

Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

Name of Policy Staff influenza (flu) vaccination policy

Person/persons conducting this assessment with Contact Details Dr Tom Porter, Consultant in Public Health Medicine, 029 2033 6201, tom.porter@wales.nhs.uk 6 July 2015

Date

1. The Policy

Is this a new or existing policy? New

What is the purpose of the policy? To ensure all staff with patient contact are proactively offered seasonal influenza (flu) vaccination each year to protect at-risk patients, other staff and themselves from influenza-related morbidity and mortality

How do the aims of the policy fit in with corporate priorities?

- WG Tier 1 target for staff influenza vaccination
- In UHB strategy map: Keep me healthy; Avoid harm, waste and variation; Being a great place to work and learn; Balance capacity and demand for all our services

Who will benefit from the policy?

- All eligible staff members should receive a proactive offer of vaccination. It is likely that currently not all eligible staff are aware of the offer of vaccination and are able to access it
- Individual staff members who are vaccinated are less likely to develop seasonal influenza
- Through protection of staff, patients vulnerable to exposure to seasonal influenza will be protected, reducing significant morbidity and mortality in this group
- The family members of staff who are vaccinated are also less likely to be exposed to seasonal influenza

What outcomes are wanted from this policy?

- To ensure all eligible members of staff are proactively offered seasonal influenza vaccination, and are able to access vaccination easily

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

- Providing proactive access to vaccination will require additional peer vaccinators (Flu Champions) to be trained to ensure vaccination is available in clinical areas
- Lack of knowledge by some managers about the importance of flu vaccination and arranging access to vaccination for staff could be an issue – need to ensure managers in all relevant departments are aware of the need to allow staff to access vaccination

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

- The policy would apply to all UHB staff who have regular contact with patients, so access should reflect the make up of the UHB staff cohort. This is in line with Welsh Government and UK Government policy for all health and social care staff who have regular contact with patients to be offered the vaccine
- There is no local evidence available on whether staff flu vaccination is taken up differentially within equalities groups
- The benefit of vaccination for individuals who have received the vaccine (as opposed to other people they interact with) is known to be greater among those with pre-existing risk factors, such as people with long-term conditions, carers, people aged over 65, and pregnant women (DH, Green Book)

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

- No local evidence specifically on uptake of flu vaccination by staff with particular protected characteristics
- A search of the worldwide peer reviewed literature carried out June 2015 found no evidence had been published relating to differential uptake of flu vaccination among staff in equalities groups

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

- Literature search: PubMed

What gaps in data have you identified? (Please put actions to address this in your action plan?)

- Although data relating to uptake of flu vaccination among staff with protected characteristics is not available and therefore a gap, this UHB policy is local implementation of Welsh Government (WG) policy, to ensure all eligible staff are offered vaccination. It is the decision of individual staff whether they accept the offer of vaccination. Recording and evaluating data on offer of vaccination in relation to protected characteristics would not affect the policy or its implementation, as vaccination would continue to be offered to all eligible staff as per WG and UK policy, therefore this data collection will not be pursued.

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

- Positive impact on older patients and staff, and children. These groups of individuals are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this age group.

Do you think that the policy impacts on people because of their caring responsibilities?

- Positive impact on staff and patients with caring responsibilities. Although vaccination is offered to all eligible staff regardless of whether they are an informal carer outside work, the added benefit of vaccination through work is that the risk of passing on infection to those in receipt of care will be lowered. Although voluntary carers are eligible in their own right for flu vaccination through their GP surgery, having an offer through work as well is likely to increase vaccine uptake in this group
- Positive impact on older people in the local population. These groups of patients are more likely to be in receipt of care and adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this age group.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

- Positive impact on staff and patients with a disability, in contact with vaccinated health professionals. Many individuals with disabilities are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this group. Although staff with a disability may be eligible anyway for flu vaccination from their GP, being offered vaccination at work as well increases the opportunity to be vaccinated

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

- No impact on staff because of gender reassignment. Vaccination is offered to all eligible staff regardless of whether they have undergone gender reassignment.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

- No impact on staff because of marriage or civil partnership. Vaccination is offered to all eligible staff regardless of whether they are in a marriage or civil partnership

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

- Positive impact on staff who are pregnant. Vaccination is offered to all eligible staff regardless of whether they are pregnant. Being pregnant is a risk group for developing severe influenza, and these individuals are also offered vaccination through their GP practice.
- Positive impact on patients who are pregnant. These patients are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this group.

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

- No impact on staff or patients because of race. Vaccination is offered to all eligible staff regardless of race or ethnicity

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

- No impact on staff or patients because of their religion, belief or non-belief. Vaccination is offered to all eligible staff regardless of religion, belief or non-belief.
- Concerns which have been raised relating to gelatin in the nasal flu vaccine for children which might affect some individuals in certain religious groups, do not impact on adults receiving the vaccine because the adult vaccine does not contain gelatin

Do you think that the policy impacts on men and woman in different ways?

- No impact on staff or patients because of their gender or sex. Vaccination is offered to all eligible staff regardless of gender or sex.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

- No impact on staff or patients because of their sexual orientation. Vaccination is offered to all eligible staff regardless of sexual orientation

Do you think that the policy impacts on people because of their Welsh language?

- No impact on staff or patients because of their preferred language. Vaccination is offered to all eligible staff regardless of their preferred language. Posters used to publicise the vaccine are produced in English and Welsh versions.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact)

- Negative impacts
 - None
- Positive impacts (all impact on staff and patients)
 - Older people
 - Children
 - Individuals with caring responsibilities
 - Individuals with a disability in contact with vaccinated health professionals
 - Individuals who are pregnant

Is the policy directly or indirectly discriminatory under the equalities legislation? No
If the policy is indirectly discriminatory can it be justified under the relevant legislation? N/A

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

•What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)

Policy ensures full implementation of WG/UK Government recommendations on staff flu vaccination. No negative impacts identified in screening, above. For consultation as part of policy consultation only.

• What **monitoring**/evaluation will be required to further assess the impact of any changes on equality target groups?

Policy ensures full implementation of WG/UK Government recommendations on staff flu vaccination. No negative impacts identified in screening, above. Monitoring only suggested if any concerns about theoretical or actual discrimination raised as part of consultation.

Equalities Impact Assessment Implementation Mitigation/Action Plan

No actions identified (6 July 2015)

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

This document will form an appendix to the Staff influenza (flu) vaccination policy, pending approval at People, Planning and Performance committee in September 2015

Please record details of where and when EQIA results will be published

Papers for PPP including the Staff influenza (flu) vaccination policy and its appendices, will be published on the internet (pending approval of the policy)

Please record below when the EQIA will be subject to review.

Name of person completing Dr Tom Porter, Consultant in Public Health Medicine

Date: 6 July 2015

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication Dr

Sharon Hopkins, Executive Director of Public Health

Date: 6 July 2015

Appendix 4

Format for publication of EQIA results

Executive Summary

This should provide a summary of the results of the EQIA, in particular focusing on how any decisions have been made.

Background

- A description of the aims of the policy
- The context in which the policy operates
- Who was involved in the EQIA?

The scope of the EQIA

- A brief account of how you assessed the likely effects of the policy
- The data sources and information used
- The consultation that was carried out (who with, how and a summary of the responses).

Key findings

- Describe the results of the assessment (based on the information that is included in the EQIA template).
- Identify any positive, negative or neutral impact for any equalities groups.

Recommendations

- Provide a summary of the overall conclusions
- State any recommended changes to the proposed policy as a result of the EQIA and plans for implementation/monitoring/review.

Appendix 5

Glossary of terms

For specific legislative guidance (relating to age, disability, gender, race, religion and belief, sexual orientation) refer to the Equality pages on the intranet

Adverse Impact

This is a significant difference in patterns of representation or outcomes between equalities groups, with the difference amounting to a detriment for one or more equalities groups.

Differential Impact

Suggests that a particular group has been affected differently by a policy, in either a positive, or negative way

Definition of Disability

The Equality Act 2010 defines Disability as being:

“An impairment, which has a substantial, long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Discrimination

Direct Discrimination

Treating people less favourably than others e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation.

Indirect Discrimination

Applying a provision, criterion or practice that disadvantages people e.g. on the grounds of age, disability, gender, race, religion and belief, sexual orientation, and that can't be justified as a proportionate means of achieving a legitimate aim. The concept of 'provision, criterion or practice' covers the way in which an intention or policy is actually carried out, and includes attitudes and behaviour that could amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. To find discrimination it will be sufficient to show that a practice is likely to affect the group in question adversely.

Diversity

This is defined as how differences between people are harnessed to drive forward creativity and excellence in performance. In the workplace this means recognising individual and group differences, which means more creativity and continuous improvement.

Ethnic monitoring

A process for collecting, storing and analysing data about individuals' ethnic or racial background and linking this data and analysis with planning and implementing policies.

Functions

The term function is intended to encompass the full range of the UHB's duties and powers, which includes clinical and corporate services and departments.

Harassment

This is unwanted conduct that has the purpose or effect of creating a negative or offensive environment for a complainant, or violating the complainant's dignity or treating a person less favourably than another person because they have either submitted to, or did not submit to, sexual harassment or harassment related to sex or gender reassignment

Policies

The term policy means the full range of formal and informal decisions made in carrying out a function or delivering a particular service. Policies may take the form of a clear written statement, or may be implicit in management decisions or "custom" and "practice". Policies may also take the form of a strategy, scheme and other functions as described on page of this document.

Qualitative data

Information gathered from individuals about their experiences. Qualitative data usually gives less emphasis to statistics.

Quantitative data

Statistical information in the form of numbers normally derived from a population in general or samples of that population. This information is often analysed using descriptive statistics, which consider general profile distributions and trends in the data, or using inferential statistics, which are used to determine significance within relationships of differences in the data.

Race

Under the Equality Act it is unlawful to discriminate against anyone on grounds of race, colour, nationality, including citizenship or ethnic or national origin and Gypsy and Traveller Communities.

Reasonableness, Proportionality and Relevance

These require a professional analysis and judgement that takes account of statutory requirements alongside legal guidance plus the factors listed in section one. In terms of the legislation, **relevant** means 'having implications for, or affecting, the promotion of equality'. The UHB has broadened this to include all areas of antidiscrimination law, such that relevance refers to 'having negative implications for or affecting people from any equality target group mentioned throughout the EQIA.

Religion, belief & non belief Religion,

Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts.

Trans communities

Transgender/transsexual person: a person whose perception of their own gender (gender identity) differs from the sex they were assigned at birth.

A Transvestite will dress as a member of the opposite sex but doesn't have feelings of belonging to the opposite sex or alienation from their own bodies.

Source:

www.herts.ac.uk/services/counselling/understanding_gender_dysphoria.pdf

Gender reassignment: the process of transitioning from the gender assigned at birth to the gender the person identifies with. This may involve medical and surgical.

Victimisation

This takes place where one person treats another less favourably because he or she has asserted their legal rights in line with the Act or helped someone else to do so.

A QUICK GUIDE TO EQUALITY IMPACT ASSESSMENT

Undertaking an Equality Impact Assessment (EQIA) is not optional. The organisation has a statutory duty to demonstrate it is meeting the requirements of the Human Rights Act 1998 and the 2010 Equality Act by demonstrating 'due regard' to eliminating discrimination, promoting equality and fostering good relations.

What are equality impact assessments?

EQIA is a process which enables an organisation to consider the evidence and effects of its decisions, policies, practices and services on different communities, individuals or groups. All public sector bodies currently have a legal duty to undertake equality impact assessment (EQIA) in regard to the 'protected characteristics' of race, sex, gender-re-assignment, disability, religion/belief, sexual orientation, pregnancy & maternity, marriage & civil partnership and age. We have also included Welsh Language and human rights issues as part of our EQIA process.

EQIAs provide a systematic method of ensuring that legal, social and moral obligations are met and a practical means of examining new and existing policies, services and practices to determine what impact they may have on inequality for those affected by the outcomes. The need for collection of evidence to support decisions and for engagement and involvement mean that EQIA is most effectively conducted as an integral part of policy development (ref. Policy for the Management of Policies, Procedures and other Written Control Documents).

The process of EQIA involves using a toolkit approach:-

- anticipating or identifying the evidence of the consequences of our work with individuals or groups of patients/carers/families/employees; and other stakeholders
- making sure that any negative effects are eliminated or minimised;
- maximising opportunities for promoting positive effects.

It is a crucial tool in helping us to improve the quality of local health services and to meeting the needs of those who use them as well as our employees. By using equality impact assessment and an evidence based approach we will be ensuring that key strategic and operational decisions around finance, service planning and delivery effectively take account of the diverse needs of our communities and staff.

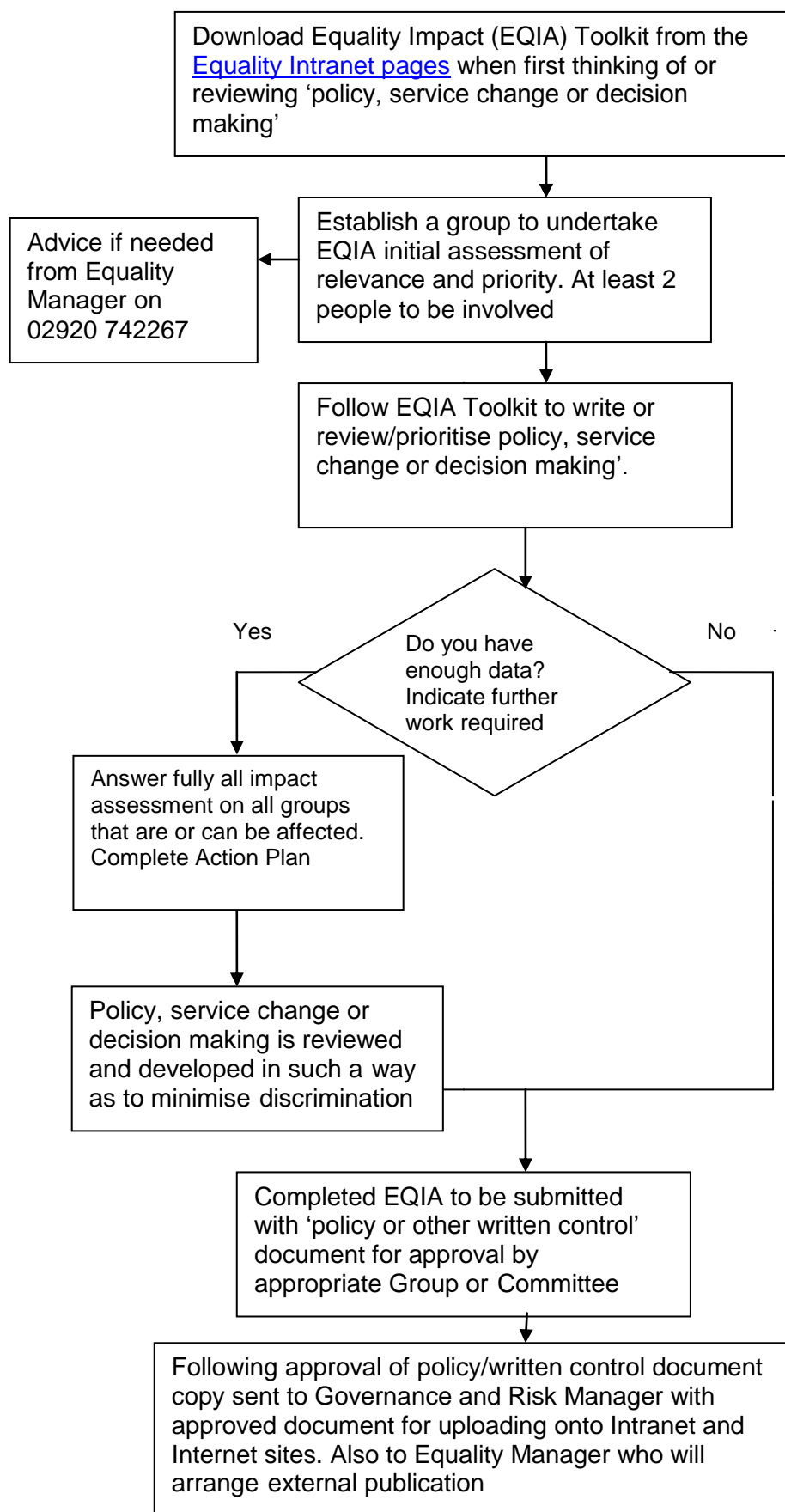
Training sessions on undertaking EQIA's and on equality, diversity and human rights also available on the [Equality Intranet pages](#)

When do we undertake EQIA?

The purpose of EQIA is to ensure equality considerations are taken into account as part of the decision making and policy development process. It is therefore important that the assessment takes place as **early as possible during** these processes and is not considered as an additional task to be undertaken after the policy has been developed or as a means of justifying

decisions that have already been made. EQIA means **evidence based policy development**, not policy-based evidence gathering.

Steps to be followed when undertaking an EQIA - Flowchart



References

http://www.equalityhumanrights.com/uploaded_files/PSD/equality_impact_assessment_guidance_quick-start_guide.pdf

http://www.equalityhumanrights.com/uploaded_files/eiaguidance.pdf

http://www.equalityhumanrights.com/uploaded_files/Wales/PSED_Wales_docs/5._psed_wales_equality_information.pdf

[EHRC - The essential guide to the public sector equality duty: An overview for listed public authorities in Wales.](#)

[EHRC - Engagement: A guide for listed public authorities in Wales.](#)

[EHRC - Assessing Impact: A guide for listed public authorities in Wales.](#)

[EHRC - Equality information: A guide for listed public authorities in Wales.](#)

[EHRC - Making fair financial decisions.](#)

[Central Services Agency - The easy way to EqlA.](#)

[NHS Health Scotland - Five essentials to plan for an effective impact assessment.](#)

National Principles for Public Engagement in Wales:
www.participationcymru.org.uk

[WLGA - The role of Overview and Scrutiny in Assessing Equality Performance.](#)