

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 28 AUGUST 2019

### Minor Injury Units Review

#### 1 Recommendation

It is recommended that the Integration Joint Board (IJB):-

- 1.1 Acknowledge the recent work undertaken in the community of Banff to develop options for the Minor Injury Unit within this area;
- 1.2 Agree to support Option 3 as considered by the Banff Local Implementation Group (LIG) and recommended by the Health & Social Care Management Team that the Minor Injury Unit (MIU) should concentrate their work during core hours of 0900-2000, 7 days per week. The MIU will be closed overnight. The exact opening times to be agreed under delegated powers locally; and
- 1.3 Issue the direction to NHS Grampian to implement the options supported by the IJB as outlined in Appendix 5.

#### 2 Risk

- 2.1 IJB 1- sufficiency of resources
- 2.2 IJB 3- workforce capacity
- 2.3 IJB 4- service capacity/business transformation

#### 3 Background

- 3.1 On 20 June 2018, the IJB received the initial findings following the review of the Minor Injury Unit provision across Aberdeenshire. The purpose of the review was to seek assurance regarding current Minor Injury Unit provision across the nine units in Aberdeenshire, taking into consideration location, demand and activity, practitioner competency and ongoing sustainability.
- 3.2 Initial redesign was focussed in the units of Inch and Inverurie due to low numbers of attendances during the out of hours periods that potentially posed a patient safety and staff governance risk. Following the implementation of changes in these units, Local Implementation Groups (LIG) were established to take forward options on how best to deliver services in the units in Aboyne, Banff, Huntly, Stonehaven, and Turriff. The LIGs included the Location Manager, Clinical Leads, Hospital Medical Directors, Senior Charge Nurse and Operational Lead Nurses. At the meetings the teams discussed the information available and devised options available for the units as a proposal for service delivery moving forward. This information and identified options



were shared with the local communities at recent public events within the towns. This model ensures local ownership and understanding of the complexities of that area.

- 3.3 On 19 June 2019, the IJB agreed to recommendations for the units in Turriff, Aboyne, Stonehaven, and Huntly but requested further work be undertaken re Chalmers Hospital, Banff. It was agreed that for the Chalmers unit, further data from January-June 2019 would be scrutinised, to provide assurance to the members of the local community, that the options that have been identified have been created using a robust data set of information collated by the local nursing team. This work has now been undertaken by the local team and the findings have been shared with representatives of the Friends of Chalmers Hospital (1<sup>st</sup> August 2019), MacDuff Community Council (1<sup>st</sup> August 2019), and the local community (21<sup>st</sup> August 2019).
- 3.3 Work has also progressed with Acute Sector Emergency Department (ED) colleagues, specifically within the Minor Injury Department within ED. We are putting in place joint sessions with the teams to allow for the sharing of information and good practice. This will extend to the opportunity for staff to spend time within the acute department in addition to streamlining of the education framework. For our Minor Injury Nurses this will ensure that we are educating and supporting our staff consistently. We have also linked in with work currently ongoing with the University of Aberdeen to develop a more focused course for Hospital-based Minor Injury provision which again will support the consistent approach to education.
- 3.4 Throughout the review, there has been concern regarding what is perceived as a potential downgrading of services and concern that their current “casualty” service will be withdrawn; this has been a particular issue within the Banff community. We are aware that the term casualty has long been used to describe the urgent care units previously provided by GPs, especially within the rural areas. At the public events in Banff the main concern being raised was regarding urgent medical care, this highlights the problem that the community perceive the minor injury unit as being the resource for urgent care. Indeed there are concerns that the current thinking leads to delays in urgent care pathways (eg chest pain, stroke and asthma) and delays which affect patient outcomes.
- 3.5 We plan a public information campaign to ensure that our communities have a clear understanding of the service in the minor injury units and urgent care pathways. The campaign will focus on one overarching video describing what can and cannot be treated at an Aberdeenshire MIU and how people access the most appropriate service if they do not have a Minor Injury. This video will feature staff from our Minor Injury Units and will be shot in the units themselves. In addition a video for each unit will be produced once a time frame for implementation of change of opening hours has been agreed. The campaign will be supported with the usual promotional materials including posters for Medical Practices and Libraries. Working with colleagues from NHS Grampian we will ensure that the information regarding the MIUs in



Aberdeenshire is correct on both the NHSG website and in any new 'Know Who To Turn To' literature that is produced.

- 3.6 Appendix 1 details the options that were identified by the local team and their recommendations. Appendix 2 provides the data collected with regard to Chalmers Hospital, Banff presented to IJB on 20 June 2018. Appendix 3 details the further piece of work carried out within Chalmers MIU to look at more current data (January – June 2019).
- 3.7 The LIG met on the 31st of July 2019 and discussed the results from the second data collection and analysis. There is acknowledgement that the data is accurate and that it has been a fair and transparent process to understand the unit's activity. The results remain conclusive that the activity is minimal after 22.00. The proposal that the management team has asked the LIG to consider is to refocus the activity to meet demand. It is proposed that the unit will close overnight. This will allow the service to be focused on the peak demand times and allow the development of a workable nursing model ensuring a robust and sustainable service is available. The exact times of operation will require further discussion with local nursing teams to ensure it fits with shift patterns, we envisage a service covering core hours of 09.00 to 20.00 representing peak activity. For minor injuries occurring outwith this time period, there will be notices redirecting to present again within opening hours or to other services if felt to be urgent.

#### **4 Equalities, Staffing and Financial Implications**

- 4.1 An equality impact assessment has been drafted (Appendix 4), based on the recommendations contained within this report. Both Human Resources (HR) and Staff Side Partnership have been involved throughout this review. Should it be required, any impact on staff will be managed in accordance to organisational change policy.
- 4.2 Nursing budgets for all of the Community Hospitals are currently being reviewed to take account of the impact of workforce planning tools for Health and Care (Staffing) (Scotland) Bill and the proposed changes in Minor Injury Unit provision. The proposed changes in Minor Injury Unit provision are driven by the need to provide safe and sustainable services delivered by suitably trained staff rather than financial considerations. The overall cost of nurse staffing in Community Hospitals will not significantly change as a result of these proposals.
- 4.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

**Angie Wood**  
**Partnership Manager**  
**Aberdeenshire Health and Social Care Partnership**



## APPENDIX 1

### Chalmers Community Hospital, Banff Minor Injury Service Provision August 2019

#### Situation

Chalmers Hospital delivers GP Acute care, Rehabilitation and Enablement and Palliative Care. The MIU is a standalone unit that is currently open 24/7. The nursing team within the unit are all trained Minor Injury nurses having completed the Minor Injury Course at RGU. The MIU Team also support some clinics and services that are delivered from Chalmers hospital such as Gynaecology, Orthopaedic, Care of the Elderly, General Surgery, Respiratory, Gastroenterology and Minor Surgery.

The hospital is on the same site as the GP practice and enjoys a close working relationship.

As stated above the MIU currently delivers a 24/7 service to the people of Banff and surrounding areas.

#### Background

A formal review was carried out in 2018 of all Minor Injury Unit (MIU) provision across Aberdeenshire. A paper with the findings was presented to the IJB in June 2018. The instruction received by the IJB in June 2018 was for local teams to work together to utilise the information and data available to them to create options for future service delivery of the Minor Injury Service.

A revised Local Implementation Group (LIG) has been set up which includes the two Senior Charge Nurses from the hospital site, Operational Lead Nurse, Hospital Medical Director, Partnership Manager, Location Manager, Human Resources and Staff Side. The purpose of this group is for the team to discuss the information available and devise options for the unit as a proposal for service delivery moving forward. This model of decision making ensures local ownership and engagement and helps the teams understand the local complexities of the Banff and surrounding areas.

A further piece of work has been carried out within Chalmers MIU to look at more current data (January – June 2019) to provide assurance to the members of the local community that the options that have been identified have been created using a robust data set of information that has jointly been collated by the local nursing team.

## **Assessment**

During the in-hours period the nurses are based within the unit, however during the out of hours' period the nurses base themselves in the GP Ward and attend to MIU presentations as they arrive at the hospital. These nurses are not part of the ward establishment overnight. When available these nurses assist the Nurse team on the ward with the care of the ward patients as required overnight. They undertake nursing tasks such as temperature, pulse and blood pressure recordings, wound dressings, injections and phlebotomy they also assist healthcare support workers with all aspects of direct patient care.

The options considered by the group are detailed below.

### **Option 1 – Minor Injury Unit to Remain Open 24/7**

The data shows that the unit sees the highest volume of patients attending during daytime hours. The data analysed demonstrates a significant reduction in numbers attending the unit during the overnight period. Over the six-month period, there were 91 nights with no presentations, 66 nights with one presentation, 18 nights with two presentations with the maximum of three presentations on 6 nights. The data collection has also allowed for the local team to consider the appropriateness of these presentations. The majority of these presentations, particularly those described as moderate and severe were not thought appropriate for the unit and required redirection with potential of delay in patient journey. This reinforces potential risk to ensuring good outcomes and protecting patient safety.

### **Option 2 - No Minor Injury Provision**

The local team do not support this option as they feel that the volume of activity demonstrates the need for a Minor Injury Service to serve the people of Banff and its surrounding communities.

### **Option 3 – Service refocused on demand – Seven days a week**

Throughout all the data analysis there has been a consistently higher volume of presentations within the 08.00-22.00 period. There is still work to be done with the public across the whole of Aberdeenshire to ensure understanding of the true function of a minor injury unit but the local group feel strongly that a Minor Injury Service should be provided. The hours that the unit should be open will take into consideration the service demand, data analysis and the ability to deliver a sustainable and attractive nursing workforce model.

## **Recommendation**

The LIG met on the 31st of July 2019 and discussed the results from the second data collection and analysis. There is acknowledgement that the data is accurate and that it has been a fair and transparent process to understand the unit's activity. The results remain conclusive that the activity is minimal after 22.00. The proposal that the management team has asked the LIG to consider is to refocus the activity to meet demand. It is proposed that the unit will close overnight. This will allow the service to be focused on the peak demand times and allow the development of a workable nursing model ensuring a robust and sustainable service is available. The exact times of operation will require further discussion with local nursing teams to ensure it fits with shift patterns, we envisage a service covering core hours of 0900 to 20.00 representing peak activity. For minor injuries occurring outwith this time period, there will be notices redirecting to present again within opening hours or to other services if felt to be urgent.

Staff Side and HR will be involved in these discussions any changes will be implemented when safe to do so. Through education and publicity of opening hours this will help direct the activity to opening hours which are sustainable from a recruitment and retention perspective. It will also address some patient safety concerns.

The nursing team will be supported to maintain their safety, skills and competencies moving forward in a more structured way that will build confidence in our teams to enable them to continue to deliver a high quality service to the people of Banff and surrounding communities.

Alison McGruther (On behalf of the Chalmers LIG)  
Location Manager  
August 2019

## **Appendix 2 - Original Data presented to IJB in June 2018**

The Banff unit covers the areas of Banff, Macduff and surrounding smaller villages. This unit is open 24/7 and has a dedicated staff establishment, with medical cover in hours provided by local GP. There is no GMED support based on site as the service was moved to Turriff during the redevelopment of the hospital site. X-ray services are available Monday – Friday, but with no provision out of hours.

### **Activity data**

The data shows that over the six-month period from August 2017 until January 2018, there was 1890 people attended the unit.

#### Attendance by time of day

| Time period       | Number of attendances |
|-------------------|-----------------------|
| Total attendances | 1890                  |
| 0800-1800         | 1455                  |
| 1800-0000         | 353                   |
| 0000-0800         | 82                    |

#### Attendance by day of week

|              | Total Number |
|--------------|--------------|
| Monday       | 305          |
| Tuesday      | 296          |
| Wednesday    | 279          |
| Thursday     | 287          |
| Friday       | 266          |
| Saturday     | 219          |
| Sunday       | 235          |
| Missing data | 3            |

The data shows that although the majority of the activity occurs during 0800-1800, a sizable amount occurs during 1800-0000 period but much less between 0000-0800. Again although we see a small reduction in activity over weekend, this is only a small reduction.

### **Feedback from public engagement**

A total of 211 people attended the public engagement event at Banff.





There were 4 common themes identified from the free text submitted via the public questionnaires:

1. Location – people wanted to keep services local and accessible.
2. Travel and distance – availability of local transport links and costs to individuals.
3. Staff – the public want their units adequately staffed and for staff to have the appropriate training to meet the local needs.
4. Concern for Older people and Children – many comments that indicated concern for these population groups and the distance that may be required to travel in an emergency.

In total, 772 written and online questionnaires were completed. Below is a summary of the results from the questionnaires:

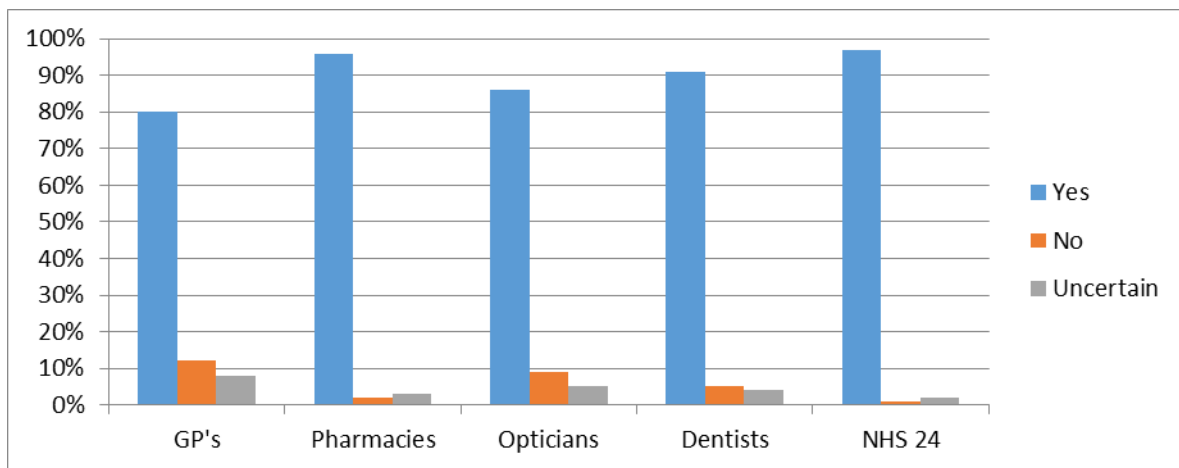
1. Number of respondents in the Banff area who knew there was a MIU available in or near their community:

|     |     |     |
|-----|-----|-----|
| Yes | 743 | 96% |
| No  | 29  | 4%  |

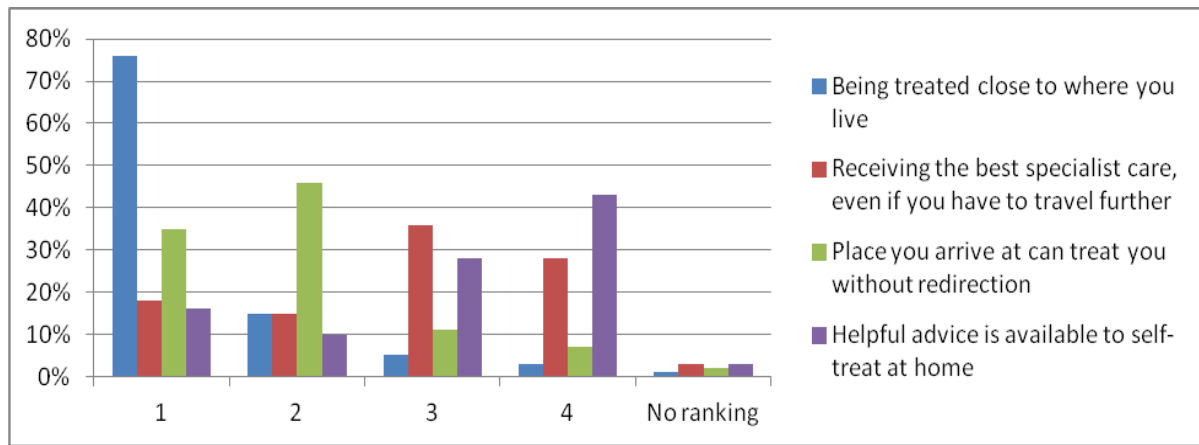
2. Number of respondents in the Banff area who knew they could turn up/walk-in (without an appointment) to a MIU with a minor injury:

|     |     |     |
|-----|-----|-----|
| Yes | 730 | 95% |
| No  | 42  | 5%  |

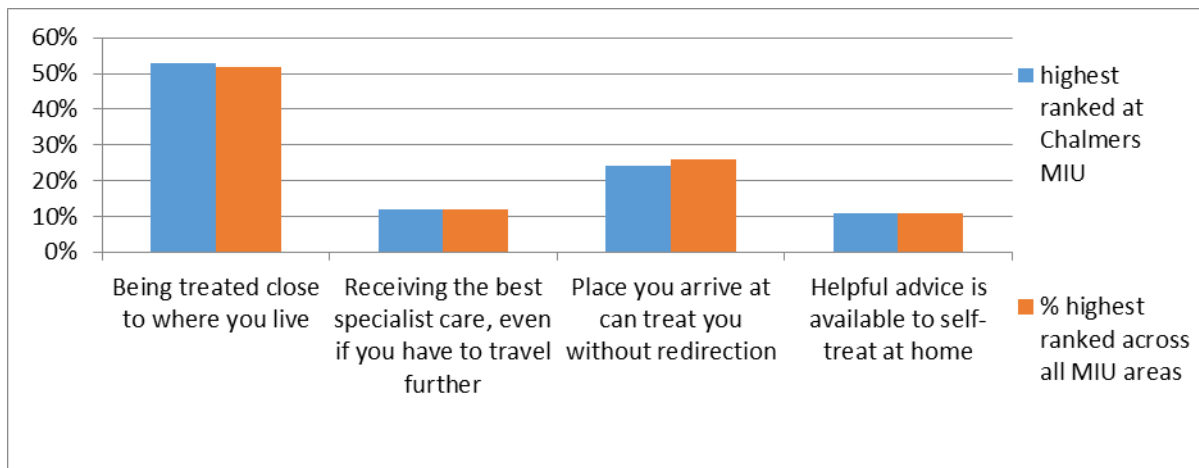
3. Awareness levels of other services also available to treat or offer advice on minor injuries:



4. Respondents ranking of importance from 1 (most important) to 4 (least important) about minor injury treatment:



5. The graph below shows what was ranked as most important (number 1) in Banff compared to the Aberdeenshire average:



### Steering Group Findings

Like the other units, in Banff the demand for MIU interventions peaks in daytime hours. There is a reduction in the evening with very few presentations overnight. The staffing resource could be utilised more effectively during daytime hours, particularly should there be the development of the community treatment and care services. The impact of any changes to provision would need to be explored further with wider stakeholders.

### **Appendix 3 – Data Collection for Chalmers January to June 2019**

When analysing the data for Chalmers MIU there were concerns raised by the public around the volume of urgent and emergency care that they perceived to be presenting at the MIU. This prompted cause for concern for local communities and staff when changes to the opening hours for MIU were proposed. In response to these concerns the group initially decided to look at one real time month (June) and one retrospective (January) to provide reassurance, focussing on the evening (6pm – 8pm) and out of hours (10pm – 8am) periods. However, on analysing the data it was found that there was such variation in the totals that it was unable to provide meaningful understanding of activity. Therefore, a further four months (February to May) were analysed. This data was collated by the unit nurses who were able to critically analyse the presentations and their appropriateness in line with what the unit can safely deliver.

The data has been collated and displayed below to share the findings of this 6-month period.

Figures 1, 2 & 3 below represent the number of presentations to the MIU during the months of January to June 2019. Although May and June saw an increase in overall activity the presentations per time period has remained within proportion.

**Figure 1 - Number of attendances by Month**

|                | <b>Jan</b> | <b>Feb</b> | <b>March</b> | <b>April</b> | <b>May</b> | <b>June</b> | <b>Overall</b> |
|----------------|------------|------------|--------------|--------------|------------|-------------|----------------|
| 6pm until 10pm | 35         | 30         | 42           | 46           | 66         | 77          | 296            |
| 10pm until 2am | 10         | 6          | 10           | 17           | 11         | 20          | 74             |
| 2am until 8am  | 6          | 6          | 12           | 5            | 5          | 14          | 48             |
| <b>Totals:</b> | <b>51</b>  | <b>42</b>  | <b>64</b>    | <b>68</b>    | <b>82</b>  | <b>111</b>  | <b>418</b>     |

Figure 2

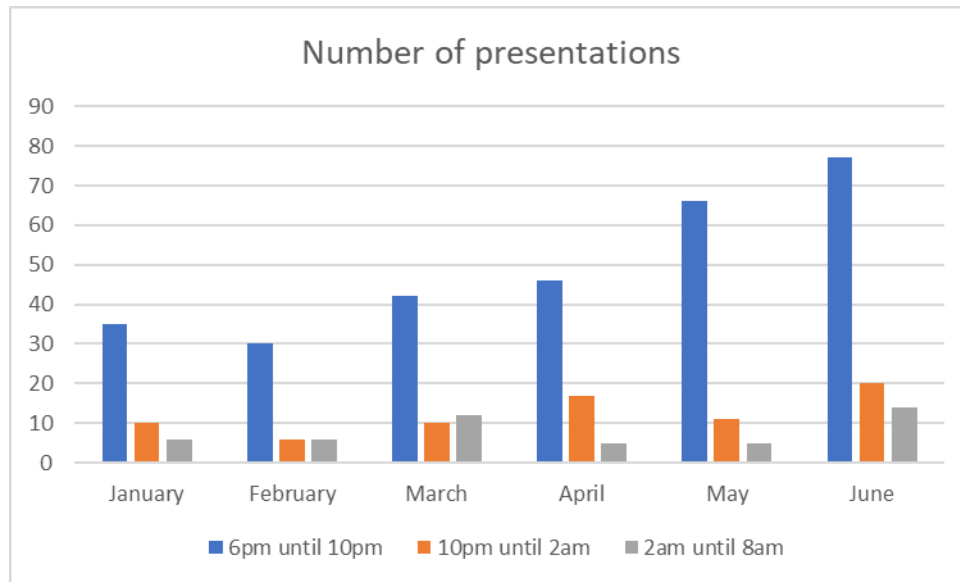


Figure 3

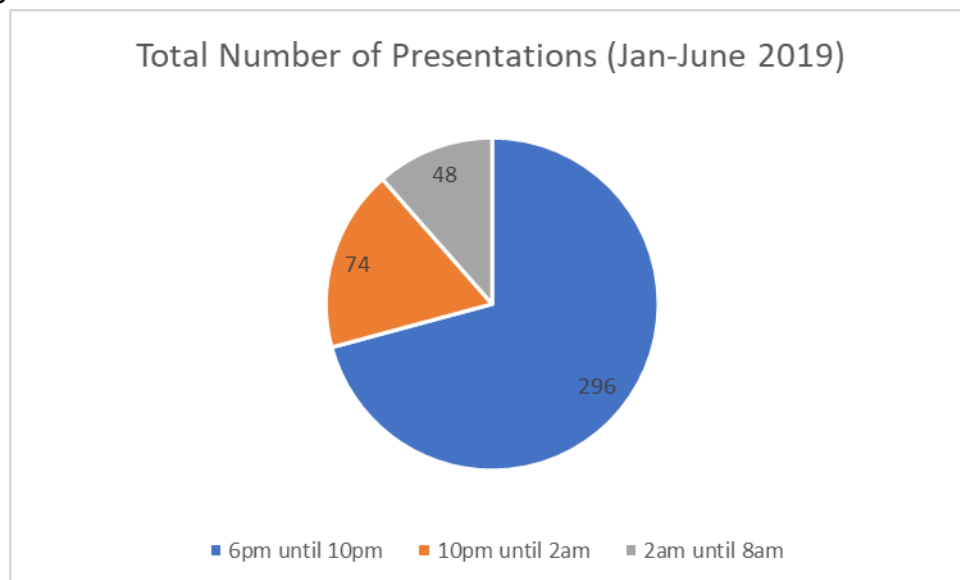


Figure 4 below details the average number of presentations per day in 10pm – 8am period. February saw the lowest average presentations at 0.43, whilst June saw the highest at 1.13. Putting this in context, the Figure 5 shows the number of days where there was no presentations in the 10pm – 8am period. June saw the lowest number of days without presentations at 13, whilst February saw the highest at 18.

Figure 4

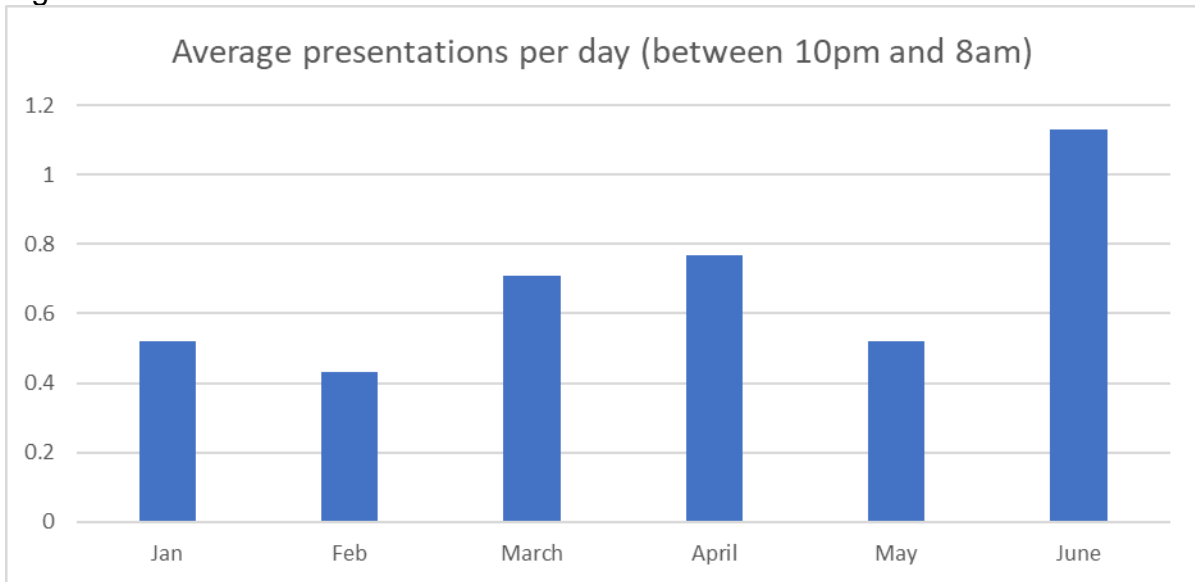


Figure 5

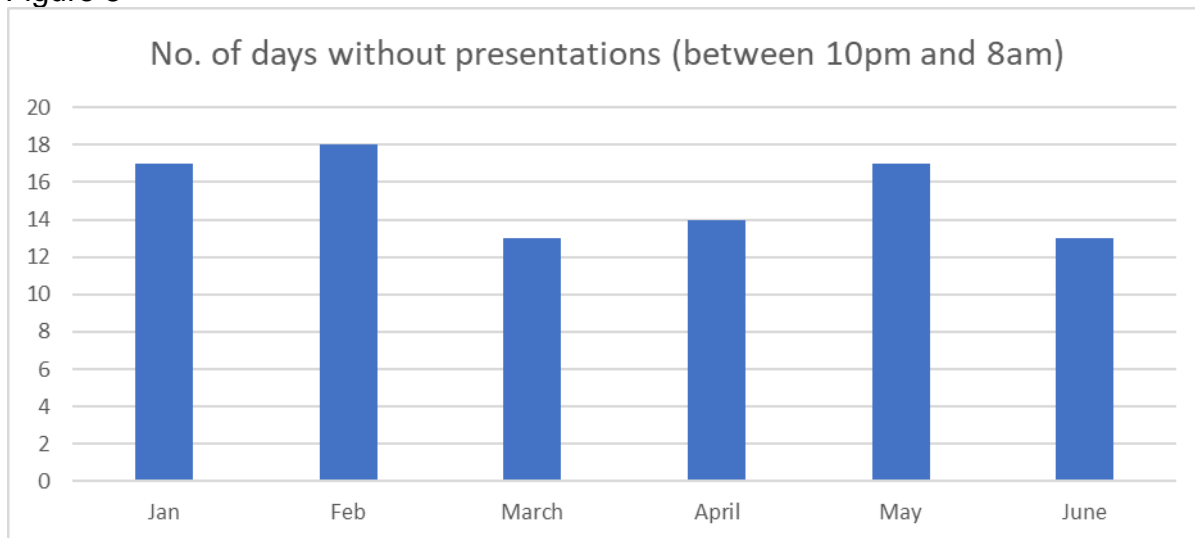


Figure 6 below is looking purely at the days where presentations occurred in the 10pm – 8am period and also shows the average number of presentations on the days where there were attendances at the unit. January and June saw the lowest average per day at 1.14 and June saw the highest at 2.

For the six month period the number of nights with 2 or more presentations at MIU can be broken down as follows: 24 nights in total with 2 or more visits in the 10pm - 8am period, 18 nights with 2 visits and 6 nights with 3 visits.

Figure 6

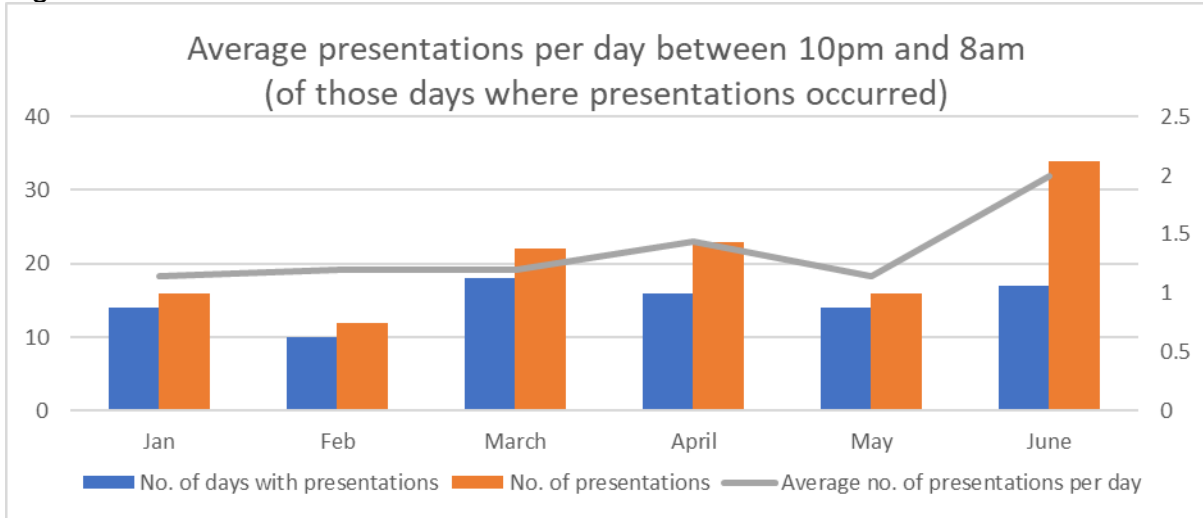


Figure 7 below demonstrates the nursing staff's assessment of the appropriateness of the referral route. When recording the data the nursing staff were asked to determine where they felt the patient should have correctly attended/contacted if the MIU was inappropriate this was mainly NHS 24 or 999 for an ambulance.

Figure 7

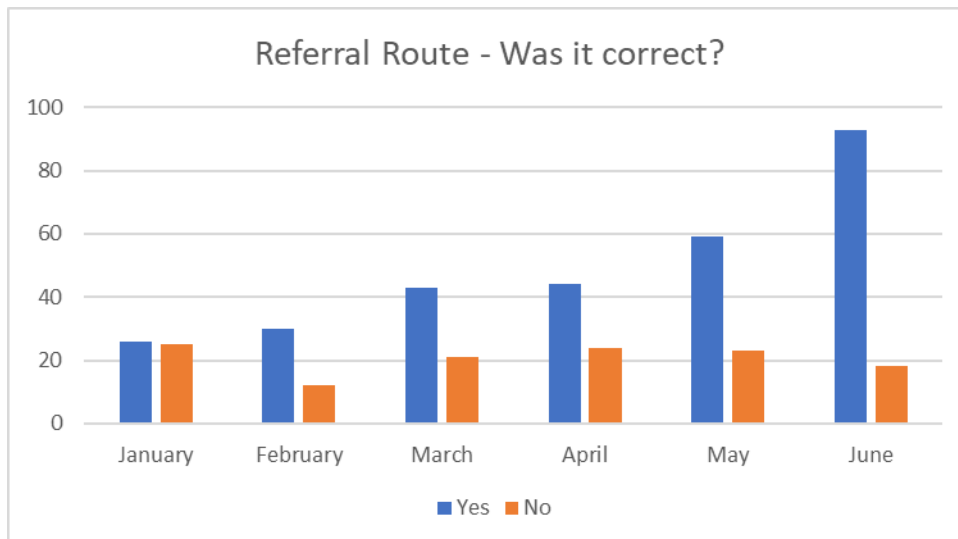
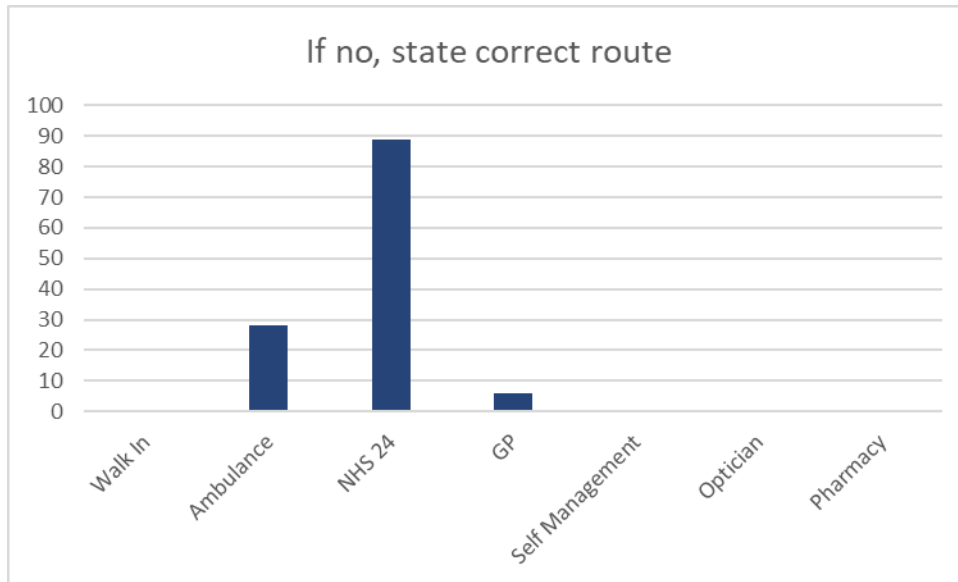


Figure 8



One of the concerns raised by the community and staff was the risk that any changes to the opening times of the unit may result in added pressure on services such as Scottish Ambulance Service and GMEDS. The figure 8 shows where a presentation was deemed as inappropriate what the correct referral route should have been.

In Figure 9 below the presentations are categorised for the 6 month period, by the severity of the attendances ranging from minor to severe, and also by time period. This ranges from 220 appropriate minor referrals in the 6pm – 10pm period to 19 inappropriate moderate referrals through the same time period.

In the six months of analysed data there were a total of 5 inappropriate severe referrals in total, with 4 of these being in the 6pm -10pm period.

For clarity this is the description of the criteria that the nurses used to determine their decision making:

**Inappropriate** = these were cases which should not have attended. Examples are return dressings or minor illness within hours.

**Minor** = all perceived minor injuries or conditions such as minor asthma.

**Moderate** = was scored if the patient was seen by a practitioner and transferred to the Dr Grays Hospital or the Emergency Care Centre in Aberdeen.

**Severe** = was identified if a patient presented with a life threatening emergency. Examples are myocardial infarction or a stroke.

Figure 9 – Severity of Presentation Jan – June 2019

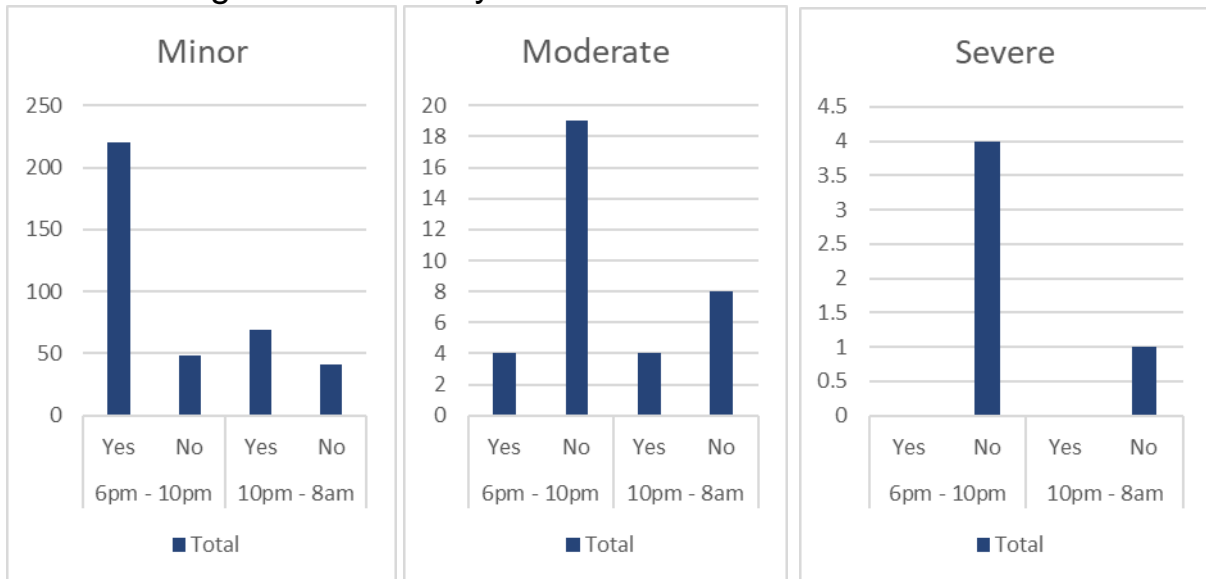
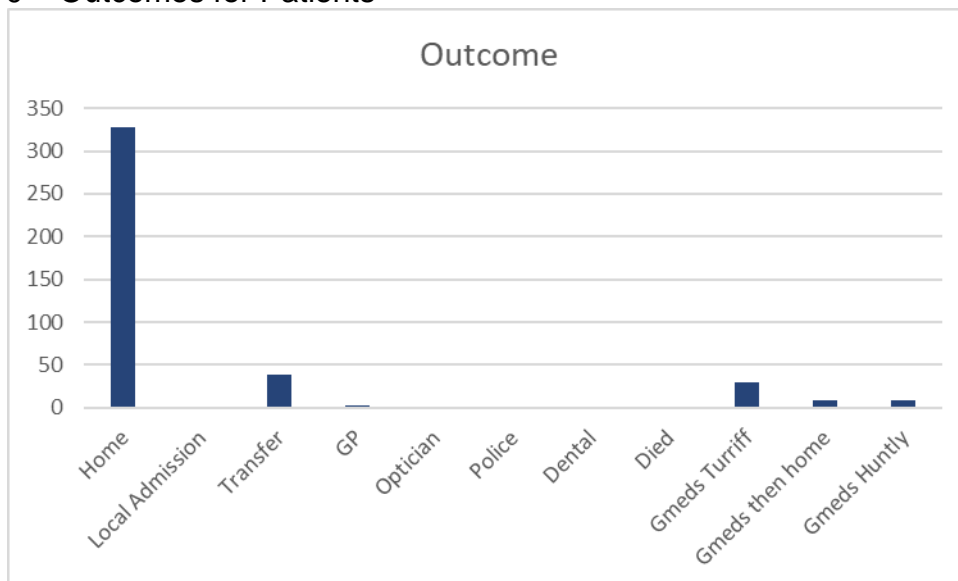


Figure 10 demonstrates the outcomes for patients who have attended the unit. 328 were discharged home, 39 were transferred to an acute setting, 47 were seen by GMEDS (either on site or at Turriff or Huntly), a further 2 patients were advised to see their GP in hours, 1 was admitted locally and 1 was taken into police custody.

Figure 10 – Outcomes for Patients







In conclusion the data shows that the unit is busy with a high volume of patients attending in daytime and early evening. The findings from the data analysed looks at the evening and out of hours periods, this has highlighted a significantly lower volume of attendances in the out of hours period (10pm – 8am). Analysis of these attendances suggest that the low volume, coupled with the number of days with no presentations in the 10pm – 8am period would question the viability of a safe and sustainable service.

Appendix 4

EQUALITY IMPACT ASSESSMENT

|   |   |
|---|---|
| Stage 1: Title and aims of the activity (“activity” is an umbrella term covering policies, procedures, guidance and decisions). |   |
| Service   | Aberdeenshire Health and Social Care Partnership  |
| Section   | Minor Injury Service  |
| Title of the activity etc.  | Minor Injury Units Review - Recommendations   |
| Aims of the activity  | The purpose of the review was to seek assurance regarding current MIU provision across the nine units in Aberdeenshire, taking into consideration location, demand and activity, practitioner competency and ongoing sustainability. This paper now provides a recommendation for Banff which has been put forward by the Local Implementation Group (LIG)  |
| Author(s) & Title(s)  | Linda Bonner, Strategic Development Officer<br>Angie Wood, Partnership Manager  |
| Stage 2: List the evidence that has been used in this assessment.   |   |
| Internal data (customer satisfaction surveys; equality monitoring data; customer complaints).                                   | <ul style="list-style-type: none"> <li>• Activity Data for MIU</li> <li>• Information on x-ray provision in community hospitals</li> <li>• Compliments and Complaints information</li> </ul>  |
| Internal consultation with staff and other services affected.   | <ul style="list-style-type: none"> <li>• Results of questionnaire to gather staff views on minor injury provision (available online and in paper format)</li> <li>• Staff side partnership representation on the MIU steering group</li> <li>• Discussions with staff at the MIU through the LIG which included hospital medical directors and clinical leads, senior charge leads, other nursing staff</li> </ul>  |
| External consultation (partner organisations, community groups, and councils).  | <ul style="list-style-type: none"> <li>• Initial public face to face engagement sessions</li> <li>• Results of questionnaire to gather public views on minor injury provision (available online and in paper format)</li> <li>• Further public engagement in Banff to discuss options</li> <li>• Consultation with local GP Practices</li> <li>• Area Committee aware through participation in public engagement events</li> <li>• Involvement of ARI consultant on MIU steering group</li> </ul> |

|   |   |
|---|---|
| External data (census, available statistics). | <ul style="list-style-type: none"> <li>Information on activity at Dr Grays and ARI detailing proportion of Aberdeenshire residents presenting to those locations</li> <li>GP Practice population figures</li> <li>Information on number of people using the Minor Injury service within the local GP Practices</li> </ul> |
| Other (general information as appropriate).   | N/A   |

Stage 3: Evidence Gaps.

|   |     |
|---|-----|
| Are there any gaps in the information you currently hold? | No. |
|---|-----|

Stage 4: Measures to fill the evidence gaps.

|  |           |            |
|--|-----------|------------|
| What measures will be taken to fill the information gaps before the activity is implemented? These should be included in the action plan at the back of this form. | Measures: | Timescale: |
|  |           |            |
|  |           |            |
|  |           |            |
|  |           |            |

Stage 5: Are there potential impacts on protected groups? Please complete for each protected group by inserting "yes" in the applicable box/boxes below.

|               | Positive | Negative | Neutral | Unknown |
|---------------|----------|----------|---------|---------|
| Age – Younger | Yes      | Yes      |         |         |
| Age – Older   | Yes      | Yes      |         |         |
| Disability    | Yes      | Yes      |         |         |



|   |     |     |  |  |
|---|-----|-----|--|--|
| Race – (includes Gypsy Travellers)                    | Yes | Yes |  |  |
| Religion or Belief                                    | Yes | Yes |  |  |
| Gender – male/female                                  | Yes | Yes |  |  |
| Pregnancy and maternity                               | Yes | Yes |  |  |
| Sexual orientation – (includes Lesbian/ Gay/Bisexual) | Yes | Yes |  |  |
| Gender reassignment – (includes Transgender)          | Yes | Yes |  |  |
| Marriage and Civil Partnership                        | Yes | Yes |  |  |

Stage 6: What are the positive and negative impacts?

| Impacts. | Positive<br>(describe the impact for each of the protected characteristics affected) | Negative<br>(describe the impact for each of the protected characteristics affected) |
|----------|--|--|
|----------|--|--|



|   |   |   |
|---|---|---|
| <p>Please detail the potential positive and/or negative impacts on those with protected characteristics you have highlighted above. Detail the impacts and describe those affected.</p> | <p>The reduction in service is coupled with a dedicated registered staffing presence when the unit is open which will ensure a more robust and sustainable service.</p>   | <p>In Banff, the proposed Option 3, is a service refocused on demand, seven days a week.</p> <p>Throughout all the data analysis there has been a consistent high volume of presentations within the 0800-2200 period. There is still work to be done with the public across the whole of Aberdeenshire to educate them on the true function of a minor injury unit but the local group feel strongly that a Minor Injury Service should be provided. The hours that the unit should be open will take into consideration the service demand, data analysis and the ability to deliver a sustainable and attractive nursing workforce model.</p> <p>Out with opening hours people would have to travel to Aberdeen, Huntly or Dr Grays if they are unable to wait for the MIU to open the following morning. All groups will potentially be affected by this reduction in local provision. This could potentially make it difficult for some groups to access the service out of hours, particularly where transport is an issue.</p> |
|   | <p>The dedicated MIU nurses will undertake the necessary training and continuous professional development to ensure they have the confidence and appropriate competence to deliver a nurse led service in a rural area.</p> |   |

Stage 7: Have any of the affected groups been consulted?

If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps?

Yes. A specific engagement working group was established to ensure engagement with all groups of clients who have done or may access the minor injury service.

Stage 8: What mitigating steps will be taken to remove or reduce negative impacts?

|   | Mitigating Steps   | Timescale |
|---|--|-----------|
| These should be included in any action plan at the back of this form. | A local minor injury service will continue to be available. Where a minor injury occurs out with operating hours people can either travel to Aberdeen, Huntly or wait until the local service opens to be seen.                              | Immediate |
|   | Continual monitoring will help to identify any issues arising, particularly around people accessing alternative services when local provision is not available.  | Ongoing   |
|   | Continuing the minor injury service when activity levels are high means nursing staff will be able to maintain competencies.   | Immediate |
|   | Signage will help people to the different routes to treatment i.e. what type of services are available and when. There will also be education awareness around what defines a minor injury and where it is appropriate to ask for assistance | Ongoing   |

Stage 9: What steps can be taken to promote good relations between various groups?

|  |  |
|--|--|
| These should be included in the action plan. | Engagement with the local community has been key to progressing this piece of work and this will continue during implementation and following the changes that are proposed to service provision. Staff have been involved in the LIG, the data collection and the steering group will continue to engage with staff around operation of the minor injury units, focusing on levels of activities and opportunities for staff to maintain competences and access opportunities for professional development. |
|--|--|

Stage 10: How does the policy/activity create opportunities for advancing equality of opportunity?

The aim of the changes is to deliver a safe and sustainable service, where and when demand has identified it is required, with trained dedicated staff who can maintain professional competencies and develop professionally. Moving forward, in-patient delivery will not be affected by the operation of the MIU.

Stage 11: What equality monitoring arrangements will be put in place?

These should be included in any action plan (for example customer satisfaction questionnaires).

Equalities is monitored through annual equalities mainstreaming report. All activities carried out by the partnership will have been subject to an equalities impact assessment and this will now be accompanied by a Fairer Scotland Duty Assessment.

Stage 12: What is the outcome of the Assessment?

|   |   |   |
|---|---|---|
| Please complete the appropriate box/boxes | 1   | No negative impacts have been identified –please explain.   |
|   |   |   |
|   | 2   | Negative Impacts have been identified, these can be mitigated - please explain.<br>* Please fill in Stage 13 if this option is chosen.          |
|   | Local minor injury provision will no longer be available overnight however alternatives are available which will ensure people continue to have access to a minor injury service at another locations out of hours, or can wait to access a local service during operating hours. |   |
|   | 3   | The activity will have negative impacts which cannot be mitigated fully – please explain.<br>* Please fill in Stage 13 if this option is chosen |
|   |   |   |

\* Stage 13: Set out the justification that the activity can and should go ahead despite the negative impact.

The risk associated with continuing to provide a minor injury service locally where staff have the potential to become de-skilled (due to lack of activity) is greater than the risk of reducing local provision out with peak activity. Education will ensure the public know when it is appropriate to attend the clinic. People will continue to have access to a minor injury service locally during peak times and out with operating hours this service will be available at ARI, Huntly or Dr Grays. The proposed changes have the additional benefit for in-patients who will no longer be affected by the operation of the MIU.

Stage 14: Sign off and authorisation.

|                             |   |  |       |
|-----------------------------|---|--|-------|
| Sign off and authorisation. | 1) Service and Team   | Aberdeenshire Health and Social Care Partnership, Aberdeenshire Council Social Work Services         |       |
|                             | 2) Title of Policy/Activity   | Health and Social Care Partnership Strategic Plan  |       |
|                             | 3) <b>Authors:</b><br>I/We have completed the equality impact assessment for this policy/activity.  | Name: Linda Bonner<br>Position: Strategic Development Officer<br>Date:<br>Signature: <i>L Bonner</i> |       |
|                             | 4) Consultation with Service Manager  | Name: Ali McGruther, Location Manager<br>Date:   |       |
|                             | 5) Authorisation by Director or Head of Service   | Name: Angie Wood<br>Position: AH&SC Partnership Manager (Central)<br>Date:                           |       |
|                             | 6) If the EIA relates to a matter that has to go before a Committee, Committee report author sends the Committee Report and this form, and any supporting assessment documents, to the Officers responsible for monitoring and the Committee Officer of the relevant Committee. e.g. Social Work and Housing Committee. |  | Date: |
|                             | 7) EIA author sends a copy of the finalised form to: eia@abdnshire  |  | Date: |



|   |              |
|---|--------------|
| <p>(Equalities team to complete)<br/>Has the completed form been published on the website? YES/NO</p> | <p>Date:</p> |
|---|--------------|

Appendix 5 – Direction to NHS Grampian

|    |   |  |
|----|---|--|
| 1  | Reference number  | 2019-08-28 -   |
| 2  | Date direction issued by Integration Joint Board  | 28 <sup>th</sup> August 2019   |
| 3  | Date from which direction takes effect  | 28 <sup>th</sup> August 2019   |
| 4  | Direction to:   | NHS Grampian   |
| 5  | Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s) | No   |
| 6  | Functions covered by direction  | NHS Minor injury unit at Chalmers Hospital, Banff.   |
| 7  | Full text of direction  | NHS Grampian are Directed to:<br>1. change the hours of delivery of the minor injury service at Chalmers Hospital Banff, in-line with the specification of the attached paper. |
| 8  | Budget allocated by Integration Joint Board to carry out direction  | The resource currently identified for the delivery of services at this hospital sites.   |
| 9  | Performance monitoring arrangements   | MIU Project Group will maintain oversight of all changes to service delivery made following the review and report back to Senior Management Team.                              |
| 10 | Date direction will be reviewed   | August 2020  |