Equality Impact Assessment Form

National Services Scotland

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

When completing the EQIA Assessment Form, use the full Microsoft Word application not than the online version

NSS Equality Impact Assessment (EQIA) Form

Complete this form after Screening has identified that an EQIA is required.

Section 1: Details of what you are assessing

a) The name of the new or revised policy, strategy, project/programme, procedure, or service being assessed: Clinical Assurance Programme

b) Directorate / Service Area: ARHAI Scotland

c) Owner/Person Responsible:

Name: Hayley Kane — Position:Nurse Consultant, Clinical Lead
Name: Chris Paterson — Position: Nurse Consultant, Clinical Lead

d) Equality Impact Assessment Team (the team can consist of one, two or more people as appropriate):

Name:Mark Clark — Position: Senior Nurse Infection Control
Name: Diane Stark — Position: Senior Nurse Infection Control
Name: Samantha Fleming — Position: Project Manager
(add more lines as appropriate)

e) Is the change being impact assessed new or existing?

☐New ☒Existing

f) What is the main aim and purpose of the new or changed policy, strategy, project/programme, procedure, or service being assessed?

Aim: To reduce the risk of infection within healthcare built environments by supporting NHS Scotland health boards through health care construction projects and support NHS Scotland Assure through the assurance and NDAP processes

Purpose: To provide IPC support to NHS boards undertaking healthcare construction projects and provide directional tools and resources to support navigation of construction, KSAR and NDAP stages, and to publish, present and support mobilisation of healthcare built-environment IPC guidance and intelligence

Benefits: A consistent, evidence-informed approach to infection prevention and control in healthcare built environments is intended to reduce infection transmission and support equality of care across NHSScotland

Desired outcomes: Reduced infection risk in healthcare built environments; accessible tools and resources for NHS boards; wider publication, presentation and mobilisation of IPC guidance and intelligence through NHS boards, national conferences, and journal publications

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g) Who are the main target groups/beneficiaries?

Staff ☒ Service Users ☒ Public ☒ Children and Young People ☐

Donor ☐ Other – **Type here ☒ NHS Healthcare designers**

h) What are the intended outcomes of the new or changed policy, strategy, project/programme, procedure, or service being assessed?

The programme is intended to reduce infection risk in the healthcare built environements, support consistent implementation of IPC measures during the design, construction, commissioning and handover of healthcare construction projects, and ensure that guidance and resources are inclusive and applicable across NHS Scotland settings

Section 2: Information gathering and data

You should list here the sources of information used to assess the impact of the relevant policy or change. This can include sources such as internal reports, strategies, business plans, workforce plans, relevant stakeholders' reports, data and information, other public body relevant information, national information, research outcomes, data profiles, statistical data, consultation responses, in-depth interviews, academic or professional publications and any other evidence which has led to the development of this policy or change. You may wish to refer to the EQIA guidance links to potential sources of information.

Information/Evidence Gained and Used to Shape this Policy or Practice	**List Details, Source and Date** ***(continue on a separate sheet if necessary)***
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	The Clinical Assurance programme does not collect personal identifiable information (PII) or equality assurance data. ARHAI Scotland's established systems and processes consider equality assurance at the inception and development of programmes and projects. Engagement and consultation give stakeholders opportunities to review materials and identify potential inequalities, including where guidance may be difficult to implement in settings such as pediatrics' or mental health. Programme materials use inclusive language for staff, patients, and the public. A consistent approach to IPC measures is intended to reduce infection transmission and support equality of care across settings
Employee involvement/consultation feedback *(e.g., survey, focus groups)*	Stakeholder engagement and consultation are used to review materials, identify implementation barriers and highlight potential inequalities. Feedback is considered through programme governance and development processes
Research and information - list main sources	The programme draws on infection prevention and control guidance and intelligence relating to healthcare built environments, including healthcare construction projects, KSAR and NDAP processes. Outputs may be shared through NHS boards, national conferences, and journal publications
Directorate/Service Area knowledge and experience	ARHAI Scotland Clinical Assurance programme knowledge and experience, together with collaboration across NHS Scotland Assure, and NHS boards, informs the assessment.
Equality monitoring data	The programme does not collect equality assurance data. Potential impacts are considered through engagement, consultation, review and established ARHAI Scotland systems and processes

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Service user feedback (including customer contact, services and complaints)	Feedback may be raised through stakeholder engagement, consultation and organisational feedback routes. The programme considers whether guidance can be implemented equitably across different healthcare settings.
Partner and or other public body feedback	Relevant stakeholders include National Services Scotland, NHS Education for Scotland, NHS Scotland Assure, the Scottish Government, Healthcare Improvement Scotland, NHS boards, patients, residents and members of the public.
Other - this may be information gathered in another NHS Board or public service area, nationally or in partner organisations which is considered to have relevance	The programme considers socio-economic disadvantage, including poverty and rurality, and wider health inequalities affecting homeless people, Gypsy Travellers, people with drug or alcohol dependency, asylum seekers and refugees

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Section 3: Consultation / Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or change when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or change will be inclusive when implemented.

Equality Protected Characteristic	Specific Characteristics	Date	What did you do and what was the outcome? *(continue on a separate sheet if necessary)*
Age	Older People (65+)	Ongoing	The Clinical Assurance programme applies across NHSScotland and is intended to support staff, patients, residents and the public regardless of protected characteristic. Stakeholder engagement and consultation provide opportunities to review materials and identify inequalities or implementation barriers. No unintended negative impact has been identified, and a positive impact is intended. Issues identified through consultation or feedback will be reviewed through programme governance.
	Younger People (16-64)		
	Children (0-15)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability	Ongoing	As above
	Sensory Impairment		
	Mental Health		
	Learning Disability		
Gender Reassignment	Male transitioning to female	Ongoing	As above
	Female transitioning to male		
Marriage/Civil	Women	Ongoing	As above.

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Partnership			
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women	Ongoing	The Clinical Assurance programme applies across NHSScotland and is intended to support staff, patients, residents and the public regardless of protected characteristic. Stakeholder engagement and consultation provide opportunities to review materials and identify inequalities or implementation barriers. No unintended negative impact has been identified, and a positive impact is intended. Issues identified through consultation or feedback will be reviewed through programme governance
	Men		
Race	A list of categories used in the census is here	Ongoing	As above
Religion / Belief	A list of categories used in the census is here	Ongoing	As above
Sex	Female	Ongoing	As above
	Male		
	Other Gender Identity		
Sexual Orientation	Lesbian	Ongoing	As above
	Gay		
	Bisexual person		
Socio-economic (fairness)		Ongoing	As above

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Section 4: Detail the Positive and / or Negative Impacts

Key Questions to Address

The Assessment should highlight areas of interest covering the following:

> Positive and negative impacts across all protected characteristics
> Scale of the impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact
> Anticipated duration of the impact if relevant
> Whether there is a specific differential impact to a particular protected characteristic or characteristics
> Or if the impact is wider ranging and general in its effect
> Whether any impacts identified would/could be mitigated by an amendment to the policy, service reform or change

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	**Specific Characteristics**	**Positive Impact** (it could benefit the group concerned)	**Negative Impact** (it could disadvantage the group concerned)	**No Potential Impact Identified** (provide reason where possible)
Age	Older People (65+)	A positive impact is intended. The programme supports consistent IPC measures, directional tools and resources for healthcare built environments. Inclusive language and stakeholder review are intended to help identify accessibility or implementation barriers and support equality of care.	No unintended negative or differential impact has been identified from the available programme information. Any barriers or inequalities raised through stakeholder engagement or consultation will be reviewed and mitigated where practicable	No adverse impact has been identified. The programme will continue to consider equality and accessibility through engagement, consultation, monitoring and review, including the needs of different healthcare settings and groups
	Younger People (16-64)			
	Children (0-15)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	As above	As above	As above
	Sensory Impairment			
	Mental Health			
	Learning Disability			

Gender Reassignment	Male transitioning to female Female transitioning to male	As above	As above	As above
Marriage/Civil Partnership	Women Men Same Sex Couple (Male) Same Sex Couple (Female)	As above	As above	As above
Pregnancy / Maternity/Paternity	Women Men	As above	As above	As above
Race	A list of categories used in the census	As above	As above	As above
Religion / Belief	A list of categories used in the census	As above	As above	As above
Sex	Female Male Other Gender Identity	As above	As above	As above
Sexual Orientation	Lesbian Gay Bisexual person	As above	As above	As above
Socio-economic (fairness)		As above	As above	As above

Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ☑ *reduce or remove any identified **negative impact***
- ☑ *promote any **positive impact** or*
- ☑ ***gather** further information/evidence*

Protected Characteristic:

No.	Action Identified	Key Impacts/Outcomes	Owner	Date for Completion
1	Continue stakeholder engagement and consultation when developing or reviewing Clinical Assurance materials	Potential inequalities and implementation barriers are identified and considered.	Samantha Fleming / Hayley Kane/Chris Paterson	Ongoing
2	Use inclusive language and review accessibility of published guidance, tools and resources	Materials are accessible to NHSScotland staff, patients and the public	Clinical Assurance programme team	Ongoing
3	Consider implementation across different healthcare settings	Potential differential impacts are identified and mitigated where practicable	Clinical Assurance programme team	At each material review
4	Monitor equality impacts through programme governance and stakeholder feedback.	New or emerging equality issues are recorded, reviewed and acted upon	Samantha Fleming / Hayley Kane/Chris Paterson	Ongoing
5	Review the EQIA when the programme scope or evidence base materially changes	The assessment remains current and proportionate	Samantha Fleming / Hayley Kane/Chris Paterson	At programme review

Protected Characteristic:

No.	Action Identified	Key Impacts/Outcomes	Owner	Date for Completion
1	Use stakeholder engagement to identify barriers for underserved groups	Relevant feedback informs mitigation and programme governance.	Clinical Assurance programme team	Ongoing
2	No additional indirect impact is currently identified. Reassess if new evidence emerges.	The assessment remains responsive to new information.	Clinical Assurance programme team	At EQIA review
3				
4				
5				

Section 6: Outcomes

When the evidence has been considered in relation to the proposed new or changed policy, strategy, project/programme, procedure, or service, the likely impacts will be apparent. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EQIA.

There are four potential outcomes as follows:

1. No major change required. The new or changed policy, strategy, project/programme, procedure, or service is robust and can continue without amendment
2. Continue the new or changed policy, strategy, project/programme, procedure, or service. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the new or changed policy, strategy, project/programme, procedure, or service Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the new or changed policy, strategy, project/programme, procedure, or service if adverse effects cannot be justified and cannot be mitigated

Outcome: No major change is required. The Clinical Assurance programme can continue. No unintended negative or differential impacts have been identified from the available information; a positive impact is intended. Equality impacts will continue to be monitored through stakeholder engagement, consultation and programme governance. CA Team will monitor the assessment through the Clinical Assurance Oversight and Advisory Group. Hayley Kane and Chris Paterson are the senior responsible persons.

Section 7: Authorising the Assessment

The following signatures are required:

Directorate Director or Deputy

Signed Name Hayley Kane
Chris Paterson Date 19/10/2026

Quality Assured by Equality and Fairness Impact Assessment Trained Officer (within Directorate /Service)

Signed Date

Section 8: Publishing the Assessment

The completed and authorised EQIA should be added to the relevant Service pages that are publicly accessible.

Date Action Completed		Date for Review of EQIA	At programme review or following material change

Location of EQIA (Link)	Share with the Equality and Diversity Team and Business Support Team for Procurement, Commissioning and Facilities records.