**Equality, Human Rights and Fairer Scotland Duty Impact Assessment**

**Stage 1 Proportionality and Relevance**

**What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:**

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| **Knoll Business Continuity** Relocation of all patients and services from the Knoll Hospital Duns site is necessary due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) which requires remedial action. Scope of this document covers: * Out-Patient services may be relocated to alternative sites.
* In-Patients will be relocated / allocated to alternative sites.
* GP & Primary Care Services – Relocated to alternative RAAC free locations within the Knoll building.
* Knoll staff – May be relocated to alternative work locations / sites.
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**Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply**

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| Age  | DisabilityLearning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity | Gender | Gender Reassignment | Marriage and Civil Partnership | Pregnancy and Maternity | Race | Religion and Belief (including non-belief) | Sexual Orientation |
| X | X | X | X | X | X | X | X | X |

**Equality and Human Rights Measurement Framework – Reference those identified in Stage 1** (remove those that do not apply)

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| **Work** | **Living Standards** | **Health** | **Participation** |
| EmploymentEarnings | Social CarePovertyRurality | Social CareHealth OutcomesAccess to health carePalliative and end of life care\* | Access to servicesFamily Life |

\*Supplementary indicators

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| **Main Impacts** | **Are these impacts positive or negative or a combination of both** | **Are the impacts significant or insignificant?** |
| All protected characteristics  | **Out- Patients****Positive** – Access to treatment has been individually scoped, assessed and safe-guarded for all patients.**Positive** – Some services have been required to be relocated alternative NHS premises, which can support and cater for all groups.**GP & Primary Care Services****Positive -** Both Practices will remain on the Knoll site in alternative interim accommodation, fit for purpose. **Negative** – See Poverty & Rurality | **Significant –** Services have been safeguarded and suitable for all patients.**Significant –** These changes need to be well communicated to patient groups, and a patient centred approach will need to be carefully applied as and when circumstances arise.**Significant –** Services have been safeguarded and suitable for all patients. |
| Poverty | **Out-Patients** **Negative** – patients may not receive treatment locally.**Negative** – quick access to social media communications not available to all patients.**In-Patients****Negative –** Duns locality patients will not receive in-patient treatment in the Knoll.**GP & Primary Care Services****Positive -** Both Practices will remain on the Knoll site in alternative interim accommodation, fit for purpose.  | **Significant** – will incur travel costs. **Insignificant** – Multiple alternatives for communications platforms utilised including telephone, letter drop and local group awareness etc to maximise reach.**Significant –** may incur additional travel costs for visiting relatives.**Significant –** Services have been safeguarded and suitable for all patients. |
| Rurality | **Out-Patients****Negative** – decreased availability of some treatment options / out-patient services currently located in Duns.**Positive –** Some Knoll staff have been redeployed into supporting other locally based services, that will offer additional capacity in delivering services closer to home.**In-Patients****Negative** – decreased availability of treatment options and access to in-patient beds in more rural areas. **Positive** – Redirection of staff resources to care at home increases capacity for step down.**GP & Primary Care Services****Positive -** Both Practices will remain on the Knoll site in alternative interim accommodation, fit for purpose.  | **Significant** – delivers care further from home. Transport options limited. Patients may not engage with services / cancel appointments for interventions if travel options restricted.**Significant -** Increased capacity in care at home services delivery closer to home.**Significant** – delivers care further from home for family and friends.**Significant** – Increased capacity to deliver services closer to home.**Significant –** Services have been safeguarded and suitable for all patients. |
| Health Outcomes | **Out-Patients****Positive** – patients will receive treatment from appropriately trained staff. **In-Patients****Positive** – patients will continue to receive treatment from appropriately trained staff. **GP & Primary Care Services****Positive –** Patients will continue to receive treatment from appropriately trained staff on the same site.  | **Significant** – Correct treatment from suitable trained staff results in better health outcomes. **Significant** – Correct treatment from suitable trained staff results in better health outcomes.**Significant** – Correct treatment from suitable trained staff results in better health outcomes. |
| Access to servicesAccess to health care | **Out-Patients****Positive & Negative –** Access to some services has been safeguarded - some other services (priority level 3 and 4) will be delivered from further from patients homes.   **Positive  –** Home First capacity to support increased number of patients in Duns locality (based on interim arrangements).**In-Patients****Positive** – Patients will continue to have access to beds in other Community Hospitals and BGH / Hospital at Home as identified need is required. **Negative** – Restricts End of Life Care options for Duns locality patients who would choose to be admitted to Knoll. **Negative** – Loss of 24 Community Hospital beds at Knoll will impact on flow and increase delayed discharges. Knock on effect of Knoll patients decanted to other sites has potential to reduce day to day bed availability in the other 3 Community Hospitals for BGH transfers or GP admissions. **GP & Primary Care Services****Positive -** Both Practices will remain on the Knoll site in alternative interim accommodation, fit for purpose.   | **Significant –** delivers care further from home.      **Significant** – increased capacity to care for people at home.     **Insignificant** – as per current situation.**Significant** – delivers care further from home / family.**Significant** – Reduced bed capacity. Accuracy of delayed discharge data will be affected as there will be no Knoll waiting list patient’s and Delayed Discharge Pathway to that location from BGH.**Significant -** Facilitates delivery of full existing GP Practice services offered. |
| Family Life\*See also Poverty & Rurality\* | **Out-Patients** **Negative** – Patients will need to travel to receive treatment. **In-Patients**Negative – families will need to travel further for visiting. **Knoll Staff****Negative –** displaced staff may need to travel to alternative locations to work. | **Significant –** more time away from family life/carers responsibilities. **Significant** – more time away from family life/carers responsibilities.**Significant** – More time away from family life/carers responsibilities. |
| Palliative and end of life care | **In-Patients****Negative** – Restricts End of Life Care options for Duns locality patients who would choose to be admitted to Knoll. **Positive** – patients will continue to receive treatment from appropriately trained staff. | **Significant -** Community Hospitals provide palliative and end of life care. During the period of closure of the Knoll there will be limitations to the level of palliative & end of life care that could be provided.**Significant**- Alternative support via hospital at home, home first or social care provides care at home or in a more homely setting compared to a hospital which can be more beneficial for patients receiving palliative and end of life care. |
| Social Care | **In-Patients****Negative -** Patients in the Community Hospitals can be delayed waiting on Social Care support e.g. care home place, package of care.**Positive** - Patients will continue to receive care packages and social care support from appropriately trained staff. | **Significant** - Less Community Hospital beds will increase pressure on Social Care.**Significant -** Delivering a social care model provides care at home or in a more homely setting compared to a hospital. |
| Employment | **Knoll Staff****Negative -** There are 90 staff identified within scope. Temporary closure of the Knoll building and relocation of identified services will impact on the staff employed / based in the Community Hospitals as it may mean a change in their current job role and relocation to another site.**Negative -**  Staff may find the move to alternative locations stressful, impacting mental wellbeing.**Positive –**  Staff who already have reasonable adjustments to support their attendance at work will further Occupational Health engagement to ensure that their ongoing working needs are met in full. | **Significant** – Staff may be required to move to an alternative work location or engage in an alternative work role.Alternatively it may also offer further employment opportunities to staff within scope which will potentially require additional training and support. **Significant** - Potential risk of increased staff sickness absence.**Significant -** NHS Borders employees are entitled to redeployment and protection of earnings if there is major service change. |
| Earnings | **GP & Primary Care Services****Negative**- GP Practices in other localities ie Hawick and Peebles may be asked to take out of area patients in their respective Community Hospitals.**Knoll Staff****Negative** - Staff may be required to move to an alternative work location or engage in an alternative work role.**Positive** – HR Policy states that no staff will be out of pocket because of this change. | **Insignificant** - GP Practices support Community Hospitals on a Local Enhanced Service or salaried payment basis, this as additional income to the practice. Additional pressure on this income may impact on GP Sustainability.**Significant -** NHS Borders employees are entitled to redeployment and protection of earnings if there is major service change. |
| Whole System Impacts | **Negative** – Reduction in in-patient services / beds. Out-pt services relocated on a priority basis.**Positive** – GP services have been relocated on site with no disruption to service delivery.**Negative** – As a result of incident response, P&CS management under significant pressure to prioritise and implement decant. **Negative -** Wider Estates, Soft Estates, Health & Safety & IM&T works / projects schedules impacted and potential for backlogs of other works to accrue as additional resources utilized from across these services to prioritise Knoll work. **Negative -** Ongoing temporary requirement for increased number of Facilities / Estates / H&S / IM&T staff to be working in the Knoll building including RAAC affected areas. **Negative -** Potential for impact on timeline for decant, remedial works and beyond due to issues outwith control eg adverse weather and external contractor / materials availability   | **Significant -** This change is happening rapidly, and plans are at risk of changing at short notice, which could lead to miscommunication, particularly among harder-to-reach groups. Additionally, alternative accommodation may not be like-for-like, which could disproportionately affect these groups.**Significant –** No disruption to GP service delivery.**Significant -**  May result in the deprioritisation of other workstreams as P&CS resources allocated to prioritisation of Knoll workstream.**Significant –** May result in the standing down of some services and cancellation of training.**Significant –** Staff being required to enter RAAC affected areas of the building to support decant of other staff out.**Significant –** Ongoing additional pressure on wider NHSB patient pathways and services.Patients and staff may not be willing to attend the Knoll if they have concerns about the safety of the site. In turn this may impact on patients attending essential appointments or staff being willing to work on site. Clear communications messaging required to inform staff, patients and other stakeholders of the plans and timelines are essential. |

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| **Is the proposal considered strategic under the Fairer Scotland Duty?** | Yes |
| **E&HRIA to be undertaken and submitted with the report – Yes****If no – please attach this form to the report being presented for sign off** | **Proportionality & Relevance Assessment undertaken by: Cathy Wilson, General Manager, Primary & Community Services****Date: 24/02/25** |