

## 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

<b>Function/policy name and number:</b>	Management of Scabies Policy 2.0
<b>Main aims and intended outcomes of the function/policy:</b>	The policy is intended to provide guidance on the care and management of scabies and prevention of spread within services provided by the Trust.
<b>How will the function/policy be put into practice?</b>	<p>This policy refers to and should be followed by all staff employed by the Dudley Group NHS Foundation Trust (DGFT) and all others undertaking both clinical and non-clinical work whilst on any Trust premises, such as volunteers, contractors and agency staff.</p> <p>The policy's purpose is to raise awareness of Scabies and provide guidance on the management of suspected or confirmed cases. This policy provides advice on the precautions required for the prevention of spread of these within the healthcare premises and within the community settings overseen by The Dudley Group NHS Foundation Trust (DGFT), promoting patients, staff and visitors safety. The policy may also be a useful point of reference for the local, wider health economy.</p>
<b>Who will be affected/benefit from the policy?</b>	Staff, patients and visitors
<b>State type of document</b>	Policy
<b>Is an EA required?</b> NB: Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
<b>Accountable Director:</b> (Job Title)	Chief Nurse and Director of Infection Prevention and Control
<b>Assessment Carried out by:</b>	Infection Prevention and Control Clinical Nurse Specialist
<b>Date Completed:</b>	13/12/2024

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 groups, information about Dudley's 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><u>Research/Publications</u></b>	<b><u>Working Groups</u></b>	<b><u>Clinical Experts</u></b>
UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings (update May 2024)	Infection Prevention and Control Group Committee	Dermatology Consultant
Scabies – NHS Wirral Community Health and Care	Policy Review Group	Consultant Microbiologist – Infection Control Doctor
Engagement, Involvement and Consultation:  If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<b><u>Engagement Activity</u></b>	<b><u>Protected Characteristic/ Group/ Community</u></b>	<b><u>Date</u></b>
Dermatology Consultant Specialist	All	September 2024
Lead Nurse Surgery	All	September 2024

Lead Nurse Paediatrics	Age	September 2024
For each engagement activity, please state the key feedback you have received and then use this in step 3. List a summary of the Feedback in the 'list of feedback received' column, then add your mitigation and then your action to address.		

**Summary of the feedback:**

- Suggested change to escalation process – treat scabies before dermatology referral.
- Policy on a page – easy to follow.
- Formatting change.
- Out of date links – hyperlink to current policy page to avoid specific policies going out of date

## 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.**

Positive Impact <b>HIGH</b> <b>MEDIUM</b> <b>LOW</b>	Negative Impact <b>HIGH</b> <b>MEDIUM</b> <b>LOW</b>	Neutral Impact (Tick)	<ul style="list-style-type: none"> <li>• List concerns raised for possible negative impact</li> <li>OR</li> <li>• List beneficial impact</li> </ul> (utilise information gathered during assessment)	Mitigation  List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Time-scale	How are actions going to be monitored/reviewed/reported? (incl. after implementation)
<b>Positive OR Negative Impact</b> (not both)							
<b>1) Age</b> Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
	<b>HIGH</b>		Among elderly residents in long-term care settings, the clinical presentation may be very different. Burrows and rashes may affect parts of the body typically covered by clothing, for example, the torso or legs, therefore careful and thorough examination including the removal of clothing is recommended. Some may display no symptoms,	Case by case review Dermatology consultation Regular body map review	IPCT	Dec 2024	Monitored by IPCT MDT clinical accreditation (review of body map use)

			especially in those with underlying cognitive impairment, and so diagnosis can be extremely challenging.				
<b>2) Disability</b> Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							
	<b>HIGH</b>		People with cognitive impairment may not be able to communicate that they are itching and may not scratch. Secondary infection with bacterial infection may mask an underling scabies infestation.	Case by case review Dermatology consultation Regular body map review	IPCT	Dec 2024	Monitored by IPCT MDT clinical accreditation (review of body map use)
<b>3) Gender re-assignment</b> Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
		<b>x</b>					
<b>4) Marriage and civil partnership</b> Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
		<b>x</b>					
<b>5) Pregnancy &amp; Maternity</b> Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		<b>x</b>					
<b>6) Race</b> Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							

	HIGH		The spots maybe be more difficult to see on different skin tones, but they are still palpable. Treatment will be treated on suspicion.	Case by case review Dermatology consultation Regular body map review	IPCT	Dec 2024	Monitored by IPCT MDT clinical accreditation (review of body map use)
<b>7) Religion or Belief</b> Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:							
		X					
<b>8) Sex</b> Describe any impact and evidence on men and women. This could include access to services and employment:							
		X					
<b>9) Sexual Orientation</b> Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
		X					
<b>10)Other marginalised groups e.g. Homeless people</b> Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
		X					
<b>11)Privacy, dignity, respect, fairness etc.</b>							
		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 policies are subject to a 3-year review. Alongside the reviews new policies 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