

# **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 Multi Drug Resistant Gram Negative Infection Policy including ESBL, AMP C and GRE/VRE
Main aims and intended outcomes of the function/policy:	Multidrug-resistant Gram-negative bacteria (MDRGNB) are defined as being resistant to multiple antibiotics, meaning antibiotic treatment options are limited. Infections with these bacteria are difficult to treat and may be associated with a poor clinical outcome. Without the use of control measures these bacteria can spread between patients in hospital, both directly and indirectly. It is therefore important to have control measures in place to deal with the threat posed by these bacteria.  MDRGNB includes extended spectrum beta (ß) lactamase (ESBL), AmpC, GRE/VRE and Carbapenemase—producing Enterobacteriaceae (CPE) - as CPE requires a higher level of infection prevention and control management, this is covered in a separate policy – link.
	Most of the infections have occurred in people with other underlying medica conditions who are already very sick, and in elderly people. Rapid diagnosis is an important factor and recognition that the bacteria causing infection are resistant to antibiotics, so that the most appropriate treatment can be prescribed quickly.
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 MDRGNB 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 Trus (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 Title)	Chief Nurse and Director of Infection Prevention and Control
Assessment Carried out by:	Infection Control Clinical Nurse Specialist (ICCNS)
	23/10/2024

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.

Research/Publications	Working Groups	Clinical Experts
Public Health Agency (2016), Extended spectrum beta lactamase (ESBL) bacteria - Information leaflet for patients and visitors. Available at <a href="https://www.publichealth.hscni.net/sites/default/files/ESBL_Leaflet_04_16.pdf">https://www.publichealth.hscni.net/sites/default/files/ESBL_Leaflet_04_16.pdf</a> Public Health of England (2013), Extended-spectrum beta-lactamases (ESBLs): FAQs. Available at <a href="https://www.gov.uk/government/publications/extended-spectrum-beta-lactamases-esbls-treatment-prevention-surveillance/extended-spectrum-beta-lactamases-esbls-faqs">https://www.gov.uk/government/publications/extended-spectrum-beta-lactamases-esbls-faqs</a> US Centers for Disease Control and Prevention (CDC) (2004) About ESBL-producing	Infection prevention and control Group	Infection Prevention Control Team  Director of Infection Prevention Control  Deputy Director of Infection Prevention 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:

Engagement Activity	Protected Characteristic/ Group/ Community	<u>Date</u>
Health Protection Practitioner Dudley Place	Community staff	28.08.2024
Health Protection Nurse DMBC	Community staff	28.08.2024
Senior Healthcare Practitioner at UKHSA	Community staff	28.08.2024
Divisional leads – all divisions	All staff	28.08.2024
Director of Infection Prevention and Control	All staff and patients	28.08.2024
Equalities Business Partner	All characteristics	23/10/2024
Trust Facilities Manager	Mitie staff	28.08.2024

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 IPCG 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)	List concerns raised for possible negative impact     OR     List beneficial impact  (utilise information gathered during)	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
	OR Negative (not both)		assessment)				
1) Age Describe	e age related i	mpact and e	vidence. This can include safeguarding, o	consent, and welfare issues:			
		Х					
2) Disabil	2) Disability						

	e disability rela e impairments:		and evidence. This can include attitudina	l, physical, communication and social ba	rriers as we	ll as mental he	alth/ learning disabilities,
	High		It is difficult to sometimes isolate patients who have learning disabilities/mental health problems or dementia. These patients often do not understand isolation or isolation can have a detrimental effect on them.	In these cases then the infection control team would discuss with the clinical team and or ward staff to discuss best way to minimize the risk of transmission on a case-by-case basis.	IPCT		IPCT will monitor on a case basis
	r <b>re-assign</b> r e any impact a		on transgender people. This can include	e issues such as privacy of data and har	assment:		
		X					
	ge and civil e any impact a		<b>nip</b> in relation to marriage and civil partners	hip. This can include working arrangem	ents, part-tim	ne working, an	d caring responsibilities:
		X					
, –	ncy & Mate any impact a		on pregnancy and maternity. This can in	nclude working arrangements, part-time	working, and	d caring respor	nsibilities:
		x					
6) Race  Describe barriers:		mpact and e	evidence. This can include information or	n different ethnic groups, Roma gypsies,	Irish travelle	ers, nationalitie	es, cultures, and language
		Х					
	n or Belief e any religion,	belief or no l	pelief impact and evidence. This can incl	ude dietary needs, consent, and end of	life issues:		
		Х					
8) Sex Describe	e any impact a	nd evidence	on men and women. This could include	access to services and employment:			

		Х						
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						
Describe status (n	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