

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:	<i>Clostridioides Difficile</i> – Prevention, Control and Management Policy
Main aims and intended outcomes of the function/policy:	<p><i>Clostridioides difficile</i> is a Gram-positive anaerobic bacterium that can be found in up to 3% of healthy adults and up to 50% of infants in the first few months of life. Some strains produce toxins which cause mucosal damage resulting in a spectrum of disease ranging from mild diarrhoea to severe life-threatening conditions such as pseudomembranous colitis. <i>C. difficile</i> is an important cause of healthcare associated infections: it produces spores that are very resistant to destruction by chemicals and can survive for a long time in the hospital environment. Symptomatic <i>C. difficile</i> infection is much less common in children than in adults.</p> <p>The number of reported cases of CDI in England and Wales increased dramatically during the 2000s, leading to the introduction of mandatory surveillance by the Department of Health, and later targets for reduction in the number of cases. The incidence of <i>C. difficile</i> infection has since declined considerably, but it remains an important and challenging healthcare associated infections.</p>
How will the function/policy be put into practice?	<p>The policy is intended to provide guidance on the management of <i>C. difficile</i> within the Dudley Group foundation Trust.</p> <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 <i>C. difficile</i> and provide guidance on the screening and 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 Trust, promoting patients, staff and visitors' safety. The policy may also be a useful point of reference for the local, wider health economy.</p>

Who will be affected/benefit from the policy?	Staff and patients
State type of document	Policy
Is an EA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Martina Morris – Chief Nurse and Director of Infection Prevention and Control
Assessment Carried out by:	Infection Prevention Control Clinical Nurse Specialists
Date Completed:	08.08.2024

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.

<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
NICE/NHSE Guidance	Infection prevention and control Group	Infection Prevention and Control Team Director for Infection Prevention and Control Deputy Director for Infection Prevention and Control Consultant Microbiologist

Engagement, Involvement and Consultation:

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

<u>Engagement Activity</u>	<u>Protected Characteristic/ Group/ Community</u>	<u>Date</u>
<i>Infection Prevention and Control Group</i>	Infection Prevention and control	22.07.2024

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:

- All members of Infection Prevention and Control Group had 2 week period to comment on policy – No comments received.

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 HIGH MEDIUM LOW	Negative Impact HIGH MEDIUM LOW	Neutral Impact (Tick)	<ul style="list-style-type: none"> • List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Timescale	How are actions going to be monitored/reviewed/reported? (incl. after implementation)
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent, and welfare issues:							
	High		People over the age of 65 are in the high risk category	Symptoms and complications are listed in the policy with details of when to collect a sample for testing. This process supports early detection and treatment.	Director for Infection Prevention and Control	Completed	Depending on Compliance, outcome and clinical or operational area – Clinical Director Lead or Manager assigned.
2) Disability							

Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							
	High		People who are Immunocompromised or have Inflammatory bowel disease or previous gastrointestinal surgery are in a high risk category	Symptoms and complications are listed in the policy with details of when to collect a sample for testing. This process supports early detection and treatment.	Director for Infection Prevention and Control	Completed	Depending on Compliance, outcome and clinical or operational area – Clinical Director Lead or Manager assigned.
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
		X					
4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
		X					
5) Pregnancy & Maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
		X					
6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							
		X					
7) Religion or Belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent, and end of life issues:							

		X					
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8) Sex

Describe any impact and evidence on men and women. This could include access to services and employment:

		X					
9) Sexual Orientation							
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					
10)Other marginalised groups e.g., Homeless people							
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					
11)Privacy, dignity, respect, fairness etc.							
High			The number of reported cases of CDI in England and Wales increased dramatically during the 2000s, leading to the introduction of mandatory surveillance by the Department of Health, and later targets for reduction in the number of cases. The incidence of <i>C.difficile</i> infection has since declined considerably, but it remains an important and challenging healthcare associated infections.	Policy in place to continue to monitor and treat cases of CDI	Director for Infection Prevention and Control	completed	Depending on Compliance, outcome and clinical or operational area – Clinical Director Lead or Manager assigned.

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