

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:	Safety Controls for Strong Potassium Policy
Main aims and intended outcomes of the function/policy:	Policy for the safe use of concentrated potassium solutions at DGFT as this is a high-risk medication and appropriate measure must be in place minimise risk
How will the function/policy be put into practice?	Reduce the risk of accidental overdose Patients who urgently require intravenous potassium as part of their treatment can continue to receive it promptly. Staff have access to information on how to use potassium safely. Assurance that the Trust has implemented NPSA recommendations
Who will be affected/benefit from the policy?	All Medical, Nursing, theatre and Pharmacy staff
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 Pharmacist
Assessment Carried out by:	Lead Pharmacist – Critical Care
Date Completed:	30.12.2024

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.		
<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
NPSA Safety alert. Potassium Solutions: risks to patients from errors occurring during intravenous administration . Ref 1051.	Drugs & Therapeutics Committee	Deputy Chief Pharmacist
Never events list 2018 – NHS Improvement 2018-Never-Events-List-updated-February-2021.pdf	Pharmacy Governance Group (GRIP)	Consultant Anaesthetist and Intensivist, Clinical Director for Children’s Services
<i>Injectable Medicines Guide</i> http://medusa.wales.nhs.uk/?ID=35d1cf835ba08f0e08d0414e5e7e669b177 1		Chief Pharmacist & Associate Director of Medicines Optimisation
		Lead Pharmacist for Vascular Surgery
		Lead Pharmacist ED
		Chair of D&T Group and Deputy Medical Director
		Principal Pharmacist and Medication Safety Officer
		Deputy Chief Pharmacist Medicines Optimisation

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>
N/A – see notes below		
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:

- Renamed clinical areas to match DGFT nomenclature.
- Changed service leads/titles to match current roles.
- Addition of transferring potassium between areas section to highlight the need for approval via the critical care consultant.

Notes

- DGFT staff with protected characteristics are NOT affected by this medicines safety policy. All staff groups involved in medicines management are provided training on the use of potassium chloride as part of their mandatory training.
- Patients with protected characteristics requiring strong potassium chloride are not affected by this policy as it advocates national patient safety alert requirements that are applicable to all patients regardless of protected characteristics.
- There are strict access requirements to prescribe, supply, obtain, store and administer strong potassium chloride injection / infusions to safeguard from fatal harm if used incorrectly.
- Medicines related Datix incidents are thematically reviewed to improve corrective and preventative measures / process. There have been zero incidents with reference to either staff or patients with protected characteristics effected.

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.

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- Patients with protected characteristics requiring strong potassium chloride are not affected by this policy as it advocates national patient safety alert requirements that are applicable to all patients regardless of protected characteristics.

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:							
		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					
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					
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.							
		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