



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
16 APRIL 2025

**REPORT ON:** LEARNING DISABILITY INPATIENT TRANSITION PROGRAMME UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB27-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 This report provides the Integration Joint Board with an update on progress with the Learning Disability Inpatient Transition Programme led by NHS Tayside.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the progress against the recommendations within the Learning Disability Inpatient Transition Programme as set out in Appendix 1 to this report.
- 2.2 Instructs the Chief Officer to provide a further update to the IJB by no later than 31 August 2025.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial framework associated with the move to a single site model for Inpatient Learning Disability Services continues to be developed through a distinct finance workstream in the working group overseeing the service changes. This includes exploring the disinvestment and reinvestment opportunities associated with the service changes. The infrastructure costs of implementing the service changes will be funded by NHS Tayside given these are not delegated to the IJBs.

## **4.0 MAIN TEXT**

- 4.1 Dundee Integration Joint Board received, noted and supported report DIJB50-2024, Tayside Inpatient Learning Disability Service Progress Report at its meeting of the 21 August 2024 (Article XIV of the meeting refers). This report advised the IJB of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.
- 4.2 The last update regarding the Learning Disability Inpatient Transition Programme was submitted to the IJB in December 2024 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 11 December 2024 refers). A further update on progress is attached as Appendix 1 to this report.

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## **6.0 RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

## **7.0 CONSULTATIONS**

- 7.1 The Chief Finance Officer, Heads of Service – Health and Community Care, the Programme Executive Lead and Senior Responsible Officer and the Clerk were consulted in the preparation of this report.

## **8.0 DIRECTIONS**

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## **9.0 BACKGROUND PAPERS**

- 9.1 None.

Dave Berry  
Chief Officer

DATE: 04 April 2025

Sandra McLeod  
Deputy Chief Executive, NHS Tayside

## Appendix 1



**Title:** Learning Disability Inpatient Transition Programme update

**Responsible Officer** Sandra MacLeod, Interim Deputy Chief Executive, NHS Tayside

**Report Author:** Maria Docherty, Senior Responsible Officer  
Jill Beattie, Programme Manager

### 1. Report Summary

#### 1.1 Situation

This second quarterly report reflects discussions and progress to date in the planning phase of the Learning Disability Inpatient Transition Programme. It is presented to committee members for information and awareness. This report will also be shared with the Integrated Joint Boards across Tayside for information. Please see table below for the planned committee dates.

Q2 report		
Committee	Meeting Date	Comments
CET	24/03/2025	
CGC	03/04/2025	
IJB Angus	30/04/2025	
IJB P&K	04/06/2025	*Prev mtg 19/03/25 which precedes NHST 1st committee date
IJB Dundee	16/04/2025	

This update will be provided in line with the nine recommendations approved by ELT in August 2024 and the individual workstream aims, which were approved by the Learning Disability Inpatient Transition Task & Finish Group.

#### 1.2 Background

In January 2018 Perth and Kinross Integration Joint Board approved a decision to create a single site for Learning Disability Services at Murray Royal Hospital as part of a wider Transformation Programme for General Adult Psychiatry (GAP) and Learning Disability (LD) In-Patient Services. Under the schemes of delegation in place in 2018 Perth & Kinross Integration Joint Board had delegated authority for strategic planning of in-patient Mental Health and Learning Disability Services.

The previous approved decision to move Learning Disability inpatients to a single site did not progress due to several factors including the establishment and reporting of the Independent Inquiry into Mental Health Services, the impacts of the COVID-19 pandemic and the oversight arrangements put in place by Scottish Government through the Independent Oversight and Assurance Group (IOAG).

The IOAG delivered its final report in January 2023. It said: "In our second quarterly report, published in June 2022, we highlighted three specific areas that required urgent attention. We have not yet seen plans to take these issues forward. It is now imperative that Tayside do so with pace and ambition and in a way that engages with patients, families, partners and communities.

The three issues were:-

1. Progressing the decision around single site provision in Tayside for inpatient Mental Health & Learning Disability health care.
2. The physical environment in Strathmartine, which raised concerns for both patients and staff.
3. Addressing the issue of significant delayed discharges, meaning that patients were being cared for within an inpatient setting longer than they needed to be.

The Mental Health and Learning Disabilities Improvement Plan, which is whole-system improvement plan, was developed in response to the IOAG's final report with priority workstreams to address the first recommendation of the IOAG relating to single site decision, Strathmartine environment and delayed discharges. The timeline for a decision on the single site was by March 2026. This Mental Health and Learning Disabilities Improvement Plan was approved by the three IJBs and Tayside NHS Board in March 2023.

The proposal and direction of travel set out in this report for learning disabilities align with this recommendation from the IOAG's final report.

There is an urgent need to address the issues detailed in both the CLDAU Care Assurance Review and the statement from the Executive Nurse Director and Medical Director to the NHS Tayside Chief Executive on 28 June 2024 that Strathmartine ward environment does not, and will not be able to, provide a therapeutic environment for patients and there is a requirement to expedite a move to a single site for inpatient Learning Disability Services.

The NHS Tayside ELT considered the options to address both these issues at its meetings on 8 and 15 July 2024. In particular, the ELT considered and agreed with all nine of the recommendations (Appendix A), including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital (MRH).

Furthermore, NHS Tayside and the three IJBs are committed to implementing the vision and mission for people living with complex care needs, as set out in the Coming Home Implementation report published in February 2022. That report states:

*'By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment'.*

Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites, Carseview and Strathmartine.

Carseview is a 10-bedded Learning Disability Assessment Unit and Strathmartine provides an 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards. The intention is to develop existing accommodation at MRH and provide the same number of inpatient beds as the existing service provided from both the Carseview and Strathmartine sites (24).

A number of LD Inpatients are being treated in General Adult Psychiatry beds as all LD Inpatient beds are currently occupied. There are a number of LD Inpatients classed as 'delayed discharges' and ready to move into a community or alternative care environment than hospital. Multi-disciplinary team meetings are being held every 4 weeks to review and plan discharge from hospital. Once delayed discharge patients move onto an alternative setting, NHS Tayside would transfer patients out of General Adult Psychiatry beds into the newly refurbished ward at MRH, justifying the need to maintain 24 LD inpatient beds.

The existing model of care within Strathmartine co-locates Occupational Therapy and day services, creating a sense of therapeutic community for patients and staff. The relocation of in-patient services will also require due consideration of Occupational Therapy services. A meeting was held on 17 February 2025, to discuss current therapeutic services provided from Strathmartine for both inpatients and outpatients, with consideration of how best to take forward any planning or potential commissioning of therapeutic services in advance of patients relocating to MRH.

The key principles and recommendations of the Coming Home Implementation inform and underpin the requirements to create purposeful, therapeutic environments of care for people with a learning disability and to work collaboratively to reduce and prevent people from staying in hospital beyond their date for discharge.

A move to a single site for in-patient learning disability services in Tayside is consistent with the values and mission set out in the Coming Home report.

NHST agree to support the relocation of Learning Disability inpatients to a single site, Murray Royal Hospital, from Strathmartine and Carseview.

The Learning Disability Inpatient Transition Task & Finish Group was established to oversee this programme of work. A programme Execution Plan was developed and approved by the Task & Finish Group in December 2024. Some of the key information within the PEP includes:-

- Programme Objectives
- Programme structure (Appendix A)
- Reporting structure (Appendix B)
- Governance arrangements and project controls
- Workstream aims and deliverables (Appendix C)
- High Level Project Plan
- Strategic and Operational Risks
- Roles and responsibilities

### 1.3 **Assessment**

To follow on from the initial quarterly report, dated 3 December 2024, please find updates in respect of the nine recommendations:-

1. **Recommendation** - Agree with the recommendations from the Board Medical Director and Nurse Director that Strathmartine is an unsustainable clinical environment to provide best quality care.

**Update** – As previously reported, NHS Tayside continue to support the decision to relocate Inpatients from Strathmartine to improved accommodation at Murray Royal Hospital, Perth. The programme structure and governance arrangements are in place, with regular meetings and shared communication across all of the workstreams.

2. **Recommendation** - Agree that the concerns raised in relation to the Strathmartine environment should be considered alongside the concerns raised by the Care Assurance Review of the Learning Disability Assessment Unit (LDAU) at Carseview (considered by ELT on April 29) in relation to professional practice issues and professional nursing conduct concerns.

**Update** – The improvement works at Strathmartine were originally overseen by the LD Assurance Group. At the Assurance Group meeting on the 4th of October 2024, agreement was reached to align the oversight of the Strathmartine improvement works with the governance arrangements for the Task and Finish Group. The scope of the LD Inpatient Transition Task & Finish Programme has been widened to include these works and Programme Execution Plan (PEP) updated accordingly. Any changes to the Programme Execution Plan will be documented and presented to the LD Inpatient Transition Task & Finish Group for approval.

Works to improve the environment at Strathmartine continue to be led by the Property Department and improvements have been achieved since the last report, please refer to recommendation nr 5 below for further detail.

The LDAU Assurance Group continue to oversee the actions from the LDAU Care Assurance Review. The LDAU Assurance Group provides 6 weekly updates to the Executive Team on progress against the 8 recommendations. Additionally, there is ongoing reporting to the Care Governance Committee in place. The LDAU Care Assurance Review has

transferrable learning across the LD inpatient service and whole service themes will be identified and actioned operationally.

- 3. Recommendation** - Agree that, as a consequence of these collective concerns, the move of inpatients from Strathmartine and the Learning Disability Assessment Unit at Carseview to Murray Royal Hospital should be expedited to achieve the co-location of all learning disability inpatients on a single site.

**Update** – The workstreams continue to meet regularly with the majority meeting every fortnight. The three key areas of focus are:-

- Ensure that a suitably qualified, trained and experienced workforce is in place to deliver a robust service for LD Inpatients from MRH
- Ensure that the accommodation meets the needs of LD patients and staff, whilst ensuring that it provides a safe environment that also enables patients to live as independently as possible
- Develop discharge (out of a hospital setting) and transition (to MRH) plans are agreed and services commissioned where required

Stakeholder communication and finance are essential factors that impact all the workstreams and these will be considered throughout the entire programme life cycle.

The Property & Design workstream have met regularly with clinical colleagues on site at Murray Royal Hospital to collaboratively agree accommodation requirements for patients currently located at Strathmartine.

The clinical staff have developed an outline design that will be reviewed to take into account various requirements, such as:-

- Optimum levels of patient freedom/safety/independence
- Consideration of future planning and best use of the estate
- Creating an environment that allows staff to maximise observation and maintain levels of safety

A design team were appointed by NHS Tayside and instructed to develop detailed designs however, the architects engaged are now directly contracted by Robertson FM (RFM) to progress and undertake the designs and develop associated changes (M&E etc) through engagement with the appropriate consultants.

Once all designs finalised and approved, a Bill of Quantities will be issued to RFM for costing. This will allow inform RFM of the likely construction and commissioning timescales.

A potential area has been identified at Murray Royal Hospital, for reprovision of the Learning Disability Assessment Unit (LDAU) and enabling all Learning Disability Inpatient Services to be provided from a single site. Once the potential accommodation for the LDAU has been accepted and confirmed by NHST, the collaborative design process shall commence, with estimated costs and programme to follow thereafter.

- 4. Recommendation** - Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies.

**Update** – The workforce workstream has defined their aim and deliverables (Appendix D). Informal discussions have taken place with the majority of staff providing them with information and updates. A paper is due to be presented to CET on 10 March 2025, seeking authority to commence the formal Organizational Change Process. It is recognized there is likely to be a requirement to support redeployment of staff and potential recruitment drive.

Staff drop-in sessions were held in February, in Angus, Dundee and Perth with over 100 staff attending.

The workforce workstream members include representatives from staffside, Human Resources, Learning Disabilities services and union representation.

5. **Recommendation** - Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.

**Update** - The LD Inpatient Transition programme is mainly driven by the need for patients and staff to work in a safe environment which is conducive to enhancing the wellbeing of patients in a safe therapeutic environment.

Almost all of the previously identified backlog repairs at Strathmartine have been addressed with only new works requests to improve the building environment at Strathmartine.

**Recommendations 6 and 7** – The previous Report submitted in December 2024 confirmed that these recommendations will be removed from future update reports.

8. **Recommendation** - Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.

**Update** – The Communications workstream has met and workshops were held in November 2024 and January 2025, to develop a Communications plan. The draft Communications plan has been submitted to the Task & Finish Group for approval and shall be included in the evolving Programme Execution Plan thereafter.

Further consideration is required to ensure the optimum means of facilitating meaningful engagement with patients and or parents/carers/families. Drop-in sessions were held on 6th, 11th and 14th February to share information and future plans with staff and these were well attended.

Sessions are being planned to enable families and carers to ask questions and advise NHST of their needs and potential concerns. The families' views will be considered and hopefully improve and inform NHST's future planning and communication. Advocacy will support all communications.

Letters have now been sent to carers/families of patients who are being cared for in Strathmartine and LDAU to offer a group meeting and/or one to one meetings to raise any questions they may have regarding the move to MRH.

A group meeting took place on Monday 24 February 2025 where families raised questions and were provided with responses as well as an update on progress made to date. There were several actions captured from that meeting which included;

- Organising visits to MRH
- Potential transport options for families and carers
- Confirmation of future dental and GP arrangements for patients
- Future project updates to families/carers/guardians etc

Some families met with Independent Advocacy and shared their concerns and questions which have been responded to through the Patient/Carer Participation workstream with the development of the FAQ document.

To maximise communication and engagement across LD Inpatient Programme workstreams, the LD Task & Finish Group agreed that alternative fortnightly meetings would be for the Workstream Leads to meet and share information from their area of responsibility. Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.

9. **Recommendation** - Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan, undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT (Executive Leadership Team, now known as Chief Executive Team) in September 2024 for whole system assurance and to identify any further support for delivery.

**Update** – A Programme Execution Plan (PEP) was developed and approved in December 2024. This live document will continually be updated throughout the life of the programme to include the Communications Plan, Equality Impact Assessment and Workforce Plan. The PEP includes a high-level project plan, listing the key deliverables and this will be further developed once more information is available and delivery dates estimated.

The workforce workstream has identified their aims and deliverables (Appendix C). A large planning and scoping exercise is underway to identify:-

- Plans for all staff relocating to MRH (in line with Organisational change)
- Plans for staff unable to relocate to MRH, in line with Organisational change
- Analysis of current staff's skill mix to ensure appropriate staff are in place
- Identify potential staffing gaps
- Develop a workforce plan which will address gaps
- Cost potential recruitment needs and seek financial approval
- Recruit and redeploy staff as required and agree a programme with planned dates\*

\*(Not included within the existing aims and deliverables of the workforce workstream)

*A paper will be presented to NSHT Chief Executive Team (CET) on 10 March to provide an update on the outcome of; recent informal staff 1:1's, the current Registered and Unregistered Nursing Workforce, other workforce risks and considerations to strengthen the Learning Disability (LD) Registered Nursing workforce and underpin a recruitment plan.*

A SLWG has met to develop an Equality Impact Assessment (EQIA) and the draft document shall be presented to the LD Task & Finish Group for approval and included within the Programme Execution Plan. It is a mandatory requirement for NHST to publish the approved document and its ongoing development and review is considered a priority task.

#### **1.4 Quality/ Patient Care**

The Mental Welfare Commission feedback further highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known. The impact this is having on patient safety was noted by the Board Medical and Nurse Director in correspondence with the Chief Executive on the 28 June, in which they clearly set out their view that Strathmartine ward environment does not, and will not be able to, create a therapeutic environment for patients and there is requirement to expedite the move to a single site for inpatient learning disability services.

There are currently 24 Learning Disability inpatients in Strathmartine and Carseview, 16 of which are Delayed Discharges. This group of patients are medically fit to be discharged from hospital into a community or alternative setting. The Clinical & Care workstream meet every four weeks with Health and Social Care Partnership colleagues to review the discharge/transition plans for each patient. A weekly report is provided to the Executive sponsor, highlighting potential service/staff gaps and risks or obstacles. This information is then shared with HSCP colleagues to inform the development of plans and identify where there is a potential need for investment/commissioning of services. The aim and deliverables of the Clinical and Care workstream can be found in Appendix C.

#### **1.5 Workforce**

The LD T&F Group agree that any impact of this move on our workforce will be considered in full partnership and according to NHST's Organisational Change policy.

Weekly meetings are in place with the General Managers of the service to offer support, guidance, and direction.



The risk of NHST being unable to deploy or recruit suitably qualified and experienced LD staff remains high and any potential financial impact has yet to be defined. It should be noted that the current workforce models in place for Learning Disabilities inpatient services are unlikely to change with the move and funded WTE to continue 'as is'. It is recognised that the current care delivered on the Strathmartine site requires the use of supplementary staffing to support the workforce due to how care is delivered environmentally, hence the funded WTE will remain unchanged as the environmental challenge would reduce. Recruitment will be supported by training and development bespoke to the Learning Disabilities environment.

## **1.6 Financial**

During this planning phase, costs are unknown. The clinical leads have developed outline designs, for the Faskally and Rannoch wards in Murray Royal Hospital, which were developed through the Design & Property Workstream. Until the proposed location for the LDAU has been confirmed, the design phase cannot commence.

It is anticipated that there will be minimum changes to the accommodation in the Faskally ward but there will be construction, staffing, equipment and other associated costs with all of the new areas within MRH.

An equipment list will be developed and Procurement shall be invited to join the Property & Design workstream to lead this piece of work in collaboration with the clinical leads.

Construction costs will be estimated once the individual construction work packages have been fully designed and costs provided by the contractor.

The Workforce workstream will also develop a workforce plan, that will be costed for each potential phase and throughout the transitional phase of the inpatient relocations. It is recognised that the current move of services to Murray Royal will not result in a change to the funded WTE for each ward area. It is recommended that a further review of workforce takes place 6 months post move, with any changes to funded bed base. Through organisational change processes, if the current workforce are unable to move this will result in the requirement to recruit and train the future workforce in mitigating the workforce risk.

Additional costs for equipment, organisational change, transition phases and physical move will also need to be factored into the Programme budget.

## **1.7 Risk Assessment/Management**

A strategic risk workshop was held on 8 October and jointly chaired by the Senior Responsible Officer (SRO) and Head of Strategic Risk and Resilience. A copy of the Strategic Risk Workshop report can be found under Appendix 7.

Operational risk workshops were held with key leads to:-

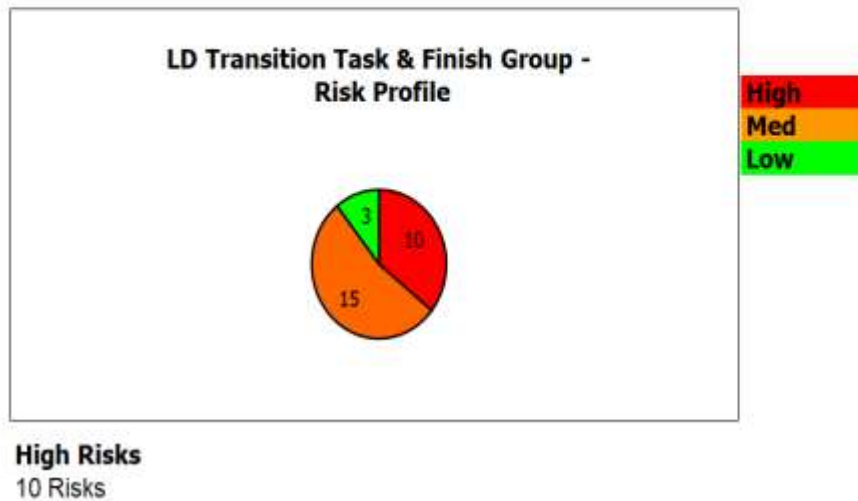
- Identify the key operational risks for the programme across each phase
- Score the identified risks
- Agree risk owners and mitigation plans for each operational risk

The operational risk log is included within the approved Programme Execution Plan. Regular reviews will be carried at workstream meetings to ensure that scorings remain accurate and mitigation plans are appropriate. New risks will also be recorded and updated risk logs reported into the Task and Finish Group.

The figure below shows the current risk profile (v9):-

### **LD Transition Task & Finish Group - Risk Profile**

Version 9.0 of the risk log contains 28 open risks, the chart below details the current risk profile of the project.



#### **1.8 Equality and Diversity, including health inequalities**

A short life working group (SLWG) met to develop an EQIA (attached to this report). A Teams channel has been set up with the 'live' document being stored centrally to allow the SLWG members to update and add additional information as the document develops. Colleagues from Angus Health & Social Care Partnership are supporting NHST with this work due to their experience and developed practice following rigorous audit and reviews.

#### **1.9 Best Value Characteristics**

This report provides evidence of the following Best Value Characteristics:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management

Guidance on the Best Value characteristics at this link : [SG Best Value Guidance](#)

#### **1.10 Other impacts**

Not applicable.

#### **1.11 Communication, involvement, engagement and consultation**

A number of meetings have taken place with staff and regular newsletters issued.

The Patient and Carer participation workstream meetings commenced with the leads engaging with local advocacy services to support the workstream.

The Communications workstream held a workshop in November 2024 and January 2025 to develop the LD Inpatient Transition Communications plan which will be considered and reviewed by the LD TT&F Group for approval.

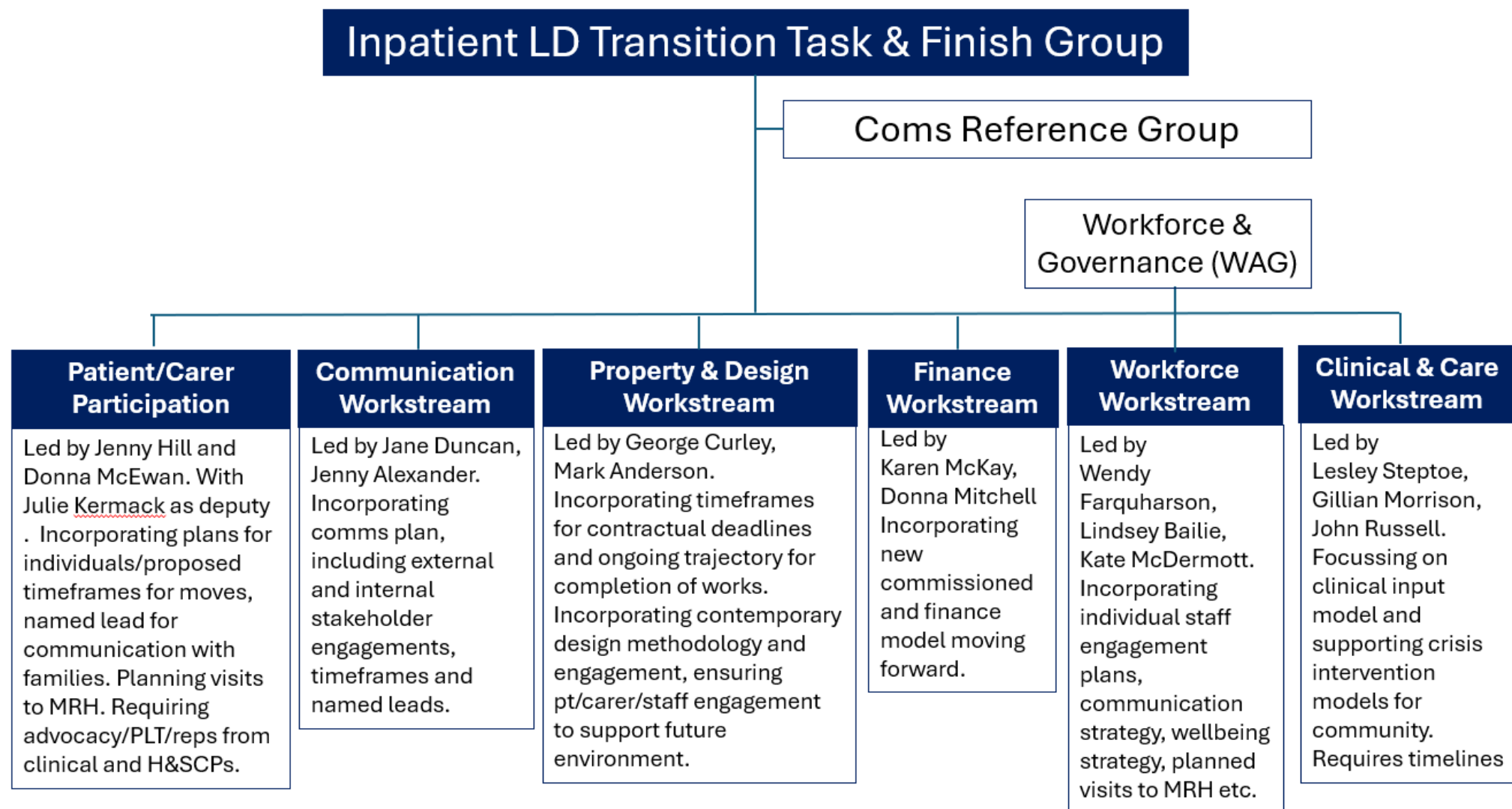
## **2** ***List of appendices***

Appendix A - LD Inpatient Transition Programme structure

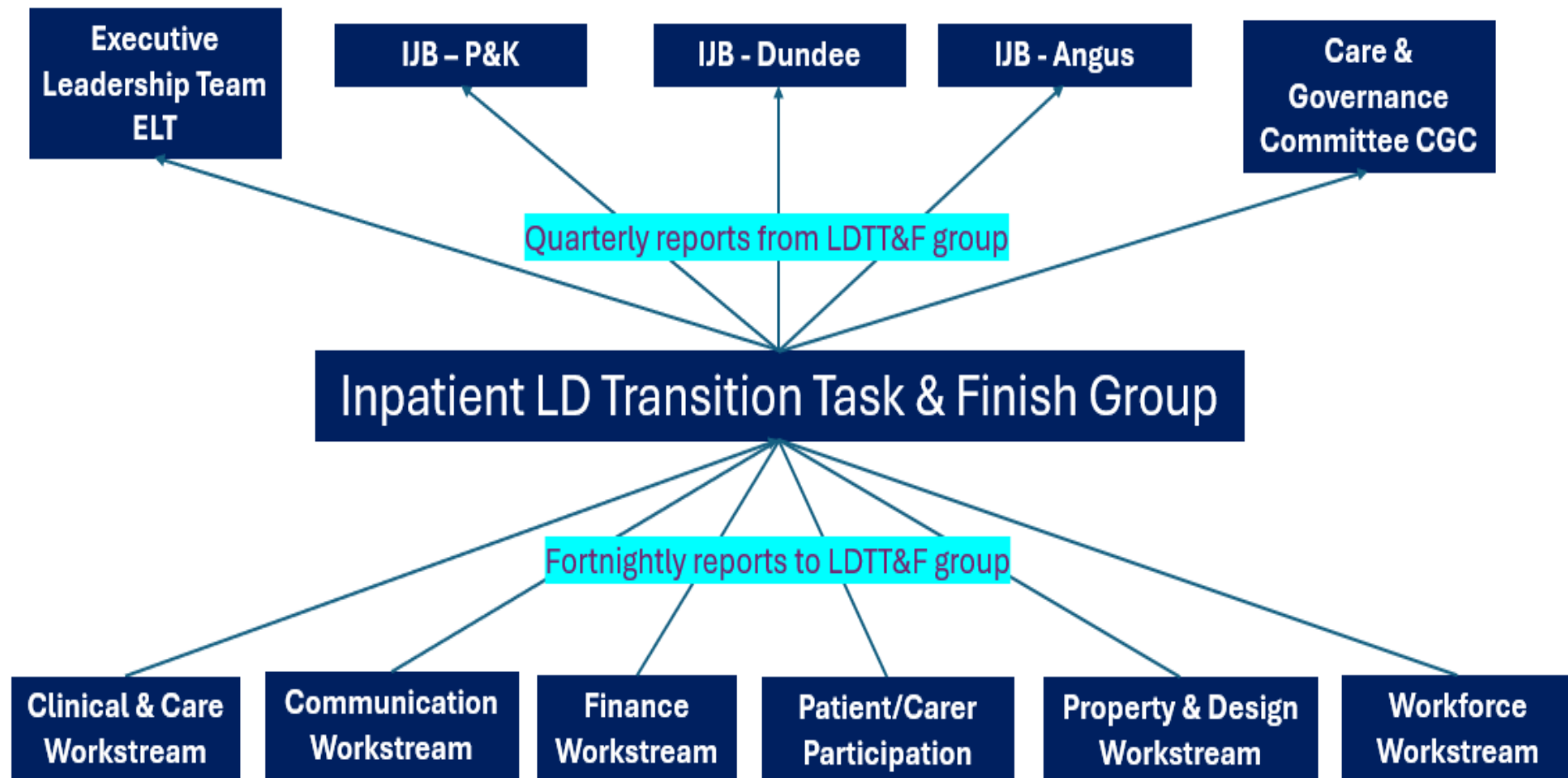
Appendix B – LD Inpatient Task & finish Group Reporting structure

Appendix C– Workstream Aims and deliverables

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Appendix B - LD Inpatient Task & finish Group Reporting structure v1



## Appendix C – Workstream Aims & Deliverables

### Overview of Workstream Aims and Deliverables

Programme Manager: Jill beattie, NHST

Draft v1 extracted from v10 of the PEP - 22 October 2024

Ref	Workstream name	Workstream aim
W1	Clinical & Care	To have an improved inpatient environment which will enable therapeutic interventions to be provided supporting discharge to community environment
Workstream deliverables		
<p>1 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the LDAU in Carseview</p> <p>2 - To develop and document discharge plans (moving to a supported community setting) and transition plans (for relocating to a single inpatient site), including estimated timescales, for all inpatients relocating from the Strathmartine</p> <p>3 - Develop and agree Risk management plans for all strathmartine LD Inpatients</p> <p>4 - Develop and agree Risk management plans for all Carseview patients</p>		

Ref	Workstream name	Workstream aim
W2	Communications	The Communications and Engagement Workstream aims to ensure a co-produced Communications and Engagement Plan is developed and implemented to ensure all stakeholders are well informed and involved to support the transition of inpatients and staff to new accommodation and community settings
Workstream deliverables		
<p>1 Co-produce a dynamic Communications and Engagement Plan for all stakeholders to ensure coordinated, consistent, and clear two-way communications are available and accessible to all audiences.</p> <p>2 Ensure wider stakeholder involvement and engagement throughout the programme timeline.</p> <p>3 Communications and Engagement Workshop to develop key messages, communications channels and two-way information sharing opportunities for all stakeholders.</p> <p>4 Programme of regular Communications and Engagement “check-in and change” points for all stakeholders to review Communications and Engagement Plan to ensure it continues to deliver the outputs which are tailored to the relevant audiences.</p>		



Ref	Workstream name	Workstream aim
W3	Finance	To develop a financial framework derived from a service model that delivers best value.
Workstream deliverables		
<p>1 The financial framework will set out the existing resources available, and realign those resources to reflect the future model. The model will be affordable and provide best value.</p> <p>2 A commissioning model for inpatient LD services will be developed.</p> <p>3 The property element will align to the Whole System Infrastructure Programme (WSIP) and to SG direction.</p> <p>4 The programme will reduce the backlog maintenance costs for NHS Tayside for Strathmartine/Bridgefoot</p>		

Ref	Workstream name	Workstream aim
W4	Patient & Carer Participation	Patient & Carer Participation workstream aims to support, inform and engage with patients, carers and those impacted by the relocation of LD patients from Strathmartine Centre to Murray Royal or community-based setting
Workstream deliverables		
<p>1. Agree what opportunities will exist in other workstreams for patients and carers to participate</p> <p>2 Use template from communications workstream to develop a communications plan (this will include a section for advocacy workers to link with families)</p> <p>3 Patients and carers will receive timely and consistent communication regarding the move to MRH</p> <p>4 Patients and carers will have the opportunity to share feedback, questions and concerns regarding the move and will be responded to</p> <p>5 Patients ideas and suggestions will be shared with other workstreams to inform the future design of the environment and service</p>		

Ref	Workstream name	Workstream aim
W5	Property & Design	The primary aim is to ensure that through effective and inclusive engagement, the required physical environment is delivered to enable safe patient care and supports the objectives and timescales of underpinning and related workstreams
Workstream deliverables		
<p>1 Gather &amp; develop the required physical environment to ensure, safe, functioning &amp; effective patient and staff facilities.</p> <p>2 Develop timeframes for delivery of the required physical environment change.</p> <p>3 Ensure effective engagement with key stakeholders throughout the process.</p> <p>4 Ensure effective engagement with third party partners to enable effective project delivery.</p>		

Ref	Workstream name	Workstream aim
W6	Workforce	<b>Ensure that the workforce is available and in place, with relevant knowledge and experience to support the transition and ongoing care of inpatients to new accommodation and community settings.</b>
<b>Workstream deliverables</b>		
<p>1 Identify staff who will transfer to MRH inpatient services</p> <p>2 Ensure that plans are agreed for all staff who are not transferring to MRH, in line with Organisational change</p> <p>3 Ensure that plans are agreed for all staff who are transferring to MRH, in line with Organisational change</p> <p>4 Analyse staffing level tools to ensure adequate skill mix. In line with staffing models developed in the Clinical &amp; Care workstream</p> <p>5 Identify the potential gaps in staffing levels for MRH and report findings into the LD TT&amp;F Group</p>		

<b>This is a sub group of the workforce workstream and links closely with the Communications workstream</b>		
Ref	Subgroup name	Subgroup aims
W6a	<b>Workforce &amp; Governance (sub group of workforce workstream)</b>	<b>This group is chaired by the LD Service Manager and is responsible for leading, communicating and involving staff in various activities for this workstream</b>
<b>Workstream deliverables</b>		

# COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)  
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)  
CONSUMER DUTY ASSESSMENT (CDA)  
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)



## 1. INTRODUCTION

Title of policy, practice or project being assessed	Learning Disabilities inpatient and outpatient services in Dundee to move to a single site at Murray Royal Hospital, Perth.
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)	X – operational move of building due to environmental issues at existing site	

## 2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Lindsey Baillie – General Manager
Date Assessment Started	August 2024 Previous assessment undertaken in 2018.

## 3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	The purpose of this is to set out the current issues relating to Learning Disability Assessment Unit, Carseview and environmental issues at Strathmartine and provide the rationale for the operational decision undertaken by NHS Tayside Executive Leadership Team to progress the move to a single site for inpatient learning disabilities services at Murray Royal Hospital Perth.
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	<p>Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites; Carseview and Strathmartine. At Carseview there is the 10-bedded Learning Disability Assessment Unit and at Strathmartine there are the 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards.</p>
<p><b>What are the intended outcomes and who does this impact?</b> (E.g. service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The main aim of the LD Inpatient Transition Programme is to relocate the existing Learning Disability Inpatient Services to a single site at Murray Royal Hospital, Perth (MRH – Perth).</p> <p>To successfully deliver this programme, NHS Tayside and the three local Integration Joint Boards require to ensure that Learning Disability services will be in place, in terms of clinical service sustainability, workforce availability and financial affordability. There is also requirement to ensure a sustainable model and service delivery to care for patients.</p> <p>The main impact will likely be for staff and inpatients, due to the location of the proposed single site (MRH – Perth). Other groups, including families/carers/guardians etc. may be impacted by the inpatients moving to Perth from Strathmartine, Dundee.</p> <p>Community outpatients may also be impacted if the organisation decides to adapt the existing therapeutic services provided from Craigmill, Strathmartine, Dundee. If this service is to continue without change, the inpatients may have to be transported to and from MRH to continue to receive this therapeutic treatment, which, in some cases, is linked to a court or compulsive treatment order.</p>

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#### 4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on the service users and/or public holding any of the <u>protected characteristics</u> ? (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race		X	Gender Reassignment		X
Disability	X		Pregnancy and Maternity		X	Marriage and Civil Partnership		X
Sex	X		Religion or Belief		X	Sexual Orientation		X

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in <b>ANY</b> way on employees or volunteers holding any of the <u>protected characteristics</u> ? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark (x) as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race		X	Gender Reassignment		X
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership		X
Sex		X	Religion or Belief		X	Sexual Orientation		X

**PLEASE NOTE:** If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

#### 5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to section 11.
	X	

## FULL EQUALITY IMPACT ASSESSMENT (EQIA)

### 6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the [Consumer Duty](#) is met. These can be located on the AHSCP Equalities SharePoint page.

Quantitative evidence  
(numerical/statistical)

Number of patients: Learning Disability Assessment Unit - 10 patients, Flat 1 - 9 patients, Behavioural Support Intervention Unit - 5 patients, Gap - 4 Learning Disability patients.

Angus residents: 2

Dundee residents: 17

P&K residents: 4

This is subject to change in future, based on current inpatients as at Feb25.

Number of staff impacted as of Feb 25: approximately 140

Below is the breakdown of in-patient nursing staffs:

Age	Count
20 - 24	5
25 - 29	14
30 - 34	21
35 - 39	9
40 - 44	17
45 - 49	5
50 - 54	15
55 - 59	21
60 - 64	7
65 +	3



	Grand Total		117
	<ul style="list-style-type: none"><li>39% of staff are aged over 50.</li><li>16% of staff are aged under 30.</li></ul>		
	Gender	Count	
	Female	76	
	Male	41	
	Grand Total	117	
	<ul style="list-style-type: none"><li>65% of staff are female</li><li>35% of staff are male</li></ul>		
	Local authority (based on home postcode)	Count	%
	Aberdeenshire	1	0.9%
	Angus	16	13.7%
	City of Edinburgh	2	1.7%
	Dundee City	86	73.5%
	Fife	5	4.3%
	Perth and Kinross	7	6.0%
	Grand Total	117	100.0%
For information, of the 16 staff who live in Angus, 12 of them are in the "Monifeith and Sidlaw" council ward.			
"Travel to work" zone (based on home postcode)	Count		
Aberdeen	1		
Arbroath and Montrose	3		
Dundee	104		

	Dunfermline and Kirkcaldy	3
	Edinburgh	2
	Perth	4
	Grand Total	117
	<p>The "Travel to Work" zone table above is based on a national dataset that links postcodes to their nearest big town or city.</p> <p>Staff members with disabilities - data still to be added.</p> <p>Staff members with caring responsibilities– data still to be added.</p>	
Qualitative evidence (narrative/exploratory)	<p>Environmental condition of the current site:</p> <p>The Mental Welfare Commission highlighted significant concern regarding the level of dilapidation and disrepair in the built environment and the impact this was having on the care experience of patients and the working environment for staff. The feedback highlights the requirement to move to a single site for inpatient Learning Disability services. The benefits and limitations of the Strathmartine environment are known and whilst some works have been undertaken to improve the quality of the patients' living environment, there are significant limiting factors and deterioration in the overall quality of the environment. No access to ensuite facilities for patients, limited therapy space within the ward areas, poor visibility, poor lighting, lack of storage, no facilities for clinical examination, no sluice, aging fixtures and fittings, office space does not meet H &amp; S requirements, poor staff changing facilities.</p> <p>Limited onsite support impacts quality of care particularly in the out of hours periods, medical staff on call and senior nursing leadership covering multiple areas, Co-location of services will offer greater access to support to meet health and safety.</p> <p>Quality of Care within LDAU, Carseview was reviewed early in 2024, recognising need to improve standards of care.</p> <p>MWC Visit November 2023 recognised need for additional therapy space.</p>	

Other evidence (please detail)	<p>The LD inpatient Transition Task &amp; Finish Group approved six objectives for the Programme to relocate patients from Carseview and Strathmartine to a single site (Murray Royal Hospital).</p> <p>Six workstreams have been established to plan and implement the relocation of patients to Murray Royal Hospital.</p> <p>The LD T&amp;F Programme is currently in the scoping and planning phase. NHST must engage in collaborative discussions with Health &amp; Social Care Partnerships, Patients/families/carers, Staff, Advocacy, third party/voluntary organisations and other stakeholders as required.</p>
What gaps in evidence/research were identified?	<p>Awaiting a breakdown of current inpatients based on their home authority. This information is required to understand the impact of those who will be accommodated out with their home local authority area.</p> <p>Data to be added on staff members with disabilities and caring responsibilities.</p>
Is any further evidence required? Yes or No (please provide reasoning)	No – decision to proceed due to environmental issues as detailed above.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes – previous EQIA was undertaken several years ago, decision making around this move was not revisited and assessment was not refreshed prior to this move being initiated, this was due to the urgent operational requirement to vacate the current building due to environmental issues. Best judgement was exercised by CET (Chief Executive Team) NHS Tayside – Executive Lead – Sandra MacLeod (Deputy Chief Executive).

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## 7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the <a href="#">Consumer Duty</a> is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes – Staff, unions, staff partnership forum, Strathmartine patients, families and carers have been consulted with.
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	<p>Staff briefings: Began on Wednesday 7th August and staff meetings commenced on Thursday 8th August with a series of meetings with staff affected by the change at Strathmartine and Carseview. Communications have continued with staff since the first engagement and a Communications Expert Reference Group with representation from key stakeholders including families and staff is being established.</p> <p>Three staff drop-in sessions were held on 6, 11 and 14 February 2025 in Angus, Dundee and Perth. 100 staff members attended 20 in Angus, 40 in Dundee and 40 in Perth.</p> <p>Informal 1-1 discussions were held with staff impacted by the move. Very low number of staff have indicated that they would be able to move at this stage.</p> <p>Patients: Strathmartine - Easy-read questionnaire was designed and shared with patients for feedback. Engagement took place on 17/10/24</p> <p>LDAU survey still to be conducted.</p> <p>Staff Partnership: Feedback still to be added to the assessment</p> <p>Unions: Feedback still to be added to the assessment.</p> <p>Families/ Unpaid Carers: Letter inviting families/carers with patients being cared for in Strathmartine to an independent advocacy session to raise concerns and questions. 2 families engaged in this session.</p>

	<p>Letter inviting families/carers with patients being cared for in LDAU to a group meeting attended by staff from NHS Tayside, HSCPs and Independent Advocacy. This meeting provided an opportunity for families to be updated on progress and raise any questions and concerns they may have.</p> <p>The questions that families have raised at these meetings, and from an email that was received from one family, has formed the draft FAQ document. Whilst questions have been responded to directly from families, it is intended that the FAQ document will support other families who have not yet engaged directly about the move. The FAQ document once finalised will be available on NHST website.</p> <p>Independent Advocacy have also engaged with people with lived experience of learning disability inpatient care and this information has been shared with the Patient Carer Participation Workstream for further consideration.</p> <p>HIS – Planning with People – Two meetings have taken place with HIS. There is ongoing dialogue and support being provided by HIS.</p> <p>Lived experience feedback – Feedback still to be added.</p>
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes, Stakeholder Participation Group has been involved.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	<p>Staff: in person briefing sessions, 1-1 informal meetings.</p> <p>Patients: facilitated discussion in Strathmartine by independent advocacy.</p> <p>Families: facilitated discussion with independent advocacy.</p>
What were the results from the engagement?	<p>Patients provided feedback on a number of areas as detailed below:</p> <p>Family: Service users expressed concerns over ability for family to visit and moving further away from family. They also expressed concerns over their ability to continue to attend social activities.</p> <p>Facilities - Patients posed questions regarding the new accommodation include storage and facilities questions.</p> <p>Therapies - Patients expressed concerns that there are no gardens at the MRH and posed questions as to whether therapies will still be provided.</p>

	<p>Security - Patients posed questions as to whether the site at MRH would be operated in a similar way to Strathmartine. Questions covered whether existing ward rules would remain the same or change.</p> <p>Staffing - Patients are concerned that the staffing may change, continuity of care appears to be important.</p> <p>Positive feedback - positive feedback includes having a bigger building with improved facilities. Patients have expressed a desire to visit the new site.</p>
How did the engagement consider the <a href="#">protected characteristics</a> of its intended cohort?	<p>Staff –NHS Tayside Organisational Change Policy will ensure that protected characteristics are considered as part of this formal process.</p> <p>Strathmartine patient engagement – an easy-read survey was prepared, and assistance was provided for patients to complete the survey.</p>
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	<p>Transitions planning – Future actions are required to ensure robust transitions planning for all patients who will be impacted by the move.</p> <p>Staff considerations – further work is required as the early indications are that only a low number of staff are able to move to work in Perth. Future working arrangements will need to be considered.</p>
Is further engagement required? Yes or No (please provide reasoning)	<p>Yes, ongoing engagement is required with staff, families and patients.</p> <p>LDAU patients have not yet been engaged with, this is due to be conducted.</p> <p>Staff –NHS Tayside Organisational Change Policy will govern the need for additional staff engagement.</p>

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## 8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health, health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X	X	<p>Angus and Dundee residents:</p> <p>Potentially negative – it is known that some carers/ family members are older which may impact on their ability to travel to Perth for visits if coming from Angus or Dundee.</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to those who are either younger and in lower paid jobs or older and reliant on a pension. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Perth and Kinross residents:</p> <p>Potentially positive – family members/ carers who live in Perth and Kinross may find travel easier and less expensive than travelling to Dundee.</p>
Sex	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Disability		X	X	<p>Angus and Dundee residents:</p> <p>Potentially Negative Impact – MRH is considerably further away from Angus and Dundee. It is a further 23 miles from the current site in Dundee, this increased distance from home may make it harder for family/ friends to visit and could be a barrier to attending social activities in the Dundee or Angus area. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially negative –the availability/ cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive for those with disabilities. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Perth and Kinross Residents:</p>



## Service Users, Public or Unpaid Carers with Protected Characteristics

Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>Potentially negative – A high number of staff have indicated that they are unable to move to work at MRH, this is likely to mean a change of staff group which will impact continuity of care and may have a detrimental impact on patients. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home.</p>
Race	X			
Sexual Orientation	X			
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)		x	x	<p>Angus and Dundee residents:</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially positive – Families/ unpaid carers may see the improved environment and living conditions as being a positive development and welcome the new accommodation.</p> <p>Perth and Kinross residents:</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home</p>
<u>Human Rights</u> (Issues and impacts affecting		x	x	<p>Angus and Dundee residents:</p> <p>Potentially negative –the availability/cost of public transport/ travel to Perth from Angus</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).				<p>or Dundee may be prohibitive to family members/ unpaid carers. This could prevent family members/ carers from visiting as often which could have an impact on maintaining family life. Mitigating actions have not yet been identified however this is being considered by the wider project group.</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Perth and Kinross residents:</p> <p>Potentially Positive Impact: Patients will be accommodated in a modern building with better facilities. Accommodation will be fit for purpose and ensure a better standard of living within the inpatient setting.</p> <p>Potentially Positive Impact – Care closer to home – P&amp;K residents will receive inpatient care within Perth which will ensure care is provided closer to home</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		x	x	Potentially negative – A very low number of staff have indicated that they are able to

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Sex		x	x	<p>Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to</p>

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Disability	x			
Race	x			
Sexual Orientation	x			
Religion or Belief	x			
Gender Reassignment	x			
Pregnancy and Maternity		x	x	Potentially negative – A very low number of staff have indicated that they are able to move to MRH. This may mean that some staff will be redeployed to other service areas and may become deskilled in Learning Disabilities where there is already a shortage of

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				<p>suitably qualified staff. This may have an impact on succession planning within NHS Tayside.</p> <p>Potentially negative – A low number of staff have indicated that they are able to move to MRH, this means that recruitment may be required and there is a potential that staff recruited will not have the necessary experience.</p> <p>Potentially negative – Wards are currently reliant on the use of bank staff, there is a risk that bank staff within the Dundee area will choose not to work in Perth. This may result in staff shortages.</p> <p>Potentially positive impact: Staff will be working in a modern, purpose-built building which will provide a better standard of working conditions.</p> <p>Potentially positive impact: It may be easier to attract staff from the central belt to work in Perth than it is to work in Dundee.</p>
Marriage and Civil Partnership	X			
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces	X			

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
personnel (please specify)				
<u>Human Rights</u> (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).	x			

## 9. EQIA FINDINGS AND ACTIONS

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Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	x
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 - Staffing – Continue to engage with staff to understand any barriers to moving to Perth and seek to identify any actions to support staff.	Ongoing – Aug 25	
Action 2 - Engagement – Engagement to take place with patients in LDAU to understand how they feel about the planned move.	Ongoing - Aug 25	
Action 3 – Engagement – continue to work with families to understand any barriers that they face are a result of the move to Perth and identify any mitigating actions to support them.	Ongoing – Aug 25	
Action 4 – Data – populate missing data as identified within this assessment.	May 25	



## 10. EVIDENCE OF DUE REGARD - EQUALITY ACT

**Public Sector Equality Duty:** The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	

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## 11. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions.

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

## 12. FSDA - SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 14 onwards to conclude.
		X – this is an operational decision.

## 13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence				
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?				
Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)				

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Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)				
Socio-economic Background (social class including parents' education, people's employment and income)				
Unpaid Carers				
Homelessness, Addictions and Substance Use				
Children, Family and Justice				
Other e.g. current & former Armed Forces personnel (please specify)				

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#### 14. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The [Consumer Scotland Act 2020 Duty](#) came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

*Duty to have regard to consumer interests*

*(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:*

- (a) the impact of those decisions on consumers in Scotland, and*
- (b) the desirability of reducing harm to consumers in Scotland.*

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

#### 15. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	YES (X) - Proceed to question 16 below	NO (X) – Provide reasoning below and proceed to sections 17 onwards to conclude.
		X – this is an operational decision.

#### 16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	

#### 17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

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We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

\*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18.

There are four articles in the [United Nations Convention on the Rights of the Child](#) (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)	<input type="checkbox"/>	2. Best interest of the child (Article 3)	<input type="checkbox"/>
3. Right to life, survival and development (Article 6)	<input type="checkbox"/>	4. Right to be heard (Article 12)	<input type="checkbox"/>
None	x		

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	None – this change applies to adults only.
How will the proposal give better effect to the UNCRC in Scotland?	N/A - as above
How will the impact be monitored?	N/A - as above
How will you communicate to children and young people the impact of the proposal on their rights?	N/A - as above

## 18. PUBLICATION

Is the corresponding IJB/Committee paper	No
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exempt from publication?	
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## 19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Lindsey Bailie
Designation:	General Manager - Inpatient Learning Disability Service
Date:	19/03/2025

Lead Equalities Officer Responsible		Service Leader Responsible	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Jordan Russell	Name:	
Designation:	Corporate Equalities Team Lead NHS Tayside	Designation:	
Date:	19/03/2025	Date:	

For further information on this Combined Assessment, or if you require this assessment in an alternative format, please email: [tay.corporateequalities@nhs.scot](mailto:tay.corporateequalities@nhs.scot)

## 20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	Project is not complete – EQIA will continue to be updated. Final version due August 2025.
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## 21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	



Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) <ul style="list-style-type: none"><li>• Complete</li><li>• Outstanding</li><li>• New</li><li>• Discontinued etc.</li></ul>
Action 1 -	
Action 2 -	
Action 3 etc. -	

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