



## Equality Impact Assessments Guidance and Screening Tool LA035

### What is Equality Impact Assessment?

Equality Impact Assessment is a systematic way of looking at Equality information and the outcome of engagement in order to understand the effect of decisions on different protected characteristic groups; it covers document current and proposed policies, services, functions etc. Equality Impact Assessment helps you to anticipate any consequences of your policies, services and functions etc. so that as far as possible any negative consequences for any “protected characteristic” group can be eliminated, minimised or counterbalanced by other measures. It also helps you to advance equality of opportunity and foster good relations between people who share a relevant protected characteristic and those who do not and to create more targeted and outcome-focused policies and services.

Equality Impact Assessment needs to be undertaken in regard to all the protected characteristic groups.

The good relations duty, which previously only applied to race, and in a slightly different way to disability, also now applies across all protected characteristic groups. In particular, public bodies must have due regard to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not.

### We need to undertake Equality Impact Assessment because:

- Under the Public Sector Equality Duty of the Equality Act 2010 all public bodies need to carry out Equality Impact Assessment of their existing or proposed policies, services, functions, etc.
- The Equality and Human Rights Commission recommends that public bodies draw on the experience they have gleaned through using Equality Impact Assessments
- As an NHS Trust, we need to make sure that we are properly serving our diverse local communities and our services are accessible to all
- Equality Impact Assessment actively supports the delivery of our Equality & Inclusion Strategy and Policy and helps us meet our equality & inclusion objectives, as a service provider, procurer of services, employer & decision making body

### Why else should we carry out Equality Impact Assessment?

#### It helps us to:

- Consider any alternatives to address any adverse impact arising and exploit all opportunities to seek positive benefits, such as improving community relations, addressing health inequalities etc.
- Embed equality & inclusion considerations in all our policymaking and service delivery
- Focus our services and resources more efficiently and thus improve the quality of our services, employment, decision making and engagement
- Show our stakeholders and regulators our systematic and holistic approach to equality & inclusion

### What else will Equality Impact Assessment help us to achieve?

We want to be innovative in the way we carry out Equality Impact Assessment of the effects of our policies and services etc., to make them into a business tool to change health outcomes for our patients and customers for the better, improve our employment practices for our staff and become a more inclusive decision making organisation, which actively and holistically engages with all our diverse communities.

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|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |

Carrying out Equality Impact Assessment will help us do all of this, as well as to meet our regulatory duties. It will also help us to ensure that we work within a human rights framework of equality and fairness, dignity and respect for all.

### When should you undertake Equality Impact Assessment?

- During the early stages of developing your policy, service, function etc. so that it can help you become aware of any relevant information, which will enhance your policy/service development
- During a review of your policy etc. – it will enable you to identify any relevant equality & inclusion issues as well as making you aware of any opportunities to promote equality & inclusion

### Whose responsibility is it?

Equality Impact Assessment is an integral part of policy development. It is most effective when it is integrated into day-to-day policy making, business planning and other governance and corporate decision making. Whenever a review of a policy, service, or organisational restructure etc. is required, the manager responsible for that policy, service or reorganisation is responsible for carrying out the Equality Impact Assessment which a mandatory requirement.

She/he needs to get a team of stakeholders together to do the Equality Impact Assessment together and ensure that all stakeholders familiarise themselves with this guidance in advance of the Equality Impact Assessment process commencing. This team should include a “**critical friend**”, someone outside the work area (this could be a service user, staff side partner or relevant colleague from a different department). Carrying out Equality Impact Assessment as a team not only will enable you to develop any ideas you have about the policy or service better, it will also allow you to have a more holistic idea of its impact, since the project team will bring together different experiences.

The Equality Impact Assessment should be entered into the screening tool, with each section agreed by the team. It may be that the specific policy/function/service etc. is closely connected to another one within the service; in this case, it may make sense to undertake a joint Equality Impact Assessment.

### What are the possible outcomes of your Equality Impact Assessment?

**Your assessment should show that you have reached one of three possible outcomes:**

**Outcome A** – Your policy/service/function is not likely to result in any adverse impact for any “protected characteristic” group and promotes equality of opportunity.

**Action** - You need to have the completed Equality Impact Assessment approved by your Director or head of the department, stored in a shared drive and sent through to the Communications Team for publication on the Trust’s website. You still need to ensure you complete the monitoring and review section in this Screening Tool (See Appendix D) to enable you to check that any desired outcomes are delivered.

**Outcome B** – The Equality Impact Assessment shows that your policy/service/function is not likely to result in any adverse impact for any “protected characteristic” group but equally does not promote equality of opportunity.

**Action** – As a member of an NHS Trust dedicated to continuously improving its services and organisational practice, you should look further to see if there is any lawful positive impact which could be delivered and discuss this with members of your project team. If there are any relevant actions which could be taken, please include them in the Action Plan, then follow the same steps as Outcome A.

**Outcome C** – The Equality Impact Assessment shows that your policy/service/function is likely to have an adverse impact on particular “protected characteristic” groups or individuals.

**Action** – You need to consider whether the policy/service/function is lawful, for which you may need specialist advice and if not then how to mitigate or eliminate any adverse impact. This may involve:

- Finding another way to meet your policy or service objectives
- Adapting the policy/function/service etc. so that any adverse impact is removed

|   |  |
|---|--|
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- If the Equality Impact Assessment shows that some groups within “protected characteristic” groups face particular barriers or have different needs, identifying whether these can be addressed either through changing the policy/function/service or through another way

### **Action planning**

Any actions you have identified which need to be carried out need to be put into your Action Plan, showing who will be responsible for carrying them out and the timescales.

### **Monitoring & review**

You will need to monitor your action plan to ensure the actions included have been carried out and have achieved their intended outcomes. Equality Impact Assessment is a live document and should run throughout the as a matter of good practice; this needs to happen sooner if there are any changes to your policy/service/function which might result in adverse impact on any of the “protected characteristic” groups.

### **What happens once you have completed your Equality Impact Assessment?**

The manager, whose service/policy/function is being equality analysed, needs to send this through to her/his Director for approval. The Equality Impact Assessment then should be placed on the relevant section on the shared drive and simultaneously sent through to the Communications Team for publication on the Trust’s website.

### **Who can help if you have any queries?**

The Equality Impact Assessment e-tool has prompts and learning points to assist managers and teams with completion of the Equality Impact Assessment. The Equality Impact Assessment face-to-face training will take staff through specific areas of difficulty/importance and a range of relevant scenarios. For any further assistance, please contact the Culture, Diversity & Inclusion Team.

|   |  |
|---|--|
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## Screening Tools

### Initial Screening Tool

**Title of policy/service/function/procedure/programme/ or strategy being assessed:** Immunisation for staff and volunteers

(Please remember that even informal policies & procedures need to be equality impact assessed)

**It is new** - Yes (Delete as appropriate)

**Revised** – No (Delete as appropriate)

(If revised, please attach a copy of the original Equality Impact Assessment)

**Senior Manager Responsible:** Patricia Southworth

**Department / Section:** Clinical Directorate

**SCREENING TEAM** (Please enter below the names of the project team members who carried out this initial screening with you and their role in the screening (e.g. team colleague or critical friend).

| Name  | Department           | Role   |
|---|----------------------|--|
| Patricia Southworth                                     | Clinical Directorate | Senior Lead (Occupational Health)                            |
| Solomon Stott (H&W representative)                      | People and Culture   | Paramedic/Experienced vaccine project lead                   |
| Cynthia Andoh-Arthur                                    | Strategy Team        | Team colleague/Business Manager                              |
| Zafar Sardar  | WDES Lead            | Critical Friend/EOC  |
| Samad Billoo  | EDI Lead             | Critical Friend/EOC  |
| Sumithra Maheswaran (or representative)                 | Clinical Directorate | SME – Clinical advice/Chief Pharmacist                       |
| Amanda Mansfield (or representative)                    | Clinical Directorate | SME – Clinical advice/Consultant Midwife                     |
| PAM representatives (Michaela Oliver and Delcie Wright) | OH Supplier          | Vaccine project operationalising/Account Managers            |
| Jan Mumford (or representative)                         | People and Culture   | SME - Employee impact guide/Head of HR                       |
| Tyler Cardy   | Clinical Directorate | Age range representative - Paramedic/International colleague |

|   |  |
|---|--|
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| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |

Date of screening: 13/12/21

Please summarise below the aims and objectives of this policy/service/function etc. including any intended outcomes.

- To administer all **outstanding vaccinations** to operational / clinical staff across the LAS to complete requirements of TP 094 – Workplace Immunisation Policy 2020.
- Record vaccinations given and ensure all previous vaccines and blood tests are recorded in a single database which allows for:
  - A record of those staff/volunteers who have completed their vaccine requirements
  - Recall of staff/volunteers for follow up
  - Export and integration of data in the future, potentially to a new system in 2022
- To complete the administration of outstanding vaccines and recording by 30 June 2022 and allow smooth data transfer if required

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

All operational / clinical staff and volunteers across the LAS will benefit from the immunisation service to protect them and our patients from the risk of contracting infectious diseases.

Prevention and Control of Infections<sup>1</sup> and related guidance states that the trust should make vaccines available free of charge to employees and that there should be a record of immunisations given.

Please state in the table below whether the policy/service/function etc. could have any potential impact on anyone from a “protected characteristic” group, whether service users, staff or other stakeholders

| “Protected Characteristic Group” | Is there likely to be a positive, negative or neutral impact | If the impact is positive, adverse or negative impact then please record your findings / concerns against the ‘Protected Characteristics’ group.   |
|----------------------------------|--|--|
| <b>Age</b>                       | <b>Neutral</b>   | <p>All operational / clinical staff and volunteers employed by the LAS with outstanding vaccinations will be immunised accordingly.</p> <p>No young employees (under the age of 18 years) will be included in this Project</p> <p>PAM have confirmed that all the vaccinations administered do not have any age restrictions</p> <p>Colleagues experiencing health changes related to age e.g. menopause, andropause will have an opportunity to discuss any concerns with a clinician confidentially prior to immunisation administration</p> |
| <b>Disability</b>                | <b>Neutral</b>   | <p>It is recognised that existing operational / clinical staff and volunteers may have disclosed or undisclosed disabilities therefore, immunisation clinics will be held at fully accessible venues with:</p>   |

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/449049/Code\\_of\\_practice\\_280715\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf) page 30

|   |  |
|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |

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|--|-----------------|---|
|  |                 | <ul style="list-style-type: none"> <li>• Disabled parking</li> <li>• Wide entrances for wheelchairs</li> <li>• Automatic operated doors operated via ID card or intercom.</li> <li>• Clear signage for easy access</li> <li>• Disabled toilet facilities</li> <li>• Lifts</li> <li>• Fire evacuation chairs (with trained fire marshals and trained users of EVAC chairs)</li> <li>• Portable induction loops</li> <li>• Administration of immunisations which complies with medicine management requirements e.g. Fridges or portable fridges for storing the vaccines at the right temperature, qualifications and training of staff.</li> </ul> <p>Colleagues will be offered immunisations in a confidential environment, following assessment by OH staff. Colleagues will be asked to disclose any disability or long term conditions which may impact the administration of immunisations e.g. allergies. This information will be recorded confidentially on the OH suppliers data base and not shared at any point with LAS</p> <p>Any colleagues wishing to postpone immunisations will have the opportunity to discuss and evaluate the risk of postponing immunisation v's the risk of contracting the vaccine preventable disease if unvaccinated with OH staff, particularly in relation to health conditions</p> <p>Colleagues on long term sickness will be encouraged to partake in this Project and creative solutions to support their attendance encouraged e.g. transport help, venue closer to home</p> |
| <b>Gender Reassignment</b>   | <b>Neutral</b>  | <p>The venue for the immunisation clinics will have toilet facilities for both men and women. These could double as disabled facilities.</p> <p>Colleagues undergoing the transition phase of gender reassignment may discuss any particular health concerns with the immunisation clinician. However no impact on the transition phase of gender reassignment is anticipated</p>   |
| <b>Marriage and Civil Partnership (duty only applies to elimination of discrimination)</b> | <b>Neutral</b>  | <p>There will be no impact on this characteristic.</p>  |
| <b>Pregnancy and Maternity</b>   | <b>Positive</b> | <p>Advice on pregnant and new mother impacts will be sought from the OH supplier and LAS Subject Matter Experts at EqIA meetings. LAS recognises the limits</p>   |

|   |  |
|---|--|
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|                           |                 | <p>of its clinical responsibility to support breast feeding, new and expectant mothers and the Project will recommend that any specific clinical concerns be directed to the woman's own healthcare providers (GP, Midwife etc.)</p> <p>Pregnant, new and breast feeding mothers will be advised of any specific potential adverse effects of the immunisations offered at the time of the appointment and if necessary appointments will be rearranged.</p> <p>Women of childbearing age will be encouraged to discuss their particular needs confidentially with the immunisation clinician prior to vaccination. This is to ensure that women who have other fertility related health concerns e.g. IVF treatment, history of miscarriage have the opportunity to access as much information as required to enable an informed decision about immunisation administration to be made.</p> <p>Women who are breastfeeding will be offered a choice of venues for their immunisations where welfare facilities are available. This will include Supplier clinics. A list of suitable venues will be available for Supplier staff when booking appointments.</p> <p>Any women wishing to postpone immunisations will have an opportunity to discuss the relative risk of exposure to the immunisation preventable disease and their own health concerns with an immunisation clinician from the Supplier.</p> |
| <b>Race</b>               | <b>Neutral</b>  | There will be no impact on this characteristic as no staff members or volunteers will be excluded from receiving any of their outstanding vaccinations.   |
| <b>Religion or Belief</b> | <b>Positive</b> | <p>It is recognised that LAS staff and volunteers are from diverse faiths and beliefs therefore, they will be able to have their vaccines administered by a clinician of the same sex as them where this is requested.</p> <p>Clear information will be given about immunisations derived from animal (including dairy) products and if the Supplier is unable to provide these as a matter of course, alternatives provided on request</p>   |
| <b>Sex</b>                | <b>Neutral</b>  | <p>Immunisation administration will not be restricted by gender. In addition, LAS Management approach and policies will be followed to promote 'one team' ethos that would ensure no sexual exclusion.</p> <p>The Supplier will be encouraged to include gender neutral options</p>   |

|   |  |
|---|--|
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| <b>Sexual Orientation</b> | <b>Positive (as this will promote equality and foster good relations in the workforce)</b> | No direct impact however, LAS Management approach and policies will be followed to promote 'one team' ethos that would ensure no sexual orientation exclusion. |
|---------------------------|--|--|

**Can the policy/service/function etc. be used to advance equality and foster good relations, including for example, participation in public life? If so, how?**

Being fully vaccinated will protect operational / clinical staff, volunteers and patients from the risk of contracting infectious diseases and maximise the availability of operational and clinical staff to respond to patients as quickly as possible. To minimise harm and enable the services to respond effectively to patients in the community, staff and volunteers will be required to attend vaccination clinics on their rest day and claim TOIL at a later date

**Please provide and summarise below any relevant evidence for your declaration above, including any engagement activities – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.**

Our population demographic, particularly in 999, 111 and EOC, will contain a number of young people who were involved in the MMR vaccine hesitancy situation in the late 1990s and early 2000s. Unvaccinated adults could spread measles and rubella to patients and colleagues. A (conservative) 20% reduction in staff/volunteers numbers in these areas would have a devastating effect on our prompt response to patients requiring our service.

We will develop a communication's plan to inform staff about the importance of having their immunisations up to date and about the vaccine roll out programme. There will be ongoing engagement activities across the LAS and using channels such as the Pulse, LIA and LAS TV Live.

**Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?**

No  Yes

**If yes, please state below how you intend to acquire this evidence and your timescales for doing so.**

N/A

**You must complete a full Screening if you have identified a negative potential impact for any "protected characteristic" group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact.**

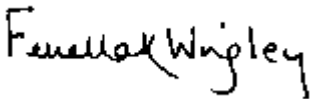
**Please insert below any issues you have identified/recommendations for the full Equality Impact Assessment.**

N/A

|   |  |
|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |



P.S. - If you have only identified a neutral or positive impact on all “protected characteristic” group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust’s website.



Name of Director: Fenella Wrigley Signature:

Date: 2.8.22

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|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |

## Full Screening Tool

You must complete a full Screening if you have identified a negative potential impact for any “protected characteristic” group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact.

Senior Manager responsible:

Department:

Date of completion of the Equality Impact Assessment:

From the initial screening undertaken please state below Key aims of the function/policy/service etc.

It's intended benefits and for which “protected characteristic” groups and any ways in which it can be used to foster good relations, including participation in public life.

Any issues/recommendations identified in your initial screening

The evidence you are using for this Equality Impact Assessment, including engagement activities.

Can the policy/service/function etc. be used to advance equality and foster good relations, including, for example, participation in public life? If so, how?

|   |  |
|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
| <b>Date:</b> 01/04/2021   | <b>Owner:</b> Culture Diversity & Inclusion Team |

Please state when and how you will monitor and review this policy/function/service etc.

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Please insert into the Action Plan below any relevant activities you have identified from the Equality Impact Assessment

| Action | Individual / Department Responsible | Timescale | Outcome |
|--------|-------------------------------------|-----------|---------|
|        |                                     |           |         |
|        |                                     |           |         |
|        |                                     |           |         |
|        |                                     |           |         |
|        |                                     |           |         |

**SUPPORTING DOCUMENTATION**

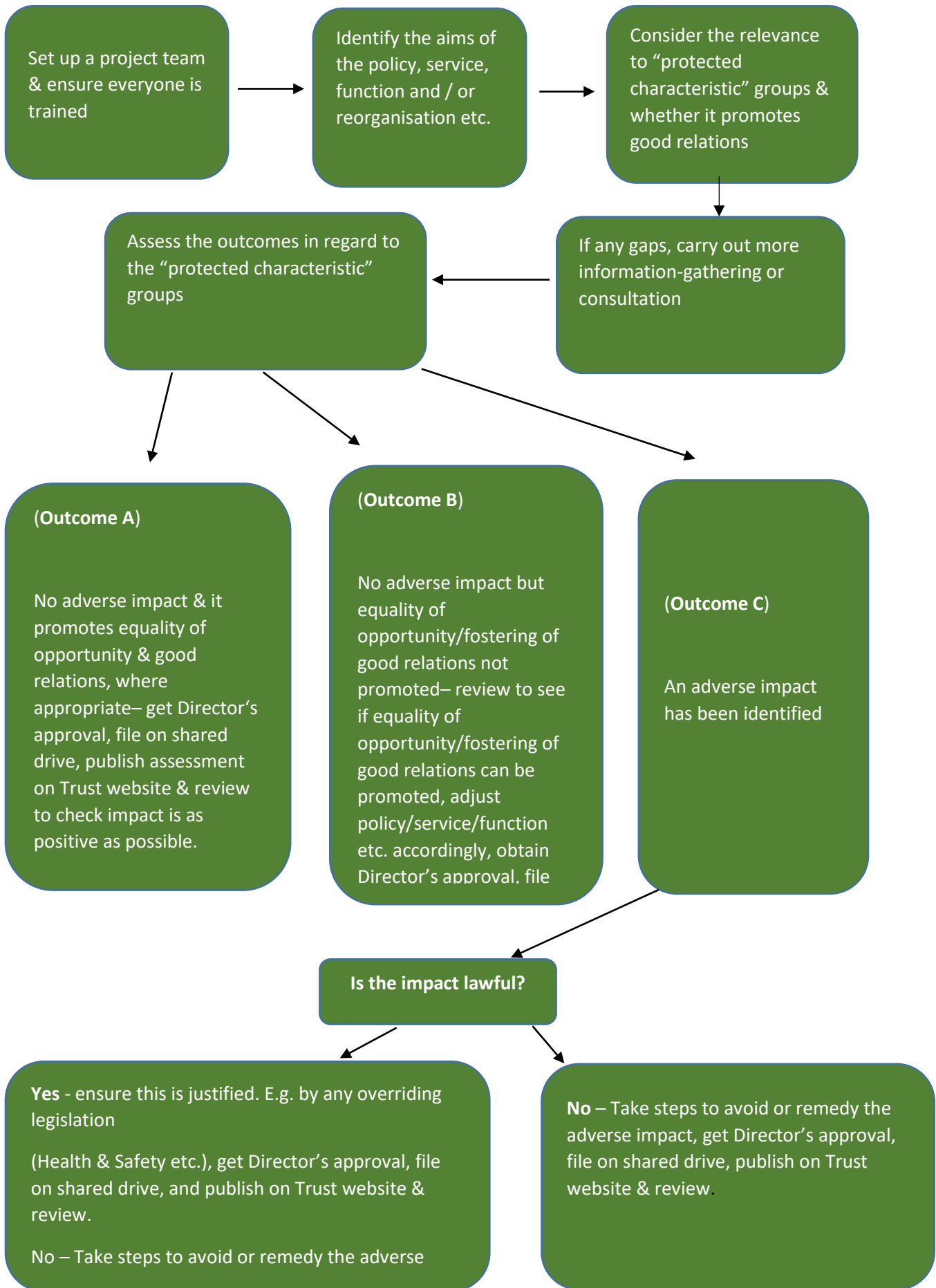
Please refer to any relevant documentation you have used in carrying out this Equality Impact Assessment (including engagement activities, reports, surveys, publicity materials etc. where appropriate)

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|   |  |
|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
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## Equality Impact Assessment Flowchart



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|---|--|
| <b>Title:</b> Equality Impact Assessment Guidance & Screening Tools | <b>Version:</b> 1.3                              |
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