

## **Equality Analysis**

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

### **Step One – Policy Definition**

| Function/policy name and number:  | Reporting Suspected and Confirmed Infections to UK Health Security Policy   |
|---|---|
| Main aims and intended<br>outcomes of the<br>function/policy:   | When individuals are in close and/or frequent contact with each<br>other, infectious diseases can spread rapidly causing a risk of further<br>disease in the wider population. It is a statutory requirement for some<br>diseases to be notifiable. This document provides information to staff<br>that may encounter patients who present with such an illness or<br>disease.<br>The purpose of the notification system is for UK Health Security<br>Agency (UKHSA) to identify community prevalence to enable<br>proactive actions to prevent further spread. |
| How will the function/policy<br>be put into practice?   | The purpose of this policy is to inform healthcare workers of the types of infections and diseases that are notifiable by law. It contains specific information on diseases that are notifiable and the contact details of the monitoring bodies to whom these should be reported to. This policy is for all staff employed by the Dudley Group NHS Foundation Trust.   |
| Who will be affected/benefit from the policy?   | All trust staff   |
| State type of document  | Policy  |
| Is an EA required?<br>NB :Most policies/functions<br>will require an EA with few<br>exceptions such as routine<br>procedures-see guidance<br>attached | Yes   |
| Accountable Director: (Job<br>Title)  | Chief Nurse and Director of Infection Prevention and Control  |
| Assessment Carried out by:  | Infection Prevention and Control Matron   |
|   | Infection Prevention and Control Clinical Nurse Specialist  |
| Date Completed:   | 20/05/2025  |

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

#### -Eliminate unlawful discrimination, victimisation, and harassment -Advancing equality of opportunity -Fostering good community relations

#### **KEY QUESTIONS**

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

### **Step Two – Evidence & Engagement**

| What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity |  |                  |  |  |  |  |  |
|--|--|------------------|--|--|--|--|--|
| evaluations, clinical experts or working   | g groups, information about  | Dudley's         |  |  |  |  |  |
| demographics, The Dudley Group equ   | demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs |                  |  |  |  |  |  |
| Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality   |  |                  |  |  |  |  |  |
| data, anecdotal evidence.  |  |                  |  |  |  |  |  |
| <b>Research/Publications</b>   | Working Groups   | Clinical Experts |  |  |  |  |  |
|  |  |                  |  |  |  |  |  |

| UKHSA (2022) <u>Surgical site</u>   | Infection Prevention and<br>Control Group 22/01/25 | Infection Prevention<br>and Control Team                  |
|---|--|---|
| infection surveillance service<br>(SSISS) - GOV.UK  |  | Director of Infection<br>Prevention and<br>Control        |
| UKHSA (2023) <u>Healthcare</u><br><u>associated infections (HCAI):</u><br><u>guidance, data and analysis -</u><br><u>GOV.UK</u>             |  | Deputy Director of<br>Infection Prevention<br>and Control |
| UKHSA (2024) <u>Notifications of</u><br>infectious diseases.  |  | Consultant<br>Microbiologist                              |
| UKHSA (2024) Notifiable diseases<br>and causative organisms: how to<br>report <u>Notifiable diseases and how</u><br>to report them - GOV.UK |  |   |

Engagement, Involvement and Consultation:

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

| Engagement Activity  | Protected<br>Characteristic/<br>Group/ Community | <u>Date</u>   |  |  |  |
|--|--|---------------|--|--|--|
| Health Protection Practitioner<br>Dudley Place   | Community staff                                  | February 2025 |  |  |  |
| Health Protection Nurse DMBC   | Community staff                                  | February 2025 |  |  |  |
| Senior Healthcare Practitioner at UKHSA  | Community staff                                  | February 2025 |  |  |  |
| Divisional leads – all divisions   | All staff  | February 2025 |  |  |  |
| Director of Infection Prevention and Control   | All staff and patients                           | February 2025 |  |  |  |
| For each engagement activity, please state the key feedback you have received and<br>then use this in step 3. List a summary of the Feedback in the 'list of feedback received'<br>column, then add your mitigation and then your action to address. |  |               |  |  |  |

#### Summary of the feedback:

### **Step Three – Assessment of Impact**

Complete relevant boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

|          | Negative<br>Impact<br>HIGH<br>MEDIUM<br>LOW<br>R Negative<br>(not both)   | Neutral<br>Impact<br>(Tick) | <ul> <li>List concerns raised for possible<br/>negative impact<br/>OR</li> <li>List beneficial impact</li> <li>(utilise information gathered during<br/>assessment)</li> </ul> | Mitigation<br>List actions to redress concerns<br>raised if a negative impact has<br>been identified in previous column | Lead<br>[title] | Time-scale | How are actions going to<br>be monitored/reviewed/<br>reported?<br>(incl. after implementation |  |
|----------|---|-----------------------------|--|---|-----------------|------------|--|--|
|          | e age related i   | mpact and ev                | vidence. This can include safeguarding, c  | consent and welfare issues:   |                 |            |  |  |
|          |   | X                           |  |   |                 |            |  |  |
| Describe | 2) Disability<br>Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments: |                             |  |   |                 |            |  |  |
|          |   | X                           |  |   |                 |            |  |  |
|          | 3) Gender re-assignment<br>Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:  |                             |  |   |                 |            |  |  |

|       |   | X                  |   |   |   |                   |                             |  |  |
|-------|---|--------------------|---|---|---|-------------------|-----------------------------|--|--|
|       |   | ^                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
| 4) I  | Marriage and c  | ivil partners      | hip                                     |   |   |                   |                             |  |  |
| ., .  | 4) Marriage and civil partnership<br>Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities: |                    |   |   |   |                   |                             |  |  |
|       |   | X                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       | Pregnancy & M   |                    |   |   |   |                   |                             |  |  |
| [     | Describe any impac  |                    | on pregnancy and maternity. This can    | include working arrangements, part-time   | e working, an                                     | d caring respor   | nsibilities:                |  |  |
|       |   | X                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
| 6)    |   |                    |   |   |   |                   |                             |  |  |
|       | <b>Race</b><br>Describe race relate   | ed impact and e    | evidence. This can include information  | on different ethnic groups, Roma gypsies  | s. Irish travell                                  | ers, nationalitie | s, cultures, and language   |  |  |
|       | parriers:   |                    |   |   | ,   |                   |                             |  |  |
|       |   | X                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       | Religion or Bel   |                    | halistics and suidenes. This say is     |   | 1: <b>f</b> = 1 = = = = = = = = = = = = = = = = = |                   |                             |  |  |
| L     | Jescribe any religio  | on, bellet of no l | belief impact and evidence. This can in | clude dietary needs, consent and end of   | life issues:                                      |                   | [                           |  |  |
|       |   | ^                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
| 8) \$ | Sex   |                    | 1                                       |   |   |                   |                             |  |  |
|       |   | ct and evidence    | on men and women. This could includ     | e access to services and employment:      |   |                   |                             |  |  |
|       |   | X                  |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       |   |                    |   |   |   |                   |                             |  |  |
|       | 9) Sexual Orientation   |                    |   |   |   |                   |                             |  |  |
|       |   |                    | on heterosexual people as well as lest  | pian, gay and bisexual people. This could | d include acc                                     | ess to services   | and employment, attitudinal |  |  |
| 6     | and social barriers:  |                    |   |   |   |                   |                             |  |  |

|  |   | Х |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
|  |   |   |  |  |  |  |  |  |
| IO)Other marginalised groups e.g. Homeless people<br>Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident<br>status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not<br>exhaustive) |   |   |  |  |  |  |  |  |
|  |   | X |  |  |  |  |  |  |
| 1)Privacy, dignity, respect, fairness etc.   |   |   |  |  |  |  |  |  |
|  | X | ( |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |

# **EQUALITY ANALYSIS - GUIDANCE NOTES**

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

#### Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

#### Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

#### What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

#### **DGFT Process for EIAs**

The revised EIA process is a single stage process carried out in three steps

#### **Step One: Policy Definition**

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

#### Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

#### **Step Three: Assessment of Impact**

This is the main and the most important part of the EIA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment -Advancing equality of opportunity -Fostering good community relations

#### **KEY QUESTIONS**

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

#### **Step Four: Assurance**

This section enables the EA to be signed off