities and services offered at Midlothian Community Hospital would offer a positive impact to this group</p> |
| <ul style="list-style-type: none"> • People involved in the criminal justice system | <p>N/A</p> |
| <ul style="list-style-type: none"> • People with low literacy/numeracy | <p>The Operational Policy and associated documentation has been reviewed by a Speech & Language Therapist to ensure 'plain English' is used throughout. Translation and interpretation services are available on request</p> |
| <ul style="list-style-type: none"> • People in remote, rural and/or island locations | <p>N/A</p> |
| <ul style="list-style-type: none"> • Carers (include parents, especially lone parents; and elderly carers) | <p>There is a +ve impact in that the ward has single room accommodation and can therefore afford privacy to everyone visiting. There is both lift & stair access</p> |
| <ul style="list-style-type: none"> • Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal) | <p>Specifically designed building to afford the highest standard of workplace accommodation</p> |
| <ul style="list-style-type: none"> • OTHERS (PLEASE ADD): | <p>NHS Lothian "Our Values into Action"</p> |

2. What positive and negative impacts do you think there may be?

Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?

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| <p>What impact will the proposal have on equality?</p> <ul style="list-style-type: none"> • Discrimination against groups of people • Promoting equality of opportunity (consider potential action to reduce disadvantage; meet needs that might differ; encourage participation in public life of all groups of people) • Tackling harassment | <p>The facility is accessible to all and offers equality of opportunity.</p> <p>The facility has not been set up to</p> |
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| <ul style="list-style-type: none"> • Promoting positive attitudes • Promoting good relations between different groups • Community capacity building and opportunities to build cohesion within and between communities | <p>tackle harassment however all staff access training to manage such situations if directed at them. NHS Lothian operates a 'zero tolerance' towards violence/aggression/harassment.</p> <p>The facility has not been set up to promote positive attitudes</p> <p>Edenview ward currently utilises the services of volunteers (x3) who provide services for patients e.g. Therapet, hand massage etc</p> <p>The ward does not involve itself in this activity</p> |
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| <p>What impact will the proposal have on lifestyles?</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol or drugs • Sexual health • Education, learning and skills | <p>Diet & nutrition – all residents in the ward can choose their meals from a set menu on a daily basis</p> <p>Midlothian Community Hospital is "Health Promoting Hospital" and as such, facilities are available on site for staff to participate in exercise and physical activity. There is an active "Healthy Working Lives" program in action also. For patients, there is a roof garden and escorted walks in the grounds can be arranged</p> <p>NHS Lothian operates a 'No Smoking Policy' across all its sites. This may discriminate against those who have a longstanding smoking habit</p> <p>The ward does not participate in sexual health education</p> <p>A broad range of educational opportunities are available for staff from e-learning to classroom based learning. Facilities for patients are not required</p> |
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| <p>What impact will the proposal have on the social environment?</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Income • Crime and fear of crime • Family support and social networks • Stress, resilience and community assets • Participation and inclusion • Control | <p>Social status – likely to be improved</p> <p>Employment – no impact</p> <p>Income - no impact but access to benefits information in some instances</p> <p>Crime & fear - no impact</p> <p>Family support – a positive impact due to the facilities and services offered by Edenview ward e.g. visiting hours</p> <p>Stress, resilience and community assets – no impact</p> <p>Positive impact from the use of volunteers and there is always a member of staff available to respond to public enquiries</p> <p>Control – every individual is in a care partnership with staff regarding their care and treatment as all services are delivered on a person centred basis affording everyone choice and control over what happens to them</p> |
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| <p>What impact will the proposal have on the physical environment?</p> <ul style="list-style-type: none"> • Living conditions • Working conditions • Pollution (air, water, soil, noise) • Accidental injuries or public safety • Transmission of infectious disease | <p>The positive impact is that everyone has their own en-suite room with call system. Some however feel isolated and in those circumstances, they are encouraged to utilise the day area.</p> <p>The ward has been designed to minimise the likelihood of infection / cross infection and an active hand hygiene program is in place. The</p> |
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| | <p>hospital has been recently built to the highest standards and affords an ideal working environment. Public safety has been prioritised in the design & building process and all staff are trained to report injuries</p> |
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| <p>How will the proposal impact on carbon emissions?</p> <ul style="list-style-type: none"> • Procurement and resource use • Energy Use • Transport and travel (consider staff, patients and visitors separately) • Waste | <p>There will be no negative impacts. There is a frequent public transport service which stops within the hospital grounds. All rooms have automatic lighting which is designed to stay on only if there is movement. All waste management follows NHS Lothian policy</p> |
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| <p>How will the proposal impact on access to and quality of services?</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing • Education • Culture & Leisure | <p>Positive impact is the overall quality of services. The hours of admission to the ward, some co-location of services are also a positive. There are no facilities for education in the hospital although a charity is providing employment designing the gardens</p> |
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| <p>How will communication issues be involved?</p> <ul style="list-style-type: none"> • Communicating with patients and carers • Communication about the service • Communication about the health condition | <p>The ward has a range of leaflets available to all. These can be provided in different media formats if required e.g. large print, Braille etc. All leaflets are approved by the NHS Lothian Communications Department for clarity</p> <p>Patients and their carers are encouraged to be fully involved in every aspect of care, especially when decisions have to be made. Advocacy services can be made available if required</p> |
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Audit Risk Level:

(Risk level will be added by EQIA steering group)

3. Rapid Impact Assessment summary report

Each of the numbered sections below must be completed

Interim report Final report (Tick as appropriate)

1. Title of plan, policy or strategy being assessed.

Midlothian Community Hospital, Edenview Ward Operational Policy

2. What will change as a result of this proposal?

The publication of the policy will ensure that nobody is positively favoured or negatively discriminated in any way whether as a patient, visitor, member of staff or public

3. Briefly describe public involvement in this proposal

There was no public involvement at the time of writing the draft document however a patient's relative and the NHS Lothian Public Involvement Worker for Midlothian were present during the Rapid Impact Assessment. The Public Involvement Worker will facilitate a group to review the policy when it falls due.

4. Date of RIA

Tuesday 25th February 2014

5. Who was present at the RIA? Identify facilitator and any partnership representative present

| Name | Job Title | Date of RIA training | Email |
|--|--|----------------------|--|
| Elizabeth Kirkwood Lesley Boyd Catherine Evans Patsy Eccles Stuart Cameron Carol Burton | Snr Charge Nurse Health Inequalities Manager Public Involvement Worker Partnership Representative Clin Governance Practitioner Patient Representative | | elizabeth.kirkwood@nhslothian.scot.nhs.uk lesley.boyd@nhslothian.scot.nhs.uk catherine.evans@nhslothian.scot.nhs.uk patsy.eccles@nhslothian.scot.nhs.uk stuart.cameron@nhslothian.scot.nhs.uk |

6. Evidence available at the time of the RIA

| Evidence | Available? | Comments: what does the evidence tell you? |
|---------------------------------------|------------|--|
| Data on populations in need | Y | <i>Population is ageing, greater demand on services</i> |
| Data on service uptake/access | Y | <i>Ward operates at 100% occupancy</i> |
| Data on quality/outcomes | Y | <i>Carer satisfaction survey completed 2012. Good outcomes & comments recorded</i> |
| Research/literature evidence | N | <i>Nil</i> |
| Patient experience information | Y | <i>Patient satisfaction audit completed 2012. Good outcomes recorded</i> |
| Consultation and involvement findings | N | <i>Nil</i> |

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| Good practice guidelines | Y | <i>Ward complies with relevant SIGN guidelines and other local & national polices / standards</i> |
| Other (please specify) | | |

7. Population groups considered

| | Potential differential impacts |
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| Older people, children and young people | <i>Older people will be patients and visitors. Younger people and children are likely to be visitors. Access to rooms for visiting is a positive impact</i> |
| Women, men and transgender people (include issues relating to pregnancy and maternity) | <i>Single en-suite rooms throughout are a positive impact</i> |
| Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems) | <i>The modern design and signage within the facilities do not pose a problem for this group. Assistance is available for visually impaired if required. Access to information is readily available in a variety of formats</i> |
| Minority ethnic people (includes Gypsy/Travellers, non-English speakers) | <i>Single en-suite room accommodation with access to information (translated if necessary) is a positive impact</i> |
| Refugees & asylum seekers | <i>Single en-suite room accommodation with access to information (translated if necessary) is a positive impact</i> |
| People with different religions or beliefs | <i>Single en-suite room accommodation is a positive impact which should enable and facilitate religious practice in privacy. Local access to a variety of religions via the ward Chaplain</i> |
| Lesbian, gay, bisexual and heterosexual people | <i>Nil impacts identified</i> |
| People who are unmarried, married or in a civil partnership | <i>Nil impacts identified</i> |
| People living in poverty / people of low income | <i>Access to information and advice while in hospital</i> |
| Homeless people | <i>Single en-suite room accommodation with access to information and advice while in hospital is a positive impact</i> |
| People involved in the criminal justice system | <i>Ease of access to information and advice through the local Social Work Dept (Criminal Justice Team) while in hospital</i> |
| People with low literacy/numeracy | <i>The Policy has been approved by a member of the Speech and Language Team to ensure it is in 'easy read' format. It can be made available in a variety of formats</i> |
| People in remote, rural and/or island locations | <i>N/A</i> |
| Carers (including parents, especially lone parents; and elderly carers) | <i>Access to rooms for privacy during visiting is a positive impact. It is very unlikely that the patients will have visits from parents</i> |

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| Staff (including people with different work patterns e.g. part/full time, short term, job share, seasonal) | <i>A recently built, modern building with first class facilities is a positive impact for all</i> |
| OTHERS (PLEASE ADD): | <i>NHS Lothian endorses and encourages "Our Values into Action" addressing care & compassion, dignity & respect, quality & teamwork are all positive impacts</i> |

8. What positive impacts were identified and which groups will they affect?

| Impacts | Affected populations |
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| <ul style="list-style-type: none"> • <i>Single room en-suite accommodation</i> • <i>Access to garden area (both ward and hospital)</i> • <i>Regular public transport service to the front door</i> • <i>Access to a variety of sources of information</i> • <i>Access to interpretation and translation services</i> • <i>Access to religious and spiritual services</i> • <i>Modern building with ease of access for everyone</i> | <i>All groups</i> |

9. What negative impacts were identified and which groups will they affect?

| Impacts | Affected populations |
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| <ul style="list-style-type: none"> • <i>NHS Lothian Smoking Policy</i> | <i>Any person who has a long standing smoking habit</i> |

10. What communications needs were identified? How will they be addressed?

It was identified that there is perhaps a lack of information available about interpretation and translation services. A paragraph about how to access this service is to be added to the Patient Information Leaflet that is given to both patients and carers at the point of admission

11. Additional Information and Evidence Required

Nil

12. Recommendations

The Operational Policy should be reviewed no later than 2 years after introduction. The Public Involvement Worker should convene a short life working group to review the content of the Policy and any associated documents e.g. Patient Information Leaflet

13. Specific to this RIA only, what actions have been, or will be, undertaken and by when? Please complete:

| Specific actions (as a result of the RIA) | Who will take them forward (name and contact details) | Deadline for progressing | Review date |
|---|---|--------------------------|-----------------|
| 1. Update Patient Information Leaflet to reflect issues identified in the RIA | <i>S. Cameron E. Kirkwood</i> | <i>01/04/14</i> | <i>01/04/16</i> |
| 2. Review of Policy document | <i>Catherine Evans</i> | <i>01/02/16</i> | <i>01/04/16</i> |

How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

It is anticipated that questions pertaining to the application of the policy will be included in the next Patient / Carer Satisfaction Survey that is due later in 2014. Additionally, the Public Involvement Worker who is aware of this policy, will be in a position to feedback recommendations / concerns from her wider contact with the Midlothian community

Manager's Name: Lorraine Cowan (CSDM). Lorraine Cowan

Date: 24.03.2014

Please send a completed copy of the summary report to:

Lesley Boyd, Health Inequalities Manager
Lesley.Boyd@nhslothian.scot.nhs.uk

Note that you **will** be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purpose