

# NHS National Services Scotland Equality and Fairer Duty Impact Assessment Infection Control in the Built Environment & Decontamination ARHAI Scotland Priority Programme for 2025-26

This document sets out the questions that you need to consider when carrying out an impact assessment. As a public body in Scotland we need to fulfil the following to meet the Equality Act 2010 Section 149 of the Public Sector Equality Duty. Please do not include any personal identifiable data in the document.

A public authority must, in the exercise of its functions, have due regard to the need to:

1. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. advance equality of opportunity with persons who share a relevant protected characteristics and those who do not
3. Foster good relations between those who share a relevant protected characteristic and those who do not.

Please read the staff guide before completing and speak to your SBU lead who can provide guidance <https://www.nhsnational-hr.scot.nhs.uk/policy-process-and-terms-and-conditions/equality-and-diversity/94174> to find out more check out the link to the Equality and Human Rights Commission here <https://www.equalityhumanrights.com/en/corporate-reporting/public-sector-equality-duty>



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Chief Executive

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Mary Morgan

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**1. What is the aim of the policy/ service redesign/project/programme that you are impact assessing?**

- A.** We review current built environment and decontamination technical guidance ensuring that IPC is taken into consideration and provide advice and support to NHS boards. Support with technical engineering expertise for the built environment is provided by Health Facilities Scotland.
- B.** We provide NHS boards with evidence-based IPC guidance relating to the healthcare-built environment and decontamination, including recent literature reviews on HAI risks associated with healthcare ventilation and water systems.
- C.** Chapter 4 of the National Infection Prevention and Control Manual – Infection Control in the Built Environment and Decontamination exists as a repository for evidence reviews and tools relating to IPC in the built environment, including delivery of appropriate decontamination within health and care settings and risk mitigation for water-based pathogens. (Separate EQIA available for National Infection Prevention and Control Manual).
- D.** Content going forward will be developed via the ARHAI Scotland Infection Control in the Built Environment and Decontamination (ICBED) programme informed by stakeholder engagement and requirements, learning from outbreaks and incidents.

**2. What data is available to you? For example, workforce data; patient data; \* this question asks you to consider staff; patients; donors; customers; wider public; stakeholders**

- A.** Equality data is not collected as our guidance is published and available for all. Guidance is aimed at protecting all health and care staff, patients, and the public from Healthcare Associated Infection.  
No Personal Identifiable Information (PII) is collected as part of activities undertaken by the ICBED programme.  
We ensure that other existing systems and processes consider equality and our Clinical effectiveness template applicable to this HP Programme, notes that evidenced based IPC guidelines resulting from this programme, will be applicable and accessible to all care settings and without prejudice to any patient population.  
Our process of stakeholder engagement and consultation provides them with the opportunity to review any materials we produce and highlight any potential inequalities e.g. where guidance may not be easily implemented in paediatrics or mental health settings.  
We continue to explore the possibility of having a lay person to support the ICBED Working Group. This process has become more complex post-pandemic as the role would likely be remote. We are progressing this further with the Head of Quality & Engagement.  
A consistent approach to IPC measures is highly likely to reduce infection transmission and ensure equality of care in all areas. We ensure that the language we use within our materials is inclusive for all groups (e.g. staff, patients, public).



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### 3. Who will be impacted on?

*This questions asks you to consider staff; patients; donors; customers; wider public; stakeholders*

- A. All NHSScotland staff
- B. All stakeholders e.g. NES, HIS and all NHS Assure staff
- C. Care staff in care homes
- D. Patients and members of the public.
- E. ARHAI Sponsors – SG HAI Policy unit

### 4. Age

*Age covers the age spectrum from younger to older people*

- ☒ there is no unintended impact on Age and a positive impact is intended
- ☐ there is potential indirect impact on Age
- ☐ The impact is unclear and further work will be carried out to scope the impact on Age

### 5. Disability

*Disability is defined in the Act You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.*

- ☒ there is no unintended impact on disability and a positive impact is intended
- ☐ there is potential differential impact on disabled people
- ☐ there is a potential indirect impact on disabled people
- ☐ the impact is unclear and further work is needed to scope the impact on disabled people

### 6. Marriage and Civil Partnerships

*In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex. People do not have this characteristic if they are: single; living with someone as a couple neither married nor civil partners; engaged to be married but not married*

- ☒ there is no unintended impact on marriage and civil partnerships and a positive impact is intended
- ☐ there is potential indirect impact on marriage and civil partnerships
- ☐ the impact is unclear and further work is needed to scope the impact

### 7. Pregnancy and maternity

*Discrimination which is against the Equality Act is unlawful. Pregnancy and maternity discrimination is when a person is treated unfairly because they are pregnant, breastfeeding or because they have recently given birth.*

- ☒ there is no unintended impact on pregnancy and maternity and the impact intended is positive
- ☐ there is potential indirect impact on pregnancy and maternity
- ☐ the impact is unclear and further work is required to scope the impact



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**8. Sex**

*In the Equality Act, the protected characteristic of sex refers to men and women. There is currently no recognition of non-binary identities in the Equality Act. Under the Equality Act, sex discrimination applies at all ages and therefore covers girls and boys, as well as men and women.*

- ☒ there is no unintended impact on sex and the impact intended is positive
- ☐ there is potential indirect impact on sex
- ☐ the impact on sex is unclear and further work is needed to scope the impact

**9. Sexual orientation**

*The Equality Act 2010 says you must not be discriminated against because: you are heterosexual, gay, lesbian or bisexual someone thinks you have a particular sexual orientation (this is known as discrimination by perception)*

- ☒ there is no unintended impact on sexual orientation and the impact intended is positive
- ☐ there is potential indirect impact on sexual orientation
- ☐ the impact on sexual orientation is unclear and further work is needed to scope the impact

**10. Religion/faith**

*In law they will look at whether something has a clear structure and belief system to decide if it's a religion under the law. The Equality Act protects you against discrimination because of your religious beliefs. Religious belief means the belief in a religion's central articles of faith*

- ☒ there is no unintended impact on religion/faith and the intended impact is positive
- ☐ there is potential indirect impact on religion/faith
- ☐ the impact on religion/faith is unclear and further work is needed to scope the impact

**11. Race**

*The Equality Act 2010 says you must not be discriminated against because of your race. In the Equality Act, race can mean your colour, or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality*

- ☒ there is no unintended impact on race and the intended impact is positive
- ☐ there is potential indirect impact on race
- ☐ the impact on race is unclear and further work is needed to scope the impact

**12. Gender reassignment**

*Gender reassignment is defined as someone who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning his or her sex by changing physiological or other attributes of sex. It is not necessary for the individual to be under medical supervision or undergoing surgery*

- ☒ there is no unintended impact on gender reassignment and the intended impact is positive
- ☐ there is potential indirect impact on gender reassignment



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- ☐ the impact on gender reassignment is unclear and further work is needed to scope the impact

**13. The fairer Scotland Duty requires us to consider the impact on socio economic status** <https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/2/>

*It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. please provide evidence to show how you have considered the fairer Scotland duty.*

- A.** Poverty and rurality. There are no negative or differential impacts intended related to areas of poverty and rurality.

**14. Thinking about the wider determinants of health inequalities please provide evidence to show that you considered the impact on the following people.** <http://www.equalityevidence.scot/>

*Homeless people, Gypsy Travellers, Drug and alcohol dependency, Asylum seekers and Refugees*

- A.** Local application of the national standards will consider the impact on the following to ensure equality principles are implemented.

Homeless people: There are no negative or differential impacts intended related to Homeless people

Gypsy travellers: There are no negative or differential impacts intended related to Gypsy Travellers.

Drug and alcohol dependency: There are no negative or differential impacts intended related to areas of Drug and alcohol dependency.

Asylum seekers and Refugees: There are no negative or differential impacts intended related Asylum seekers and Refugees.

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**Mitigating action plan**

Where you have identified a potential indirect impact and/or you need to carry out further work to gather more data and/or scope the impact please provide details of your mitigating action plan.

**15. Details of mitigating action plan and further work to be carried out (Specific Measurable Achievable Report on progress Timescales)**

- A.** No potential indirect impact identified.



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## Monitoring, reviewing and publication of the impact assessment

this section covers the plans to monitor progress on the impact assessment, review date and where the impact assessment will be published.

### 16. Who will be responsible for monitoring the impact assessment

- A. Scott McClelland, ARHAI Scotland Infection Prevention in the Built Environment Priority Programme Project Manager.

### 17. Who will be responsible for the review of the impact assessment

- A. Annette Rankin, who is a Nurse Consultant in Infection Control and is Clinical Lead. Teresa Inkster who is a Consultant Microbiologist. Anna Munro who is Nurse Manager and Kaileigh Begley who is a Senior Nurse in Infection Control, and Scott McClelland, Project Manager ARHAI Scotland Infection Control in the Built Environment and Decontamination Priority Programme.

### 18. Where will the impact assessment be published (this can be a summary document of the findings and outcomes of the impact assessment. The impact assessment is a public document)

- A. The EQIA document is not published but shared to the teams below.  
B. Shared to Equality and Diversity Team.  
C. Shared to Business Support Team for NHS Assure records.  
D. Notification at the Infection Control in the Built Environment ARHAI Scotland Working Group and the IPC Oversight & Advisory Group.

### 19. Please describe the governance route for the impact assessment

- A. Governance provided by the Infection Control in the Built Environment ARHAI Scotland Working Group and the IPC Oversight & Advisory Group.

### 20. Who is the senior responsible person for the equality impact assessment and any subsequent review?

- A. Annette Rankin, who is a Nurse Consultant in Infection Control and is the ARHAI Scotland Clinical Lead of ICBED.

### 21. This impact assessment was carried out (please provide the timescales)

- A. June 2025



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