Humber Teaching
NHS Foundation Trust

Infection Prevention and Control Arrangements Policy (N-014)

Document Type:	Policy
Document Reference:	N-014
Version Number:	6.0
Author (name & job title)	Stephanie Hope - Advanced Infection Prevention and Control Nurse
Executive Director (name & job title):	Sarah Smyth, Executive Director of Nursing, Quality and Professions
Name of approving body:	Quality and Safety Patient Group (QPaS)
Date of approval:	21 May 2026
Date Ratified at Trust Board	N/A (minor amendments)
Next Full Review date:	May 2029

Policies should be accessed via the Trust intranet to ensure the current version is used

Table of Contents

1. Introduction 3
2. Scope 3
3. Policy Statement 3
4. Duties and Responsibilities 3
5. Procedures 6
   - 5.1. Key Forums for the Management and Monitoring of Infection Prevention and Control Activities 6
   - 5.2. Key Performance Indicators 7
   - 5.3. Monitoring Compliance and Effectiveness 7
   - 5.4. Surveillance 8
   - 5.5. Training 8
   - 5.6. Risk Assessment 8
   - 5.7. Information Available to Service Users and the Public 8
   - 5.8. Core Policies 8
   - 5.9. Process for Monitoring and Investigating Infection Incidents 9
6. Equality and Diversity 9
7. Implementation 9
8. Monitoring and Audit 9
9. References / Evidence / Glossary / Definitions 10

Appendix 1: Document Control Sheet 11

Appendix 2: Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit 12

1. Introduction

The prevention, reduction and appropriate management of any Healthcare Associated Infection (HCAI) is of paramount importance to the quality and safety of all patients, service users, visitors and staff who access or provide any services within Humber Teaching NHS Foundation Trust. It is therefore important that all staff take appropriate actions during the discharge of their duties to ensure that the potential risks of infection are appropriately assessed and managed to reduce these risks whenever possible.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (revised December 2022) describes the statutory responsibilities for all NHS organisations for the prevention and control of infections. It highlights the importance of good Infection Prevention and Control (IPC) practices across health and social care as a key part of the quality and safety agenda for patient care.

Strong leadership, effective management and governance processes are seen as playing a crucial part in reducing the risk of acquiring HCAIs during an episode of care. Effective IPC of HCAIs must be embedded into everyday clinical practice and applied consistently by everyone (Department of Health and Social Care, 2022).

As an NHS registered provider, Humber Teaching NHS Foundation Trust is required to be compliant with the Code of Practice, the requirements of their commissioners and other monitoring/regulatory bodies including the CQC. IPC performance monitoring and quality assurance of standards and practice to ensure safe patient care and clinical effectiveness are reported regularly through the Trust governance processes. This includes surveillance of HCAI, management of unavoidable infections, standards of cleanliness, IPC audits and incidents/exceptions. The National IPC Board Assurance Framework (BAF) published by NHS England (updated April 2025) has been adopted as a further assurance mechanism and to monitor compliance with IPC standards.

2. Scope

This policy applies to all staff employed by Humber Teaching NHS Foundation Trust (including contractors, agency / locum staff, students, and visiting/honorary consultant clinicians) that undertake or provide patient care, support and or assistance.

3. Policy Statement

The purpose of this policy is to confirm the Trusts commitment for the IPC services it provides and commissions. It provides an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.

4. Duties and Responsibilities

The effective prevention of HCAI requires the commitment and active involvement of all employees. It is therefore vital that the IPC process is communicated and embedded throughout the organisation.

As an employee of the Trust everyone has a responsibility for and a role to play in managing infection prevention and control. This includes:

- Being aware of Trust IPC policies and procedures.
- Adhering to IPC standards as required within their job description/role.
- Alerting managers to any IPC risks or environmental deficits that require urgent attention.

- Participation in mandatory IPC training and Hand Hygiene and Personal Protective Equipment (PPE) competency assessment (where appropriate).
- Always maintaining a clean and safe environment.
- Following the guidance in the National Infection Prevention and Control Manual (NIPCM) and the appendices alongside Trust IPC policies and subsequent replacement guidance documents.

Chief Executive
The Chief Executive has ultimate responsibility for ensuring effective IPC arrangements are in place across the Trust.

The Trust Board
On behalf of the organisation, the Trust Board of Directors have strategic accountability for ensuring that the legal and statutory IPC responsibilities in the prevention of HCAI are achieved.

Director of Infection Prevention and Control (DIPC)
The Executive Director of Nursing, Quality and Professions, is the designated director for infection prevention and control (DIPC) and has the executive responsibility for the implementation and delivery of the Trust infection prevention and control plan ensuring the goals are converted into deliverable actions. Delivery against the plan will be formally monitored through the Quality and Patient Safety Group. The DIPC will provide the Trust Board with an annual report, supplemented by exceptional reports on operational priorities as required.

The DIPC will:
- Oversee the production and implementation of local IPC policies.
- Oversee the work of the IPC team within the Trust.
- Report directly to the Chief Executive and the Board and not through any other officer.
- Have the authority to challenge inappropriate clinical practice, poor standards of hygiene and antibiotic prescribing decisions.
- Assess the impact of all existing and new policies and plans on IPC and make recommendations for change.
- Be an integral member of the Trust's clinical governance and patient safety teams and structures.
- Produce an annual report on the state of HCAI in the Trust and release it publicly.
- Have overall responsibility for creating a culture of safe and effective practice to reduce HCAI and to ensure that infection prevention and control is accepted as an individual and Trust-wide responsibility.

Care Divisions
Each Divisional Clinical Lead and General Manager have responsibility to demonstrate leadership in all infection prevention and control activity, ensuring a culture of continuous quality improvement and to minimise the risk to patients. They are responsible for ensuring that sufficient resources are available to secure the effective prevention and control of HCAIs in line with an agreed set of performance indicators based on the infection prevention and control strategy and requirements of the Health and Social Care Act.

The Divisional Clinical Lead and General Manager are responsible for ensuring that the infection prevention and control strategy is implemented effectively across all services, which will include:
- Ensuring that IPC is incorporated into all service planning, performance management, project management, and other related processes.
- Establishing key IPC risk indicators which are monitored, reviewed, and reported as part of the Quality and Patient Safety Group agenda.
- Ensuring that IPC is included as a core item on all clinical network briefings/meetings.
- Ensuring that, where necessary, HCAI prevention and control risks are reported on the risk register.
- Identifying specific IPC issues that might not have been addressed explicitly within the strategy.

- Reporting on performance against agreed IPC objectives, ensuring that any investigations or enquiries into HCAIs or other IPC issues are completed promptly, thoroughly and to agreed timescales.

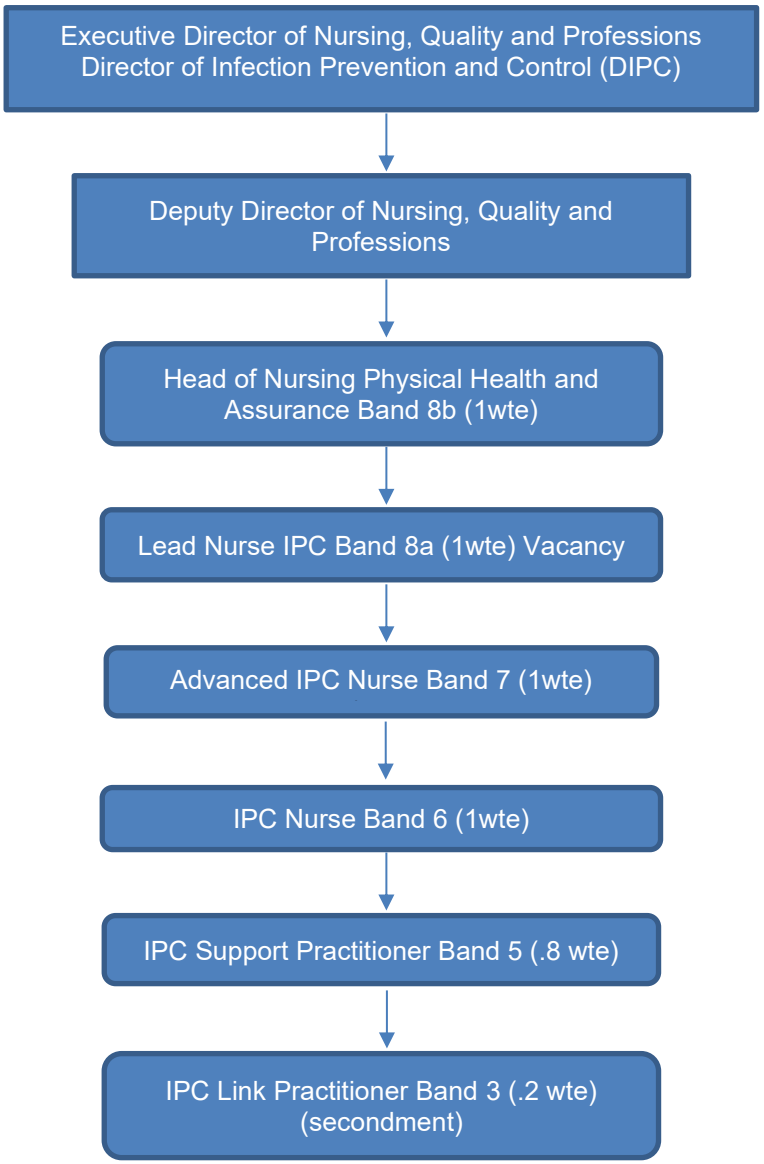
Matrons
Matrons have the responsibility to contribute towards effective delivery of IPC within their designated areas and to work collaboratively with the IPC Team to identify areas of practice for improvement and to formulate implement and monitor actions plans.

They are responsible for:

- Leading and driving a culture of cleanliness in all clinical areas.
- Ensuring implementation of Trust HCAI prevention and control policies and procedures.
- Ensuring that there is promotion of HCAI prevention and control awareness amongst employees, services users, contractors, and partners.
- Participation in After Action Review or other Patient Safety Incident Response Framework (PSIRF) methodology where required to promote learning and practice improvement.

Infection Prevention and Control Team (IPCT)
A comprehensive infection prevention and control service is provided Trust-wide. The Infection Prevention and Control Team provides a ward liaison and telephone consultation service to provide specialist knowledge, advice, support and guidance. Flowchart 1 below depicts the structure of the IPC Nursing Team.

Flowchart 1: The IPC Nursing Team Structure



The team works collaboratively and engages with teams both internally and externally, e.g. with IPC colleagues across the wider health economy both in primary and secondary care settings.

As part of their duties they:

- Provide a comprehensive IPC education programme incorporating induction training, refresher training and education tailored to the needs of the Trust.
- Deliver and review the IPC education programme to ensure it remains in line with the best practice and legislation.
- Ensure all policies and guidelines relating to infection prevention and control are in line with best practice and legislation.
- Contribute to the production of the Annual IPC Report and IPC 5 Year Plan.
- Collate and report key performance data, i.e. MRSA Bacteraemia and Clostridioides Difficile Infection (CDI) data to the Trust Board in accordance with national and local requirements.

The Trust currently has a service contract with Optima Clinics Limited to provide Microbiology Services. The infection prevention and control doctor is contracted to provide total 1.25 PA Provision (5 hours per week). Support and engagement with the delivery of the Trust Antimicrobial Stewardship Policy and Plan 2024-27 and attendance at key IPC related meetings is expected as outlined within the agreed contract.

Infection Prevention and Control Link Practitioners
The IPC link practitioner network consists of registered and non-registered nursing staff for team colleagues when IPC issues arise, disseminating information, providing education, challenging practice and facilitating change.

The link practitioner will:

- Attend IPC link meetings and feedback the information gained to colleagues.
- Act as a resource to staff in their own area of work.
- Participate in working in both inpatient and community clinical teams. They are a key resource, acting as first contact standard setting, monitoring and audit.
- Act as a role model and visible advocate for IPC.
- Enable individuals and their teams to learn and develop their infection prevention practice.
- Fulfil the Clinical Competency assessor role for Hand Hygiene and Personal Protective Equipment (PPE).

5. Procedures

5.1. Key Forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee
The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety (QPAS) Group
The Quality and Patient Safety Group is accountable to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety and clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

Healthcare Associated Infection Group (HAIG)
The Healthcare Associated Infection Group will provide an interactive forum which receives, reviews and implements national and local policy relating to patient care, including infection control practice. This forum enables the process of communication, debate, sharing of knowledge and opportunity.

The Drug and Therapeutics Group
The Drug and Therapeutics Group monitors and advise on the optimal and cost effective prescribing of antimicrobial agents and facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility.

Environmental Risks In Clinical Areas (ERICA)
The Environmental Risks In Clinical Areas Group is an action focused working group that has developed close working relationships between clinical staff and estates, ensuring that risks within the clinical environments are reviewed and appropriate advisory actions/scoping takes place to ensure the Trust understands those risks within the context of the care delivery system.

IPC Link Practitioner Network
The IPC link practitioner network continues to be a successful cascade system and is served by link practitioners from a variety of clinical services/teams. The membership is made up a variety of grades and professions reflecting the diversity of services across the organisation. The network is designed to promote communication, education and shared practice on all activities relating to infection prevention and control. Staff feedback is actively encouraged.

Water Safety Management Group (WSMG)
The focus of the WSMG is to ensure the safe delivery of water for patients, staff and others, together with full compliance with all relevant laws and legislation. Any risks associated with the water system should be identified and managed so they are kept to the absolute minimum.

Ventilation Group
The Ventilation Group is a sub group of the Health and Safety Group. The Ventilation Group purpose is to ensure the Trust is compliant with HTM03-01 in terms of specialist environmental ventilation. The group acts as the Trust governance monitoring group on all issues related to Environmental Ventilation Safety. Monitoring the processes in place to maintain a safe environment, safe practice and safeguarding of patients, staff, and visitors against risk of infection linked to environmental ventilation systems

5.2. Key Performance Indicators
Full compliance with the duties outlined in the Health and Social Care Act will remain one of the principal key performance objectives of the Trust and these are outlined in the infection prevention and control 5 Year Plan and incorporated into the annual/business plan. The Quality and Patient Safety Group monitors the progress made against the annual IPC work plan reporting any significant infection prevention and control incidents through the governance structure, submission of an annual IPC performance report.

5.3. Monitoring Compliance and Effectiveness
Audit remains an effective strategy tool for assessing staff compliance with standards and clinical practice, identifying compromises in patient safety, compliance with national guidance and legislation, and driving service improvements. An annual planned programme of audit activity is in place in accordance with the annual work plan.

The IPCT will continue to endeavour to make the audit cycle an inclusive, positive and supportive process for clinical managers and their teams, generating action plans which are realistic and achievable, designed to improve patient safety and enhance their experience. Scrutinising and challenging observed and reported practice and behaviours to drive forward improvements is a fundamental part of audit in the patient environments but is a more successful strategy when done well, with reference to the underlying guidance or evidence.

Any infection prevention and control audits or surveillance findings are reported at Divisional Governance Meetings to inform any performance review and business planning agenda. In the event of an infection control risk being identified following an assessment, audit or inspection, Divisional Clinical Leads and General Managers are responsible for ensuring remedial action is taken, if required, to minimise risk and to ensure that any lessons learnt as a result of any

investigations, complaints etc., is embedded into practice to improve care delivered. They also are required to provide information on the risk and actions taken in line with the Trust Risk Management Strategy.

5.4. Surveillance

HCAIs have long been recognised as major problems affecting the overall quality of health care surveillance, however, has been identified as an important way to provide quality outcome indicators and identify key measures in order to reduce the burden of HCAIs.

Surveillance is a routine part of the infection prevention and control programme within Humber Teaching NHS Foundation Trust. It helps to identify any potential risks of infection and provides ways to identify and clarify quality issues, understand their causes and subsequently identify actions to bring about improvements.

The surveillance of CDI and Blood Stream Infection (BSI) remains mandatory, and the UK Health Security Agency (UKHSA) continues to expect NHS acute trusts to report all eligible cases. Mandatory surveillance data is collected by the Trust on MRSA, MSSA, E. coli bacteraemia and Clostridioides difficile infection. All data collected on any alert organism is included in the Trust monthly Quality Dashboard (IPQT).

5.5. Training

Humber Teaching NHS Foundation Trust is committed to ensuring that infection prevention and control training is provided, accessed, recorded and evaluated to achieve and maintain compliance with the standards required by legislation (statutory) and internal policies, procedures, national guidelines and best practice (mandatory).

The IPCT will ensure that there is a wide variety of training available to meet the needs of the Trust. The education and training delivered will be evidence based and fulfil local and national strategies.

The level of IPC Mandatory training required is dependent on the nature of the role an individual undertakes within the Trust and is outlined in the Trust Learning and Staff Development Policy (HR-019) in accordance with NHS England (2026) updated structure and duration of learning to reflect the Core Skills Training Framework and the latest national guidance. This document also contains the process for monitoring those who have attended training and the follow-up process for non-attendees.

Each individual working within the Trust will be expected to include infection prevention and control within their annual appraisal.

5.6. Risk Assessment

All clinical staff are responsible for assessing the infection risks in the patients and service users across all clinical services. The inpatient services across the Trust to utilise the Trust IPC Risk Admission assessment documentation.

Any patient who is suspected or confirmed as having a communicable disease and is being discharged or transferred to the care of another Trust or care setting requires the completion of an Inter-health Care Transfer form as identified within the Clostridioides Difficile Infection Policy (N-010).

5.7. Information Available to Service Users and the Public

The Trust provides a variety of patient information leaflets which include guidance on preventing and controlling healthcare associated infection. These are available both on the Trust internal and public facing internet sites.

5.8. Core Policies

Humber Teaching NHS Foundation Trust has approved core policies in place to support the organisation in its commitment to success in preventing and controlling infection and to comply with requirements of the Health and Social Care Act 2008 Code of Practice.

The Infection Prevention and Control Team continues to work in collaboration to provide a suite of relevant materials and documents to support both staff education and everyday practice.

All policies can be accessed via the Trust intranet site within the policies and procedures section.

5.9. Process for Monitoring and Investigating Infection Incidents

To standardise patient safety incident responses, Infection Prevention and Control (IPC) related reviews are aligned to the Patient Safety Incident Response Framework (PSIRF) (NHS England, 2023). Previous governing responses to Healthcare Associated Infection (HCAI) i.e. to conduct a Post Infection Review (PIR) and/or Root Cause Analysis (RCA) no longer apply.

All infection related incidents are reported and managed through the Trust Datix system.
An After Action Review (AAR) will be completed for reportable bloodstream infections including MRSA, MSSA and E. coli. AARs are reviewed with consideration given to requesting a PSIA or PSII where significant learning is identified or where infection is considered to have contributed to a patient death.

Individual HCAI cases are monitored and reviewed as a focus to support the actions to reduce the risk of the infections and patient outcomes across the Humber and North Yorkshire Integrated Care Board (ICB).

Clostridioides difficile infection (CDI) cases are reported and subject to an AAR when a stool specimen yielding a toxin positive C.diff result is taken on or post day 3 of admission.

An AAR will be completed following each outbreak of communicable disease incident. Further investigation may be required dependant on the adversity of the incident/outbreak and outcome.

6. Equality and Diversity

An Equality and Health Inequalities Impact Assessment has been carried out on this document using the Trust-approved EHIIA, identifying little or no evidence of concern impact score (neutral).

7. Implementation

This policy to be shared via:

- Infection Prevention and Control Link Practitioner Network
- Matrons Forum
- Clinical networks

This policy will be disseminated by being placed on the Trust Intranet Policies section and the Infection Prevention and Control section. It will also be shared in the weekly Global.

The implementation of this policy requires no additional financial resource.

8. Monitoring and Audit

The annual IPC programme will be monitored quarterly through the HAIG.

Monitoring will be achieved by the production of an annual IPC performance report, by the Lead Nurse for Infection Prevention and Control or a Nominated Lead. The report will be presented to the Quality and Patient Safety Group and the Divisional Governance meetings. Any deficiencies identified will require the formation of an action plan to be reviewed by HAIG and monitored through the Quality and Patient Safety Group.

The Trust Annual Report will contain a formal statement of IPC activity during the previous year as part of the assurance framework. To support further development, the Trust will continue to benchmark performance against national best practice.

9. References / Evidence / Glossary / Definitions

- Department of Health and Social Care (2022). Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)
- Loveday, H.P., Wilson, J.A., Pratt, R.J., Golsorkhi, M., Tingle, A., Bak, A., Browne, J., Prieto, J., Wilcox, M., (2013) *epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.* Journal of Hospital Infection 86S1 (2014).
- NHS England (2023) National infection prevention and control board assurance framework (BAF) access NHS England » National infection prevention and control
- NHS England (2023) National infection prevention and control manual (NIPCM) for England access NHS England » National infection prevention and control
- NHS England (2023) Alignment of Infection Prevention and Control (IPC) with the Patient Safety Incident Response Framework (PSIRF) Publication reference: PRN00689
- National Institute for Health and Care Excellence (NICE) (2017) Prevention and control of healthcare-associated infections in primary and community care. Clinical guideline [CG139]. Access Overview | Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE
- NICE (2014) Infection prevention and control. Quality standard [QS61]. Access Overview | Infection prevention and control | Quality standards | NICE
- NICE (2016) Healthcare Associated Infections. Quality standard [QS113]. Access Overview | Healthcare-associated infections | Quality standards | NICE
- NICE (2021) Clostridioides difficile infection: antimicrobial prescribing. NICE guideline [NG199]. Access Overview | Clostridioides difficile infection: antimicrobial prescribing | Guidance | NICE

Appendix 1: Document Control Sheet

This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.

Document Type	Policy		
Document Purpose	The purpose of this policy is to confirm the Trust's commitment for the infection prevention and control services it provides and commissions. It provides an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.		
Consultation:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -	January 2024	Physical Health and Deteriorating Patient Group members.	
	13 May 2026	HAIG	
Approving Body:	QPaS	Date of Approval:	21 May 2026.
Date of Board Ratification:	N/A (minor amendments)		
Training Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Financial Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Capacity Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Equality and Health Inequalities Impact Assessment (EHIIA) undertaken?	Yes [x]	No [ ]	N/A [ ] Rationale:

Document Change History:			
Version Number	*Type of Change (full/interim review, minor or significant change(s))*	*Date*	*Details of Change and approving group or Executive Director* ***(if very minor changes as per the document control policy)***
1.00	New document		
2.00	Review	1/2/10	Adopted from HNH when changed to HFT
2.01	Review	9/10	Change of Trust logo
2.02	Review	12/10	Reviewed minor changes
3.00	Review	14/1/11	Reviewed
3.01	Review	1/8/11	Removed obsolete hyper links
4.00	Review	8/4/13	Reviewed
5.00	Review	20/11/15	Update to reflect the Trust organisational structure and amended governance arrangements.
5.01	Review	20/10/18	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements.
5.02	Review	January 2022	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements for infection control.
5.03	Review	January 2024	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements for infection control.
6.0	Review	April 2026	Reviewed and updated Trust current organisational structure and governance arrangements for infection control. Approved at HAIG (13 May 2026) and at QPaS (21 May 2026).

Appendix 2: Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Infection Prevention and Control Arrangements Policy
2. EIA Reviewer (name, job title, base and contact details):Stephanie Hope,, Advanced Infection Prevention and Control Nurse, Mary Seacole, Willerby Hill, Beverley Road, Willerby, East Riding of Yorkshire,HU10 6ED
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service
The purpose of this policy is to provide an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Groups	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.	Equality Impact Score Positive = evidence of positive impact (Blue) Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)	• who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?

Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	The policy applies equally and universally across all age groups.
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	The organisational structure and governance arrangements for infection control apply equally across disabled and non-disabled patients and would not negatively impact this group. Approaches to communicating with patients may need to be adapted, especially for people with additional or alternative communication preferences, including for people with a learning disability, dementia or sensory impairment.
Sex	Man/Male, Woman/Female.	Neutral	The policy applies equally and universally across all sexes.
Marriage / Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	The policy applies equally and universally across people in marriage/civil partnership or no relationship.
Pregnancy / Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	Neutral	Some organisms present a higher risk during pregnancy, however, standard infection control precautions and transmission based precautions apply across all groups and therefore mitigate against increased risk.
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	The policy applies equally and universally regardless of race.

Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	The policy applies equally and universally regardless of religion. The reviewers considered how beliefs might impact on treatment, e.g. avoidance of blood transfusions among Jehovah's Witnesses. It was not felt that outbreak management measures would be objectionable to any faiths, however, if a patient objected on religious ground, alternative measures or approach would be explored.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	The policy applies equally and universally regardless of sexual orientation.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Neutral	The policy applies equally and universally regardless of gender reassignment.
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	The policy applies equally and universally regardless of socio-economic status.
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Neutral	Staff should ensure that information provided to patients is easily understood. Patient requests for information in alternative formats should be fulfilled wherever possible, including easy read. Healthwatch have reviewed Trust documents for readability and co-production has been used to simplify documents to make them more accessible.
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	Interpretation and translation services are made available to patients within the Trust (Interpreter Services - Hull and East Riding G399, Interpreter Services - Scarborough Ryedale and Whitby District G398). Information for patients is not routinely printed in different languages but are available on request, or if on the Trust website, can be translated using Reach Deck, which includes a read aloud option for some languages.
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	Information to patients is available in paper copies as well as online. There is no requirement within this policy for patients, families or carers to access online systems or information.
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes:	Neutral	Patients may fall within multiple inclusion health groups and may have multiple unmet needs. Staff should be conscious of the potential for unconscious stigma and bias. People in inclusion health groups have often experiences complex trauma and a trauma informed approach should be applied. Some individual activities, such as drug and alcohol misuse, can pose increased risk of infection. Information on risks and precautions should be provided as appropriate, e.g. the impact substance misuse and poor diet on healing and fighting infection.
	• people who experience homelessness	Neutral	
	• drug and alcohol dependence	Neutral	
	• vulnerable migrants	Neutral	
	• Gypsy, Roma and Traveller communities	Neutral	
	• sex workers	Neutral	
	• people in contact with the justice system	Neutral	
	• victims of modern slavery	Neutral	
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	The policy applies equally regardless of geographic location.

Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	The policy applies equally regardless of geographic location.
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Neutral	Carers and families will be included appropriately and kept informed of their loved one's care needs and provided with advice and updates on the management of the outbreak and any potential impact on visiting the inpatient area and measures required to safely accommodate carers, family visiting.
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	The policy applies equally and universally across all patients, including looked after children.
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	The policy applies equally and universally across all patients, including veterans.
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	The policy applies equally to neurodivergent patients. Staff should be aware of any sensory sensitivities or preferences might also be relevant specifically due to increased need for staff to use items of Personal Protective Equipment (PPE). Approaches to communicating with patients may need to be adapted, especially for people with additional or alternative communication preferences.
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted		

Summary

Please describe the main points/actions arising from your assessment that supports your decision above None of the equality strands have been identified in the Equality and Health Inequalities Impact Assessment.	
EIA Reviewer: Stephanie Hope - Advanced Infection Prevention and Control Nurse	
Date Completed: 13 April 2026	**Signature:** S. Hope