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.

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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, NHS S Assure

c) Owner/Person Responsible:.

Name:Abigail Mullings Position:Nurse Consultant IPC

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

Name:Abigail Mullings Position: Nurse Consultant, Clinical Lead
Name:Leighanne Bruce 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 provide national evidence based infection prevention and control guidance, support resources and tools for use in care home settings.

Purpose: To support adoption and implementation of national IPC guidance, support resources and tools across care home settings.

Benefits: TA consistent approach to IPC practice is intended to reduce infection transmission and support equality of care in care home settings.

Desired outcomes: Improved access to inclusive national IPC guidance and resources, stronger stakeholder collaboration and reduced duplication of effort and improved professional working relationships.

g) Who are the main target groups/beneficiaries?

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

Donor ☐ Other – Care Home Residents, national and local stakeholders ☒

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

The programme will support care home staff and providers to adopt, implement national IPC guidance, resources and tools. It will work with local and national stakeholders to improve communications, reduce duplication and support consistent IPC practice.

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 CH IPC programme does not routinely collect equality assurance or personal identifiable data as guidance is published and available to all. Guidance is aimed at protecting all health and care staff, residents and the public from Healthcare Associated Infection. No Personal Identifiable Information (PII) will be collected as part of activities undertaken by the CH IPC programme. Equality is embedded in relevant ARHAI Scotland systems, processes and the Clinical Effectiveness Template for this Programme. The resulting evidence-based IPC guidance will be accessible and applicable across all care settings, without discrimination. Stakeholder engagement and consultation support review of materials and identification of potential inequalities, including barriers to implementation across health and social care settings. Materials use inclusive language for staff, residents, and the public. We continue to explore Public Partner representation on the CH IPC Oversight and Advisory Group. This is being progressed with the Head of Quality and Engagement, and the lack of public involvement has been recorded by another programme as a risk.

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	A consistent approach to IPC practice in theory should reduce infection transmission and promote equitable care across all care home settings. Programme materials are designed to be accessible and inclusive for staff, residents, and the public. To ensure accessibility for people, regardless of on-screen reading ability, ARHAI have written and published guidance in a web-based accessible way (HTML). It is also written in plain English text.
Employee involvement/consultation feedback *(e.g., survey, focus groups)*	As above - stakeholder engagement and consultation are used to review programme materials, identify barriers to implementation and highlight potential inequalities
Research and information - list main sources	Not applicable as we don't have a research function. However, we are aware of the avenues via which to raise this].
Directorate/Service Area knowledge and experience	ARHAI Scotland programme knowledge and experience, supported by collaboration with local and national care home stakeholders, informs the assessment.].
Equality monitoring data	The programme does not collect equality assurance data. Potential impacts are considered through engagement, consultation, review and established organisational processes.
Service user feedback (including customer contact, services and complaints)	Feedback can be raised through programme stakeholder routes and organisational feedback and complaints processes.
Partner and or other public body feedback	Feedback and collaboration involve national and local partners, including NES, NHSScotland Assure, the Care Inspectorate, SSSC, the Scottish Government, HIS, and health and social care stakeholders].
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	Not applicable].

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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	Our CH IPCM and CH IPC programme applies equally to all staff, residents, visitors, and contractors, regardless of protected characteristics as defined by the Equality Act 2010. The purpose of the programme is to promote safe and effective infection prevention and control practices and to reduce the risk of infection transmission across all settings. CH IPC programme would be made aware of any inequalities associated with guidance issued via the 'contact us' page or local stakeholder groups. However, the programme does not currently collect key characteristic data.
	Younger People (16-64)		
	Children (0-15)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability	Ongoing	As above. Any issues identified through consultation or stakeholder feedback will be reviewed and addressed through programme governance
	Sensory Impairment		
	Mental Health		
	Learning Disability		
Gender	Male transitioning to female	Ongoing	As above.

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Reassignment			
	Female transitioning to male		
Marriage/Civil Partnership	Women	Ongoing	As above.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women	Ongoing	As above
	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		Ongoing	As above

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(fairness)			

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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+) Younger People (16-64) Children (0-15) Looked After Children (Corporate Parenting)	A positive impact is intended. Evidence-based IPC guidance, support resources and tools are designed to support safer, more consistent practice and equality of care in care home settings. Materials will use inclusive language and stakeholder review will help identify accessibility or implementation barriers.	No unintended negative or differential impact has been identified. Potential barriers raised through stakeholder engagement or feedback will be reviewed and mitigated where practicable.	No adverse impact on any protected group has been identified. The guidance is intended to be applied fairly, consistently, and proportionately to all individuals. Where required, reasonable adjustments will be made to ensure that individuals with disabilities, communication needs, cultural requirements, or other specific needs are able to understand and comply with the guidance. The implementation of this guidance is expected to have a positive impact by

				supporting the health, safety, and wellbeing of all individuals regardless of their protected characteristics.
Disability	Physical Disability Sensory Impairment Mental Health Learning Disability	A positive impact is intended. National evidence-based IPC guidance, support resources and tools are designed to support safer, more consistent practice and equality of care in care home settings. Materials will use inclusive language and stakeholder review will help identify accessibility or implementation barriers.	No unintended negative or differential impact has been identified. Potential barriers raised through stakeholder engagement or feedback will be reviewed and mitigated where practicable.	The programme applies across protected characteristics. No specific adverse impact has been identified from the available programme evidence. Equality and accessibility will continue to be considered through engagement, consultation, monitoring and review.
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	As above	As above	As above
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	As above	As above	As above
	Gay			
	Bisexual person			
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	No potential indirect impact identified but the programme will continue inclusive engagement and consultation when developing or reviewing CH IPC guidance, resources and tools.	Potential accessibility or implementation barriers are identified and addressed.	Abigail Mullings	Ongoing
2	Monitor feedback and review the EQIA if programme scope, delivery or evidence changes.	The assessment remains current and proportionate to programme deliver.	Abigail Mullings	Ongoing
3				
4				
5				

Protected Characteristic:

No.	Action Identified	Key Impacts/Outcomes	Owner	Date for Completion
1	No potential indirect impact is identified but the programme will continue to consider poverty, rurality and wider determinants of health when reviewing the accessibility and implementation of programme outputs.	No negative or differential impact is intended; emerging barriers can be identified and considered.	Abigail Mullings	Ongoing
2				
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 CH IPC programme can continue. No unintended negative impact has been identified and a positive impact is intended through inclusive national IPC guidance, resources and tools, stakeholder engagement, consistent IPC practice and equality of care.

Section 7: Authorising the Assessment

The following signatures are required:

Directorate Director or Deputy

Signed Name Abigail Mullings 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	
Location of EQIA (Link)	To be shared with the Public Services Delivery Scotland Equality and Diversity Team and Business Support Team.		