

Equality Impact Assessment Process

Key Considerations:

The Equality Act 2010 means that public authorities (including health boards) have a legal duty to have 'due regard' to the need to:

- Eliminate discrimination, harassment, and victimisation
- Promote equality of opportunity
- Promote and foster good relations between the protected groups

Public bodies are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals. Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages.

There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the service, function, policy or practice will be fully effective for all target groups

Please consider the following questions in relation to the Service/System/Policy/Project/Review you are working on and assess what the potential impact on the Equality Act 2010 Protected Characteristics could be.

The Equality Act 2010 Protected characteristics are:

- Age
- Disability
- Faith/Religion/Belief
- Race
- Sex (men and women)
- Sexual Orientation
- Transgender
- Pregnancy Maternity
- Marriage Civil Partnerships

Please refer to **appendix 1** for information on the barriers to inclusion and equality

EQIA – NSS National IPC Intelligence Solution Programme

The below impact assessment focuses on the perceived unintended impact from a new Intelligence system. It is anticipated that further impact assessments would be carried out as appropriate, when developing the action plan to prioritise and implement the recommendations for a new system.

Consideration	Response
<p>What is the aim of the Service/System/ Policy/Project/Review?</p> <p><i>Describe briefly the project aims and outcomes which can be taken from your existing Business Plans and PID Summary only short and concise from background paper</i></p>	<p>A review was commissioned in 2020 to assess current and future workforce needs to ensure strong Infection Prevention Control (IPC) and Antimicrobial Stewardship (AMS) in Health and Social Care in Scotland.</p> <p>The review concluded that NHS Scotland would benefit from a National Once for Scotland Infection Prevention and Control (IPC) eSurveillance (intelligence) solution both at local and national level. To ensure the implementation of a single solution the Workforce Plan includes the recommendation <i>‘to progress the work for a national eSurveillance system for Scotland, with the support of local and national stakeholders’</i>.</p> <p>An infection prevention and control solution will provide tools to Clinical staff to conduct surveillance, monitor trends, view lab test results, manage and track infections. Extended functionality provides outbreak management. Solutions offer reporting functionality and data extracts for regional and national reporting.</p> <p>The system can help reduce the infection window period (average varies from 2-14 days) by providing real-time data collection, real-time data entry, automated tagging, automated alerts, advanced analytics, automated reporting, integrated systems, and standardised protocols, which streamline the process and ensure quicker identification and reporting of infections.</p> <p>The aim of this programme is to action the above recommendation from the workforce plan. As outlined in the plan, the work is for a national system within Secondary care. The programme has linked in with Primary Care and Secondary Care to maximise</p>

Consideration	Response
	<p>interoperability and future proofing, these are however not within the programme's scope of work.</p> <p>The desired outcomes are:</p> <ol style="list-style-type: none"> 1. To Create a more efficient Infection Intelligence eSurveillance solution which will result in staff spending less time on managing the data, reduce the risk of human error and the need to repeatedly capture, record and report data in multiple formats across multiple systems. 2. To bring organisations together to provide national reporting which will enable more accurate and timely assessments of current and emerging threats. 3. To Deliver improvements in patient and public safety
<p>Who will be affected by any change and/or new system/process/policy/service?</p> <p><i>Describe the current staff demographic taken from the existing service data that is available to you. Consider staff, patients, donors, customers, wider public, stakeholders.</i></p> <p><i>please include any data and evidence that you have available paying particular attention to the protected characteristics and socio-economic disadvantage. if this data is not available you must plan how this data will be sourced to inform the impact assessment. the Scottish Government Evidence Finder does provide data and information which may prove helpful</i></p> <p>https://scotland.shinyapps.io/sg-equality-evidence-finder/</p>	<p>We would assume that:</p> <p>NHS Scotland staff</p> <p>NHS Scotland service users</p> <p>The public</p> <p>Children and young people</p> <p>(specifically:</p> <p>National and local IPC teams</p> <p>Public Health Scotland IPC teams</p> <p>ARHAI & NHS Scotland Assure IPC teams</p> <p>Health Board chief executives</p> <p>Scottish Government ministers</p> <p>Team leaders within health boards</p> <p>eHealth leads within health boards</p> <p>end users) would benefit from any change and/or new system.</p>

Considering the aim of the work and the potential outcome of the implementation are you aware of any potential impact on the following protected characteristics:

think about your own expertise and experience of the service / product when considering the potential impact on the protected characteristics

Include any data, evidence and /or research available

Age <i>Age covers the age spectrum from younger to older people</i>	there is no unintended impact on Age and a positive impact is intended
Disability <i>You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.</i>	there is no unintended impact on disability and a positive impact is intended
Faith/Religion/Belief <i>In law they will look at whether something has a clear structure and belief system to decide if it's a religion under the law. The Equality Act protects you against discrimination because of your religious beliefs. Religious belief means the belief in a religion's central articles of faith</i>	there is no unintended impact on religion/faith and the intended impact is positive
Race¹ <i>The Equality Act 2010 says you must not be discriminated against because of your race. In the Equality Act, race can mean your colour, or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality</i>	there is no unintended impact on race and the intended impact is positive

Sex <i>In the Equality Act, the protected characteristic of sex refers to men and</i>	there is no unintended impact on sex and the impact intended is positive
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¹ "Race" is specified in legislation, but in practice, what is monitored is ethnic group, which is 'the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race' (Bhopal 2004).

<p>women. There is currently no recognition of non-binary identities in the Equality Act. Under the Equality Act, sex discrimination applies at all ages and therefore covers girls and boys, as well as men and women.</p>	
<p>Sexual Orientation</p> <p><i>The Equality Act 2010 says you must not be discriminated against because: you are heterosexual, gay, lesbian or bisexual someone thinks you have a particular sexual orientation (this is known as discrimination by perception)</i></p>	<p>e.g. there is no unintended impact on sexual orientation and the impact intended is positive</p>
<p>Transgender/Gender Reassignment</p> <p><i>Gender reassignment is defined as someone who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning his or her sex by changing physiological or other attributes of sex. It is not necessary for the individual to be under medical supervision or undergoing surgery</i></p>	<p>e.g. there is no unintended impact on gender reassignment and the intended impact is positive</p>
<p>Pregnancy Maternity</p> <p><i>Discrimination which is against the Equality Act is unlawful. Pregnancy and maternity discrimination is when a person is treated unfairly because they are pregnant, breastfeeding or because they have recently given birth.</i></p>	<p>e.g. there is no unintended impact on pregnancy and maternity and the impact intended is positive</p>
<p>Marriage Civil Partnerships</p> <p><i>In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex. People do not have this characteristic if they are: single; living with someone as a couple neither married nor civil</i></p>	<p>e.g. there is no unintended impact on marriage and civil partnerships and a positive impact is intended</p>

partners; engaged to be married but not married	
<p>During an impact assessment you should consider any impacts on:</p> <p>http://www.equalityevidence.scot/</p> <p>Gypsy Travellers</p> <p>Homeless people</p> <p>Poverty including the Fairer Scotland Duty</p> <p><i>The Fairer Scotland Duty requires us to consider the impact on socio economic status.</i></p> <p>https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/2/ <i>It 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 socio-economic disadvantage, when making strategic decisions. Please provide evidence to show how you have considered the fairer Scotland duty.</i></p> <p>Asylum seekers and refugees</p> <p>Drug and alcohol dependency</p> <p>Staff</p>	<p>there is no unintended impact and a positive impact is intended</p>

Further Commentary and Supporting Evidence:

[if appropriate include here]

Document approved: National IPC Intelligence Solution Programme Board

Signed off by:

Published date and location: *(date published and web site / channel reference point / link)*

Appendix 1: Examples of barriers to inclusion and equality

Levels, barriers can be personal, cultural, institutional, and structural.

Different kinds of Barriers:

Structural, where circumstances create or result in barriers - for example in access to a 'good education' adequate housing, sufficient income to meet basic needs. And as we have observed, structural barriers are associated with poor life outcomes that can be observed in the significant disparities in health between areas of affluence and those associated with poverty.

Institutional, where policies, processes, practices sustain an organisational or service culture that excludes certain people or groups; an obvious example being what has been called the 'glass ceiling', i.e. that while not visible, a ceiling exists beyond which women - find it very difficult to progress.

Cultural barriers can prevent, for example, consideration of spiritual, relational or dietary needs that do not conform with traditional expectations.

Personal barriers, for example where healthcare staff hold individual prejudices that influence their practice. These actions may be conscious, but as we have discussed, they can often be unconscious or unwitting.

Attitudinal barriers are not as easy to identify as physical barriers, but they can feel every bit as real to those who are exposed to them.

Barriers can be...

Physical in nature; observed in the built environment, for example in accessing buildings, narrow doorways, the absence of lifts or accessible toilets...

About communication; where for example the language, communication or information needs of certain group and individuals are assumed, not taken into account, valued or given weight.