



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.

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: Healthcare Associated Infection Surveillance and Epidemiology (HCAISE) Programme

b) Directorate / Service Area: ARHAI Scotland, NHS Scotland Assure

c) Owner/Person Responsible:

Name: Shona Cairns

Position: HCAISE Consultant

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

Name: Shona Cairns

Position: HCAISE Consultant

Name: Fiona Murdoch

Position: HCAISE Lead Healthcare Scientist

Name: Jocelyn Stewart

Position: HCAISE 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 lead on the development and provision of epidemiological data and intelligence to reduce healthcare associated infection (HCAI) by doing the following:

1. To be leaders in the development, provision and publication of national epidemiological data, intelligence and evidence enabling the development and evaluation of quality improvement initiatives and by informing development of national guidance and policy decisions.
2. To provide epidemiological expertise to support local and national outbreak and incident investigations and develop epidemiological evidence base to prevent future outbreaks.
3. To provide epidemiological leadership to support Infection Prevention & Control (IPC) in Scotland.

Purpose: To reduce the burden and impact of healthcare associated infection by leading on the development and provision of epidemiological data, intelligence and evidence.

Benefits: Reduction of burden and impact of healthcare associated infection.

Desired outcomes: To reduce the burden and impact of healthcare associated infection in Scotland through strengthened epidemiological data, intelligence, evidence and leadership.

g) Who are the main target groups/beneficiaries?

Staff ☒ Service Users ☒ Public ☒ Children and Young People ☒
Donor ☐ Other – **Type here** ☐

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

The HCAISE programme is one of six priority programmes delivered by ARHAI Scotland. The 2026/27 work plan activities were developed by ARHAI Scotland and approved by Scottish Government, with the aim of delivering the programme vision to lead on the development and provision of epidemiological data and intelligence to reduce healthcare associated infection in Scotland.

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 <i>(continue on a separate sheet if necessary)</i>
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	Patient level data is collated to allow national surveillance and reporting of HCAI to monitor trends in infection and associated mortality and describing risk factors for infection to support identification of quality improvement and reduction strategies. Health inequalities such as age, sex, deprivation and geography can all affect the risk of infection, other health outcomes and access to healthcare. All patient identifiable information (PII) used to support these surveillance programmes are collected and stored in accordance with legislation and Public Services Delivery Scotland information governance. The weekly, quarterly and annual surveillance reporting complies with the UK Statistics Authority's Code of Practice which promotes the production and dissemination of official statistics that inform decision making. All publications written for members of the public have been through the plain English process. These are also available on request for braille and large print. Our website content follows accessibility guidelines, and we aim to make all of our materials available in accessible formats.
Employee involvement/consultation	Stakeholder engagement through Oversight & Advisory

feedback (<i>e.g., survey, focus groups</i>)	Groups, Working Groups and other focus groups include representation by: • Scottish Government • NHS Scotland staff • Health and Social Care staff • Scientific and research community Patients and members of the public.
Research and information - list main sources	National HCAI surveillance data, epidemiological intelligence and published weekly, quarterly and annual surveillance reports are used to monitor trends and support evidence-informed decision making. Data includes incidence rates, mortality, origin, recurrence, sex, age, deprivation scores, antimicrobial resistance and geographical distribution. Relevant sources include ARHAI Scotland HCAI surveillance outputs, national guidance, official statistics requirements, outbreak and incident investigation intelligence, and evidence used to support IPC policy, quality improvement and national decision making. A list of data systems are available on the Public Services Delivery (PSD) Scotland Information Asset Register and available on request.
Directorate/Service Area knowledge and experience	ARHAI Scotland has specialist epidemiological, surveillance, healthcare science, infection prevention and control, and programme management expertise. This knowledge is used to support the design, delivery and review of HCAISE surveillance activity, including interpretation of data, identification of trends, support for outbreak and incident investigations, and provision of advice to national and local stakeholders. Oversight and Advisory Groups, working groups and other stakeholder forums provide additional professional input and scrutiny.
Equality monitoring data	Available equality-related data is considered through the surveillance dataset where relevant, including age, sex, deprivation scores and geographical distribution. This supports identification of variation in HCAI outcomes across population groups and helps highlight potential inequalities or disparities. Where equality information is not routinely collected or available, no differential impact has been identified from the information currently available. The programme will continue to consider equality implications through future surveillance review, reporting and stakeholder engagement.
Service user feedback (including customer contact, services and complaints)	Direct service user feedback is not routinely gathered as the programme primarily provides national surveillance, epidemiological intelligence and evidence to inform policy, guidance and improvement activity. However, outputs intended for the public are written in plain English and accessibility considerations are built into publication processes. Website content follows accessibility guidance.

	Any complaints received would be processed as per organisational complaints procedure.]
Partner and or other public body feedback	Feedback and input are gathered through engagement with Scottish Government, NHS Scotland staff, Public Health Scotland, Health and Social Care staff, the scientific and research community, and relevant advisory and working groups. This supports review of surveillance priorities, interpretation of findings, and use of data to inform national guidance, policy decisions and quality improvement activity.
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.

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? <i>(continue on a separate sheet if necessary)</i>
Age	Older People (65+)		Surveillance data includes age-related information, enabling trends and outcomes to be monitored across all age groups. This supports identification of any variation in incidence, recurrence, mortality or other HCAI outcomes by age. The intended outcome is positive, as the programme supports evidence-informed action to reduce the burden and impact of HCAI across all age groups.
	Younger People (16-64)		
	Children (0-15)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability		No specific consultation outcome has identified a differential impact for people with physical disability, sensory impairment, mental health conditions or learning disability. The programme does not change access to direct care and is focused on national surveillance, epidemiological intelligence and evidence. Publications are produced using plain English principles, website content follows accessibility guidance, and materials can be made available in alternative formats on request. No negative impact has been identified.
	Sensory Impairment		
	Mental Health		
	Learning Disability		
Gender Reassignment	Male transitioning to female		No specific consultation outcome has identified a differential impact in relation to gender reassignment. The programme uses surveillance and epidemiological

	Female transitioning to male		data to inform national understanding of HCAI and does not introduce different access, treatment or service arrangements on the basis of gender reassignment.
Marriage/Civil Partnership	Women		No specific consultation outcome has identified a differential impact in relation to marriage or civil partnership. The programme is focused on national HCAI surveillance, epidemiological intelligence and evidence and does not introduce different access, treatment or service arrangements on the basis of marital or civil partnership status.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		Caesarean birth surgical site infection (SSI) surveillance monitors trends in infection and associated mortality and describing risk factors for infection to support identification of quality improvement and reduction strategies. Health inequalities such as age, sex, deprivation and geography can all affect the risk of infection, other health outcomes and access to healthcare. No specific consultation outcome has identified a differential impact in relation to pregnancy, maternity or paternity. The programme supports the reduction of HCAI through national surveillance and epidemiological evidence and does not introduce different access or service arrangements for this group.
	Men		
Race	A list of categories used in the census is here		No specific consultation outcome has identified a differential impact in relation to race or ethnicity. The programme uses national surveillance data and epidemiological evidence to support HCAI monitoring, reporting and decision making. Where relevant data is available, equality considerations can be reviewed alongside wider surveillance findings.

Religion / Belief	A list of categories used in the census is here		No specific consultation outcome has identified a differential impact in relation to religion or belief. The programme is focused on surveillance, epidemiological intelligence and evidence, and does not introduce different access, treatment or service arrangements on the basis of religion or belief.
Sex	Female		Surveillance data includes sex-related information, enabling HCAI trends and outcomes to be monitored for females, males and, where available, other gender identities. This supports identification of any variation in incidence, recurrence, mortality or other outcomes by sex.
	Male		
	Other Gender Identity		
Sexual Orientation	Lesbian		No specific consultation outcome has identified a differential impact in relation to sexual orientation. The programme is focused on national surveillance, epidemiological intelligence and evidence and does not introduce different access, treatment or service arrangements on the basis of sexual orientation.
	Gay		
	Bisexual person		
Socio-economic (fairness)			Surveillance data includes deprivation scores, allowing HCAI outcomes to be reviewed by deprivation group where relevant. This supports identification of disparities and contributes to a wider understanding of inequalities in HCAI burden and outcomes. As part of the HCAISE programme, the mandatory National Surveillance programme will consider the impact on the following to ensure equality principles are implemented: • Drug dependency: There is potential indirect impact on drug dependency as those who inject drugs are highlighted as risk factor of infection in

			part of our mandatory surveillance. • Travelling Community: There are no negative or differential impacts intended related to the Travelling Community. • Homeless people: There are no negative or differential impacts intended related to Homeless people. • Asylum seekers and refugees: There are no negative or differential impacts intended related to asylum seekers and refugees. The intended impact is positive, as this evidence can inform action to reduce inequalities and support fairer health outcomes.
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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+)	There is no unintended impact on Age, and a positive impact is intended.		
	Younger People (16-64)			
	Children (0-15)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	There is no unintended impact on disability, and a positive impact is intended.		
	Sensory Impairment			
	Mental Health			
	Learning Disability			

Gender Reassignment	Male transitioning to female	There is no unintended impact on gender reassignment, and the intended impact is positive.		
	Female transitioning to male			
Marriage/Civil Partnership	Women	There is no unintended impact on marriage and civil partnerships, and the intended impact is positive.		
	Men			
	Same Sex Couple (Male)			
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	There is no unintended impact on pregnancy and maternity, and the intended impact is positive.		
	Men			
Race	A list of categories used in the census	there is no unintended impact on race, and the intended impact is positive		
Religion / Belief	A list of categories used in the census	There is no unintended impact on religion/faith, and the intended impact is positive.		
Sex	Female	There is no unintended impact on sex, and the intended impact is positive.		
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	There is no unintended impact on sexual orientation, and the intended impact is positive.		
	Gay			
	Bisexual person			

Socio-economic (fairness)		There is no unintended impact on drug dependency users, the Travelling Community, Homeless People or Asylum seekers/ refugees. Healthcare associated Infection outcomes in deprivation groups are described and used to highlight any disparities in outcomes.		
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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.			
2				
3				
4				
5				

Protected Characteristic:

No.	Action Identified	Key Impacts/Outcomes	Owner	Date for Completion
1	No potential indirect impact identified.			
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 required. The new or changed policy, strategy, project/programme, procedure, or service is robust and can continue without amendment.
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Section 7: Authorising the Assessment

The following signatures are required:

Directorate Director or Deputy

Signed	Shona Cairns	Name		Date	26/08/2026
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Quality Assured by Equality and Fairness Impact Assessment Trained Officer (within Directorate /Service)

Signed	Louise MacLennan	Name		Date	
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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	26/08/2026	Date for Review of EQIA	31/08/2027
Location of EQIA (Link)	\\freddy\dept\PHIBCS\PHI\HAI\CAMR-PA\17 HAI Surveillance\Planning\09 Quality\EQIA		