

Supporting Good Decisions

Integrated Impact Assessment (IIA) Form

Title of Policy/ Proposal	Proposal to relocate inpatient rehabilitation beds from Astley Ainslie Hospital to East Lothian Community Hospital
IIA Date	11 June 2025
Facilitator	Kate Thornback, Equality and Engagement Officer, East Lothian Health and Social Care Partnership
Lead officer	Gillian Neil, General Manager – Acute and Ongoing Care, East Lothian Health and Social Care Partnership
Sign off by Head of Service	Fiona Wilson, Chief Executive, East Lothian Health and Social Care Partnership

This integrated impact assessment covered considerations related to:

- **Equality Act 2010 and its associated protected characteristics**
- **Public Bodies Equality and Fairer Scotland Duties**

Summary of IIA:

Note to reader: The impacts identified are a reflection of the experiences and knowledge within the room when the assessment was completed. Impacts outside of those identified may exist or arise over time.

Outcome:

The group reached a general agreement that from an equality and fairness impact perspective, the proposed relocation of inpatient rehabilitation beds currently accommodated at the Astley Ainslie Hospital to ELCH was a viable option for further development/consideration. The group identified a number of potential equality and fairness impacts and advises that these be considered carefully by decision makers alongside some general concerns (dot points at the foot of Part 1, page 4) and opportunities.

Recommendations:

The group recommends that decision makers support the proposal project leads and other relevant staff to:

- Plan any further work towards the proposal **with impacts to unpaid carers, people on the lowest incomes, people living in poorly connected (public transport) communities** at the forefront of discussions.
- Consider the **potential positive impacts** associated with the proposal to people with **LGB+ sexual orientations, people undergoing gender reassignment, people that are pregnant or in the maternity period and people that are religiously observant** of a shift to single occupancy bedrooms.
- Consider **potential positive impacts of the multi-faith sanctuary** at ELCH on those that are religiously observant.
- Consider the potential negative impacts of the proposal on **people on the lowest incomes and those that do not have their own transport** that would like to visit patients that are referred for inpatient rehabilitation. Decision makers are encouraged to **continue to support proposal project leads to explore a range of methods of subsidising patient visitor transport costs**. Detail on any resources available should be **communicated with all third sector partners, clinical staff, patients and their families as a part mitigating the impact of the proposal in the short (pre-relocation) and long-term (during the whole course of service delivery if the proposal goes ahead)**.
- **Develop systems/methods** to transparently track in the short and long-term (over the course of service delivery) **the rehabilitation goals fulfilment between patients undergoing home-based rehabilitation and patients receiving inpatient rehabilitation**. The purpose of this is to compare the two cohorts to **check for any differences, identify the root causes of any arising differences and addressing these causes with a view to ensuring that health inequalities are not created or exacerbated by the proposal if it goes ahead**.

Impacts to be monitored if the proposal goes ahead

Topic	Method	Responsible Person
<u>Single Room Occupancy</u> - Any positive or negative impacts of any proposed changes that go ahead on patients in relation to privacy, dignity, social contact and rehabilitation journey that arise as a result of a shift to single room occupancy.	This could take place via patient interviews, surveys or other quantitative and qualitative means.	General Manager- Acute Services
<u>Rehabilitation Goals – Home-Based Vs Inpatient</u> - The short and longer-term rehabilitation goal fulfilment between patients undergoing inpatient rehabilitation and those referred for home-based rehabilitation to ensure that any health inequalities of outcome between the groups that can be linked to the type of rehabilitation the patient received can be identified and addressed if they arise.	To be determined.	General Manager – Acute Services Clinical Leads
<u>Staff Equality of Opportunity in Relation to Travel Time and Costs</u> - Impacts of the proposal relocation on current staff in relation to transport to the inpatient bed location (ELCH) should be monitored, especially in relation to costs incurred by staff in lower income households, staff without their own transport or staff living in geographically distant or poorly connected locations. There was an interest in exploring the impacts of location on staff recruitment and retention if the proposal goes ahead.	This could be monitored via staff engagement/interviews. Tracking of data related to applicants for future advertised roles, turnover/absence figures or exit interviews if the proposal goes ahead.	HR Leads, Unions, General Manager – Acute Services
<u>Young Carers</u> – Impacts of the proposal on young carers (especially those considered children – under 16 years) should be explored, tracked and monitored via carers associations across the Lothians.	To be co-designed.	Manager – Acute Services to coordinate, carer's associations.
<u>Adult Unpaid Carers</u> – Impacts of the proposal on adult unpaid carers should be explored, tracked and monitored via carers associations across the Lothians.	To be co-designed.	Manager – Acute Services to coordinate, carer's associations.

The group recommends that decision makers support the proposal project leads and other relevant staff with the following general concerns (not equality and fairness linked):

- Participants are keen to understand in more detail the funding available to deliver the service under the proposed changes (bed reduction and relocation) and care models. Further information and reassurance would be welcomed.
- Impacts on acute bed capacity – participants expressed support for adjacent acute services that may be impacted by the proposed changes via delayed discharges and the additional staff resources this requires. A suggestion was made that additional funding be explored to support acute services to cope with any changes in their area arising as a result of this proposal.
- Transport for outpatients to attend clinics and appointments was discussed. Difficulties with availability of Scottish Ambulance Services resources to transport patients are significant under current arrangements and it is anticipated that under proposed changes (e.g. Home First approach) that these capacity pressure may increase. Participants would welcome detailed information on any plans or discussions with Scottish Ambulance Service prior to changes to the rehabilitation service.
- It was noted that there could be financial and support related negative impacts to charities that currently provide subsidies for travel for patient families and that some activities run by charities may not be able to go ahead at ELCH.
- It was noted that there may be more male patients than women in inpatient rehabilitation beds due to the higher prevalence of some conditions in men (e.g. stroke, amputations, traumatic brain injury). Consideration for the impacts of this patient sex ratio should be considered during planning, especially in relation to potential need for patients to be restrained by staff.

1. What is this IIA about and what might/will change as a result of this proposal?

This impact assessment explored the **potential positive and negative equality and fairness impacts on patients and relatives** of the proposed relocation of inpatient bed-based rehabilitation from Astley Ainslie Hospital in Edinburgh to East Lothian Community Hospital in Haddington.

If the proposal goes ahead in its current form, in the simplest terms it will mean:

- The geographical relocation of inpatient rehabilitation beds and associated staff and resources from their current location at Astley Ainslie Hospital in Edinburgh to a ward at East Lothian Community Hospital in Haddington (East Lothian).
- The number of inpatient rehabilitation beds available will decrease from current numbers to 24 beds.

A number of other clinical and procedural changes and impacts will arise as a result of any changes to inpatient rehabilitation location. A number of workshops are underway with staff from across the Lothian to explore these changes and the opportunities to work within the proposed relocation parameters (24 beds in ELCH).

More information about the reasons for the proposal can be found in the **Appendix (2 Participant Information)**.

The IIA was held onsite at the Astley Ainslie Hospital on Wednesday 11 June 1:30pm-3:30pm. The 30 attendees represented a range of clinical, Allied Health Professional (AHP), nursing and outreach teams supporting patients within the neurological and orthopaedic / amputee rehabilitation service. In addition, members of the surgical teams from Edinburgh Royal Infirmary (ERI), the prosthetic team, SMART Centre, neuropsychology, speech and language therapy, and Executive Nurse Director were present. Colleagues from Edinburgh, Midlothian and West Lothian HSCPs were in attendance, as well as third sector partner organisations Carers of West Lothian and the Neurological Alliance Scotland (**Appendix 1**).

The session began with a summary presentation from the Chief Officer of ELHSCP, supported by the wider management team. The presentation covered key points raised during the 31 March 2025 initial IIA session, relevant data, the bed model, staff engagement and proposed service models.

Some points outside the remit of the IIA were raised. These included:

- Impacts on staff of potential increased travel times and costs, and what this may mean in the short and long-term for staff retention and recruitment.
- Questions about available funding to deliver new service models and approaches that would support the proposed relocation.
- The impacts on acute services areas that may arise as a result of any changes to location or available inpatient rehabilitation beds.

2. Briefly describe public involvement in this proposal (past, ongoing and planned).

Press and MSP briefings have resulted in articles appearing in the Edinburgh Evening News and the East Lothian Courier. A series of staff briefings and meetings have initiated dialogue with staff and further sessions are planned. There has been long standing public engagement with local community councils about the viability and future of the Astley Ainslie Site.

3. Which impacts were identified and which groups will they affect? Please include suggested mitigations for negative impacts and actions to maximise positive impacts.

Fairer Scotland Duty – Paying due regard to reducing inequalities of outcome caused by socio-economic disadvantage.	Affected Populations
<p><u>Inpatient Rehabilitation</u></p> <p>Key <u>fairness negative identified impacts</u> centred around the costs and travel times for family and friends to visit patients undergoing inpatient rehabilitation at ELCH.</p> <p>It was identified that these impacts could disproportionately affect people on the lowest incomes, unpaid carers and people located in rural communities with less frequent or more expensive transport links intensifying household financial pressures and making it more difficult for people to reconcile their caring and employment requirements. It was also identified that this could disproportionately affect patients from West Lothian, the Lothian area furthest from ELCH.</p> <p><u>Mitigations</u></p> <p>A range of methods of subsidising patient visitor transport costs is being explored. Detail on these will be included in an Appendix to this report when available.</p>	<p>People on low/the lowest incomes</p> <p>Unpaid carers</p> <p>People living in rural communities with less frequent or more expensive transport links.</p> <p>People living in locations furthest from ELCH. It was identified that people living in West Lothian, especially in the rural towns, already expressed difficulties with travelling</p>

Fairer Scotland Duty – Paying due regard to reducing inequalities of outcome caused by socio-economic disadvantage.	Affected Populations
<p>Communication of these resources with all third sector, patient and clinical staff will be key to mitigating this impact in the short (pre-relocation) and long-term (during the whole course of service delivery if the proposal goes ahead).</p> <p>The role of technology was discussed in supporting good connections between patients and their loved ones (e.g. via video or telephone calls). Reliable and modern wireless internet connectivity at ELCH was identified as positive for this. Support for using technology will be explored.</p>	<p>to Edinburgh sites (RIE, AAH) so it was anticipated that the extra distance and complexity of travel could disproportionately impact West Lothian patient choices/rehabilitation preferences and their families/friends.</p>

Equality Act 2010/Public Sector Equality Duty	Affected populations – Protected Characteristics
<p><u>Use of Technology</u></p> <p>Some of the older patients that are referred for inpatient rehabilitation and their carers/loved ones may be disproportionately affected by any plans to mitigate visitor travel challenges and reduce isolation that are technology based. Impacts could be felt disproportionately by people that do not currently use it these technologies or who don't own or know how to operate video call technologies.</p> <p>Mitigations - Opportunities to share devices with patients that do not have them and to support people to use the technology should be explored.</p> <p><u>Young Carers</u></p> <p>Younger people may be impacted by the proposed changes in relation to their roles as young carers via the person they care for being referred for home-based rehabilitation increasing caring responsibilities for them, or the person they care for being referred for inpatient rehabilitation if they are not local to Haddington or well-connected (by public transport) neighbouring towns.</p>	<p>Age (older people)</p>

Equality Act 2010/Public Sector Equality Duty	Affected populations – Protected Characteristics
<p>Mitigation - We will work closely with young carers and third sector organisations that support them to plan mitigations to this impact and monitor impacts over time.</p> <p><u>Younger Inpatients</u></p> <p>Opportunity - There is an ambition to maximise the positive experiences of the youngest patients (a very small minority) by exploring opportunities for them to socialise with other younger patients at ELCH.</p>	
<p><u>Women – Predominantly as unpaid carers</u> - It was noted that unpaid carers were often women and that we should plan for and monitor impacts on this groups prior to relocation and over the course of service delivery if the proposal goes ahead.</p>	Sex
<p><u>Speaking languages other than English and cultural practices that stand out from mainstream Scottish culture</u> - No direct impacts were identified related with race and ethnicity but some indirect impacts were identified associated with speaking languages other than English and cultural practices.</p> <p>It was noted that positive impacts associated with single occupancy bedrooms were:</p> <ul style="list-style-type: none"> • Improved comfort to speak in languages other than English with relatives, friends and through interpreters with staff. • More privacy to follow cultural practices that may draw attention in shared wards. • More privacy to keep one’s personal life and culture confidential if the patient prefers this (e.g. if the patient feels they will experience stigma if their culture is identified such as the Gypsy, Traveller, Roma community). <p>We will work with health and social care organisations and the third sector to do our best to plan for and meet the needs of people from all races, ethnicities and cultural backgrounds.</p>	Race and Ethnic Background

Equality Act 2010/Public Sector Equality Duty	Affected populations – Protected Characteristics
<p><u>Patients and their visitors that are religiously observant</u> - ELCH has a multi-faith sanctuary which may assist people that are religiously observant or living spiritual lives to feel more comfortable to meet their worship needs.</p> <p>There are other positive impacts of single occupancy rooms for patients that would like to worship in a private or single-sex space and those that follow sex-linked religious or cultural segregation rules.</p>	Religion or belief
<p><u>Opportunity for privacy for people that are not heterosexual</u> – Privacy related positive impacts exist for people that are Lesbian, Gay, Bisexual or of other non-heterosexual sexual orientations (LGB+). Patients that prefer to keep their sexual orientation private would have more opportunity to do so in single occupancy rooms than on shared wards. This may be especially important to people in older age groups or those from cultural or religious backgrounds that outlaw or discriminate against LGB+ people or whose family are not aware of their orientation.</p>	Sexual Orientation
<p><u>Potential benefits for those that are pregnant, nursing or in the maternity period</u> - There were positive impacts identified for patients that were pregnant or in the six months after birth to single occupancy rooms. It was raised that this offered more potential for either bringing a baby with them or having visitors bring babies to the mother. It was also noted that there is a Community Midwifery unit onsite that may be able to further support any pregnant or recently delivered patients.</p>	Pregnancy and maternity
<p><u>Opportunity</u> - There is an ambition to work more closely with third sector organisations that support people with different disabilities to enhance patient experiences, remove barriers to participation and eliminate direct and indirect discrimination.</p> <p>We will plan for and co-design models of care with patients and third sector organisations that advocate for people with disabilities and monitor disabled patient’s experience on an ongoing basis as the proposal goes ahead.</p>	Disability

Equality Act 2010/Public Sector Equality Duty	Affected populations – Protected Characteristics
We will focus on meeting the communication needs of all patients including those that require different formats of mediums to receive information about their care (BSL users, people that are blind or partially sighted, people with learning disability or cognitive impairment etc).	
<u>Positive dignity and privacy impacts for people undergoing gender reassignment</u> - There were positive impacts identified for single occupancy rooms for patients that were undergoing gender reassignment. Patients that preferred more privacy may benefit from a single occupancy space and toilet/shower facilities. For those that are generally identified by strangers as their chosen gender, it may preserve dignity by reducing the likelihood of other patients or staff that did not need to know that the patient has a transgender background from receiving this information accidentally in the process of the patient receiving care or visitors.	Gender Reassignment
This characteristic is not applicable to this scenario. No impacts were identified.	Marriage or Civil Partnership

4. Is any part of this policy/ service to be carried out wholly or partly by contractors? If so, how will equality, human rights (including children’s rights) be addressed?

No.

5. Consider how you will communicate information about this policy/service change to children and young people, those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a foreign language?

A number of different resources were suggested during the IIA session and at workshops. Some of these include:

A regular newsletter for stakeholders updating them on recent decisions and project developments.

A video introducing and orienting patients and their carers/loved ones for ELCH.

BSL interpretation of the video.

A variety of format versions (key Lothians languages, large font, braille, BSL etc) versions of information leaflets explaining home-based and inpatient rehabilitation.

Easy Read versions of information leaflets explaining home-based and inpatient rehabilitation.

6. Additional Information and Evidence Required?

See the report text for areas where additional information will be collected, monitored and communicated.

7. Are there any negative impacts in section 3 for which there are no identified mitigating actions?

No.

Appendix 1: Participants of the IIA

Name	Organisation
Alice Struthers	Neurological Alliance Scotland
Wendy Young	Outreach Nurse, Neurorehabilitation, AAH
Mike Holligan	Clinical Services Manager, AAH
Laura Dudgeon	Advanced Nurse Practitioner Vascular Surgery
Claire Ross	Chief AHP, Midlothian HSCP
Fiona Huffer	Chief AHP, West Lothian HSCP
Lynne Hutton	Consultant Amputee Rehab, AAH
Alison Campbell	Charge Nurse, Amputee Rehab, AAH
Tash Chaudhry	Specialty Doctor, Orthopaedic Rehab, AAH
Mike Dolan	Head of SMART Services (Southeast Mobility and Rehabilitation Technology)
Kirsty Dewar	Community Hospitals, Edinburgh HSCP
Nicola McCormack	Head of Prosthetics & Orthotics, SMART
Janis Harvey	Physiotherapy Consultant, Major Trauma Service
Sheena Borthwick	Speech & Language Therapy Service Manager, AAH
Emma Barnes	Occupational Therapy Rehabilitation Service Lead
Jane Shiels	Physiotherapy Rehabilitation Service Lead
Imogen Dunlop	Lead Inpatient Neuropsychology, AAH
Julia Day	Lead West Lothian Neuropsychology, AAH
Fiona Schofield	RIE Surgery, NHS L
Alasdair Fitzgerald	AAH Clinical Lead
Carly Scott	Prosthetic Team Lead, SMART
Ruth Hutchison (via MS Teams)	Carers of West Lothian

Fiona Wilson	Chief Officer, ELHSCP
Jennifer Jarvis	Senior Communications Advisor ELHSCP
Kate Thornback	Equalities and Engagement Officer ELHSCP
Angela Brodie	Directorate Assistant, AAH
Alison MacDonald	Executive Nurse Director
Yvonne Jone	Office Manager, AAH
Kirstie Tinkler	Clinical Service Manager, Vascular & General Surgery
Mike Porteous (via MS Teams)	Finance

Appendix 2: Participant Information (circulated to all participants before the IIA session)

Inpatient Rehabilitation Services Relocation Proposal (Orthopaedic injury and Amputee and Neurorehabilitation)

The purpose of this page is to assist everyone invited to the IIA to participate in an informed way.

What is this IIA about?

This IIA aims to explore the equality impacts associated with the proposed relocation of **in-patient** rehabilitation services from the Astley Ainslie Hospital (AAH) to East Lothian Community Hospital (ELCH).

This IIA focusses solely on the relocation of in-patient services for neurorehabilitation, amputee and orthopaedic injury. ***Outpatient and other NHS support services are not included within the scope of this IIA and will be remaining in situ on the AAH site.***

The transfer of in-patient services from AAH to ELCH is a proposal under consideration. The information gathered from this IIA will be presented in a report to NHS Lothian's Corporate Management Team (CMT), which then be used as part of the proposal documentation so the CMT can make an informed decision whether or not to approve the transfer of AAH in-patient services to ELCH.

The IIA seeks to:

- Explore impacts on ***patients and their families*** of the proposed relocation
- Identify the positive equality impacts of the proposed relocation and suggest ways to maximise these
- Identify the negative equality impacts and of the proposed relocation and suggest ways to mitigate these
- Suggest ways the impacts of the proposed relocation could be monitored over time and who has responsibility for tracking these impacts

Why have you been invited?

You have been asked to attend the IIA as you represent one of the following:

- An individual with lived experience
- An organisation that supports patients or carers
- A professional role where you have direct contact with patients

Your insight will help provide valuable context to the experiences of patients and their families.

Background

East Lothian Health and Social Care Partnership has management responsibility for the Astley Ainslie Hospital as a 'Hosted Service'. This is a management role that ELHSCP has secured in partnership with NHS Lothian.

The specialist services provided at the AAH are available to patients across the Lothians (Edinburgh, East, West and Midlothian), and occasionally patients from other NHS health board areas, e.g. NHS Borders.

East Lothian Health and Social Care Partnership is facilitating this IIA on behalf of NHS Lothian and will offer the results to all partners. [A copy of the IIA summary will be published online here when complete.](#)

What do we already know?

At over 100 years old, many of the buildings on the Astley Ainslie Hospital site are past their natural lifespan. Despite ongoing investment in the buildings' physical infrastructure to improve conditions, fire safety, and resilience, many are not fit for purpose as modern healthcare facilities.

The idea of transferring service delivery away from the AAH site is not new. It has been a topic under consideration within corporate-level strategic discussions for some time, initially in 2010, when NHS Lothian started considering a new home for specialist rehabilitation.

Over the past decade, a number of reports have been submitted to NHS Lothian's Corporate Management Team (CMT) regarding the condition of the buildings at the Astley Ainslie Site. This has intensified over the last six months, ***resulting in an urgent need to identify alternative accommodation to deliver safe in-patient services and maintaining staff well-being.***

You can read more detail about the history, bed capacity and building infrastructure issues in the **Evidence document (available to readers of this IIA on request).**

Why East Lothian?

The East Lothian Health and Social Care Partnership Joint Director worked with Chief Officers and Site Directors across NHS Lothian to explore options for relocating AAH inpatient services. This included a review of bed capacity within the Royal Infirmary of Edinburgh, Western General Hospital, Royal Edinburgh Hospital, St John's Hospital as well as Midlothian and East Lothian Community Hospitals.

Only East Lothian Community Hospital (ELCH) has the capacity to accommodate the beds required to support AAH in-patient services.

It is proposed that in-patient services are transferred from the AAH site in Edinburgh, to a 24-bedded ward at East Lothian Hospital.

The ward provides modern facilities, including single ensuite rooms, social gathering areas, outdoor spaces, rehabilitation therapy gyms and an occupational therapy kitchen, as well as dedicated assessment areas.

What do we hope to find out during this IIA?

The aim is to understand how the proposed relocation to East Lothian Community Hospital could impact patients and their families.

This IIA will help identify any positive or negative impacts on patients, carers and the wider community, enabling the Corporate Management Team to consider whether this proposal should be approved.

Who can I contact for more information or if I have questions?

Before the IIA session: Clinical Service Manager

After the IIA session: Clinical Services Manager | General Manager | Equalities and Engagement