

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:	PREVENTION AND MANAGEMENT OF SCREENING FOR CARBAPENEMASE PRODUCING ENTEROBACTERIACEA (CPE) POLICY
Main aims and intended outcomes of the function/policy:	The Enterobacteriaceae are a large family of Gramnegative bacteria including species such as E. coli, Klebsiella sp., Proteus sp., and Enterobacter sp. They usually live harmlessly in the guts of both humans and animals. They are opportunistic pathogens, capable of causing urinary tract infections, intra-abdominal infections and bloodstream infections (UK Health Security Agency 2022). Some of these bacteria develop resistance to antibiotics through various mechanisms, one of them being the ability to produce an enzyme called Carbapenemase which is capable of destroying the beta-lactam ring, an essential component of beta-lactam antibiotics. The Carbapenemase enzyme makes these organisms resistant to multiple antibiotics, hence the options of treating infections caused by Carbapenemase Producing Enterobacteriacea (CPE) is limited. Antibiotic resistance is a major Public Health concern and strict Infection Prevention and Control precautions need to be instigated and maintained to reduce the spread of these organisms. This policy provides guidance on the early detection (screening), management and control of CPE by following the guidelines published by UK HSA (2022). Literature might also refer to these organisms as Carbapenem Resistant Enterobacteriacea (CRE). The policy includes risk assessment, screening, infection prevention and control measures. Furthermore, it provides guidance on communication with staff, patients and the wider health economy, following up-to-date advice from relevant health authorities
How will the function/policy be put into practice?	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. The policy's purpose is to raise awareness of CPE 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 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.
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	Martina Morris – Chief Nurse and Director of Infection Prevention
Title)	and Control
Assessment Carried out by:	Infection Prevention Control Clinical Nurse Specialist
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.

data, anecdotal evidence. Research/Publications	Working Groups	Clinical Experts		
NICE/NHSE Guidance	Infection prevention and control Group	Infection prevention and control Director. Infection Prevention team and Control Deputy Director for Infection Prevention and Control		
		Consultant Microbiologist		

Engagement	Involvement and	Consultation:
	III V OI V OI II OI IL AI IA	Corioananion.

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

Engagement Activity	Protected Characteristic/ Group/ Community	<u>Date</u>
Infection Prevention and Control Group	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.

	Negative Impact HIGH MEDIUM LOW OR Negative (not both)	Neutral Impact (Tick)	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
1) Age Describe	e age related i	mpact and e	vidence. This can include safeguarding, o	consent, and welfare issues:			
		X					
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:							
	X						
	r re-assignment						
Describe	e any impact and evid	lence d	on transgender people. This can include	issues such as privacy of data and har	assment:		
	X						
	ge and civil partn						
Describe	e any impact and evid	lence i	in relation to marriage and civil partnersh	hip. This can include working arrangeme	ents, part-tim	ne working, and	d caring responsibilities:
	X						
5) Pregna	ncy & Maternity						
		lence d	on pregnancy and maternity. This can in	clude working arrangements, part-time	working, and	d caring respor	nsibilities:
	X						
6) Race							
Describe barriers:	Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language						
	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						
8) Sex							
Describe any impact and evidence on men and women. This could include access to services and employment:							

		Х						
9) Sexual	Orientation	<u> </u> 						
Describe			on heterosexual people as well as lesbia	an, gay and bisexual people. This could	include acce	ss to services	s and employment, attitudinal	
		X						
10)Other	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)								
		Х						
11)Privacy, dignity, respect, fairness etc.								
		Х						

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