STAFF INFLUENZA (FLU) VACCINATION POLICY

**Executive Lead:** Executive Director of Public Health  
**Author:** Consultant in Public Health Medicine, tel 029 2033 6201

**Financial impact**  
Local Health Boards are expected by WG to meet the cost of vaccine for the staff influenza campaign. If this policy achieves an increase in uptake of 5% among eligible staff this would cost around £1,350 (500 additional staff at £2.70 cost per vaccine). However, this is likely to be offset by fewer cases of serious influenza-related morbidity which can each be of significant cost to the UHB, for example if a patient requires high dependency care.

**Quality, Safety, Patient Experience impact**  
Improved quality and safety of care (reduced risk of infecting vulnerable patients in our care with influenza). Implementation of recommended WG and UK Government policy.

**Healthcare and Care Standard Number** 1.1  
**CRAF Reference Number** 1.2

**Equality Impact Assessment Completed:** Yes – available [here](#)

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**RECOMMENDATION**

The Local Partnership Forum is asked to:

- **SUPPORT** the staff influenza (flu) vaccination policy and recommend its approval to the People, Planning and Performance Committee.

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**SITUATION**

Seasonal influenza (flu) is a common but potentially serious illness, which causes significant morbidity and mortality each year in Wales. As a result of this it has been a UK-wide NHS recommendation for many years that staff with patient contact should be vaccinated against influenza each year, with a current Welsh Government Tier 1 target of 50% uptake. Despite year-on-year improvements in staff uptake in Cardiff and Vale, uptake remains below the 50% target.

The introduction of a staff flu vaccination policy (attached as Appendix 1) will ensure that all eligible staff are aware of the recommendations around vaccination, and are given the opportunity to access and receive the vaccine should they wish. It does not make vaccination mandatory.

Support from the Local Partnership Forum is sought for this policy as part of the consultation, in preparation for a planned agreement and implementation for the 15/16 flu season.
BACKGROUND

The Chief Medical Officer (CMO) for Wales each year recommends annual vaccination of all staff with patient contact against influenza. Performance in Cardiff and Vale has shown annual improvements in uptake over the past four years. In 14/15 the uptake reached 46.7%, just short of the 50% target but above the all-Wales average. In 14/15 two LHBs for the first time exceeded the 50% target, and the average uptake among frontline healthcare workers in England in 14/15 was 54.9%. Over 1 in 10 NHS trusts in England (over 35 organisations) achieved in excess of 75% staff uptake.

Uptake in Cardiff and Vale now exceeds 50% among key clinical professional groups, namely Medical & Dental, Nursing and Midwifery, and Allied Health Professionals.

Introducing a policy on staff flu vaccination is one measure in a wider rolling annual seasonal flu action plan to improve uptake among staff. Other key measures include the training and re-certification of ‘Flu Champion’ peer vaccinators, and regular feedback to Clinical Boards during the season on uptake among their staff. Reasons for staff declining vaccination are also regularly collected, and used in a ‘myth buster’ poster which is circulated around the UHB, addressing local perceived barriers to vaccination.

Whilst some individuals do actively choose not to be vaccinated even in light of the CMO recommendations, anecdotally there remain staff who are unaware of the recommendations or experience difficulties accessing vaccination. This policy aims to address these barriers, firstly to ensure all staff are aware of the recommendations around vaccination, and secondly eligible staff are able to access it in a convenient and safe manner.
ASSESSMENT

Feedback was sought on drafts of the policy from:

- Lead staff representative, 18 June 2015, in person
- Occupational Health, 26 June 2015, at senior management team meeting
- Clinical Board Head of Operations and Delivery, 2 July 2015, by email

In addition feedback was sought and incorporated during policy development from the C&V UHB Executive Director of Public Health and Immunisation Co-ordinator.

An updated draft policy was published on the Policies and procedures ‘Documents for consultation’ page of the intranet on 16 July 2015.

Implementation of the policy will be monitored through regular feedback of key performance indicators to CB leadership teams and the Chief Operating Officer during the flu season. This will comprise a detailed breakdown of uptake of flu vaccine by CB and staff group (which is already circulated each season), along with the percentage of staff who have confirmed they have received information and have been offered flu vaccine during the season. Performance against these measures will be included in CB Executive performance reviews during the seasonal flu season.

Equality and Health Impact Assessments have been completed and are attached as Appendices 2 and 3.

The primary source for dissemination of this policy within the UHB will be by email to senior management for cascade to all staff across the UHB at the start of each flu season, with a copy of the policy available on the intranet. It will also be made available to the wider community and our partners via the UHB internet site.
Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will 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.

Policy Commitment

- All staff (clinical and non-clinical) with patient contact will be offered seasonal influenza vaccine free of charge during the period October to February each year. This applies to all staff with patient contact working on UHB premises, including those with honorary contracts and volunteers.
- Clinical Boards and corporate departments in which eligible staff members work, are responsible for ensuring staff have been offered and are able to access vaccination.
- Occupational Health will provide daily (Mon-Fri) drop-in vaccination sessions throughout the season, and sessions in high footfall areas, and on request at staff team meetings. Vaccination sessions will be offered at all main UHB sites.
- Clinical Boards will support staff working across different clinical areas to train (or maintain their training through annual updates) as ‘Flu Champion’ peer vaccinators, and to offer vaccination during the season to their eligible colleagues in the workplace.
- Staff will be allowed time by their line manager during their working day / shift to receive the vaccination. Where managers find it difficult to release staff from their workplace for vaccination, managers should ensure arrangements are in place either for Flu Champions to offer vaccination in the workplace, or arrange for Occupational Health to visit their workplace.
- Line managers are responsible for ensuring all their eligible staff have confirmed they have received information on the evidence and rationale for the vaccination and an offer of vaccination. This should be evidenced by staff completing the vaccination consent form and indicating either consent to receive vaccination, or consent not given. Staff who have received a vaccination elsewhere (e.g. from their GP) should indicate this on the consent form.
- The consent form will be available in paper and electronic forms and should be submitted to Occupational Health via the intranet, email or internal post when complete.
- While annual seasonal flu vaccination is strongly recommended for all staff with patient contact, it is not mandatory. The emphasis of this policy is on ensuring all staff have a recorded offer of vaccination.

Other supporting documents are:
• Department of Health Green Book (2015). Influenza. Latest version:
• General Medical Council (2015). Supporting information for revalidation.
  [http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp) (includes advice to include evidence of immunisation in supporting information as part of General information)
  [http://bma.org.uk/practical-support-at-work/doctors-well-being/flu-vaccination](http://bma.org.uk/practical-support-at-work/doctors-well-being/flu-vaccination) (Recommendation for doctors to get the flu jab)
• NHS Wales Standard Infection Control Precautions (Aug 2014). From:

**Scope**

This policy applies to all staff (clinical and non-clinical) with regular patient contact, including those with honorary contracts and volunteers, in all University Health Board locations

**Equality Impact Assessment**

An Equality Impact Assessment (EqIA) has been completed for this policy and found:

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

**Health Impact Assessment**

A Health Impact Assessment (HIA) screening assessment has been completed for this policy and found:

- No negative effects on health
- Positive effects on:
  - all eligible staff (reduced incidence of influenza)
  - patients / individuals coming into contact with vaccinated UHB staff, especially those patients in at-risk groups for influenza

**Policy Approved by**

*To be submitted to People, Planning and Performance*
Committee after consultation completed

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<th>Group with authority to approve procedures written to explain how this policy will be implemented</th>
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<td>Accountable Executive or Clinical Board Director</td>
<td>Executive Director of Public Health</td>
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**Disclaimer**

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

### Summary of reviews/amendments

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<td>19 Jun 15</td>
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Section A: Assessment

Name of Policy  Staff influenza (flu) vaccination policy

Person/persoons 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 groups (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 religion, belief or non-belief. Vaccination is offered to all eligible staff regardless of religion, belief or non-belief.
• 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
  o None
• Positive impacts (all impact on staff and patients)
  o Older people
  o Children
  o Individuals with caring responsibilities
  o Individuals with a disability in contact with vaccinated health professionals
  o 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
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)

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<th>Action Required</th>
<th>Timescale for completion</th>
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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

Download Equality Impact (EQIA) Toolkit from the Equality Intranet pages when first thinking of or reviewing 'policy, service change or decision making'.

Establish a group to undertake EQIA initial assessment of relevance and priority. At least 2 people to be involved.

Follow EQIA Toolkit to write or review/prioritise policy, service change or decision making.'

Do you have enough data? Indicate further work required.

Answer fully all impact assessment on all groups that are or can be affected. Complete Action Plan.

Policy, service change or decision making is reviewed and developed in such a way as to minimise discrimination.

Completed EQIA to be submitted with 'policy or other written control' document for approval by appropriate Group or Committee.

Following approval of policy/written control document copy sent to Governance and Risk Manager with approved document for uploading onto Intranet and Internet sites. Also to Equality Manager who will arrange external publication.
References


http://www.equalityhumanrights.com/uploaded_files/Wales/PSED_Wales_docs/5._psed_wales_equity_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 - Equality information: A guide for listed public authorities in Wales.

EHRC - Making fair financial decisions.

Central Services Agency - The easy way to EqIA.

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.
**Project title and brief description of the proposal:** Staff influenza (flu) vaccination policy

**Key aims and objectives:** 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. This is in line with UK Joint Committee on Vaccination and Immunisation (JCVI), Welsh Government and Welsh Chief Medical Officer (CMO) recommendations for NHS employers.

**Table A**

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<td><strong>Lifestyle / capacities affecting health:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Smoking, nutrition and health eating, physical activity, alcohol / drug misuse, sexual health, Propensity to use heath and care services</td>
<td>Nil</td>
<td>Moderate positive (patients and UHB staff). Likely</td>
<td>Nil</td>
<td>Nil</td>
<td>Moderate positive (patient s and UHB staff). Likely</td>
<td></td>
</tr>
<tr>
<td>Skills and knowledge, training and education</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Social and Community Influences affecting health:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Family: Structure and function, Parenting</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Community: Social support mechanisms, social networks, neighbourliness. Peer pressure. Community divisions, degree of isolation. Historical identity, Cultural and spiritual ethos.</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Living conditions:</td>
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<tr>
<td>Built environment, civic design and planning, housing, noise, smell, air and water quality, physical view and outlook, public safety, waste disposal, road hazards, injury hazards, Safe play spaces.</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
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<tr>
<td>Working conditions:</td>
<td></td>
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<tr>
<td>Employment, workplace conditions, occupation, income.</td>
<td>Moderate positive (UHB staff). Likely</td>
<td>Moderate positive (UHB staff). Likely</td>
<td>Moderate positive (UHB staff). Likely</td>
<td>Moderate positive (UHB staff). Likely</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Services: (access to and quality of)</td>
<td></td>
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</tr>
<tr>
<td>Medical services, caring services, careers advice and counselling, shops and commercial services, public amenities, transport, education and other services. Access to information technology.</td>
<td>Moderate positive (quality of medical services). Likely</td>
<td>Significant positive (quality of medical services). Likely</td>
<td>Moderate positive (quality of medical services). Likely</td>
<td>Moderate positive (quality of medical services). Likely</td>
<td>Significant positive (quality of medical services). Likely</td>
<td></td>
</tr>
</tbody>
</table>
For screening Table A should be completed writing significant, moderate or nil in cells relating to relevant impacts, for relevant groups. The likelihood of an impact should be indicated for each population group.

### Table B

<table>
<thead>
<tr>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What positive effect(s) is the proposal likely to have for people's health and well being, and for which groups within the population?</strong></td>
</tr>
</tbody>
</table>
| Positive effects on:  
  o all eligible staff (reduced incidence of influenza)  
  o patients / individuals coming into contact with vaccinated UHB staff, especially those patients in at-risk groups for influenza |
| **What negative effect(s) is the proposal likely to have for people's health and well being, and for which groups within the population?** |
| None identified |
| **If negative impacts were identified for one or more group within the population, are there ways in which these can be removed or mitigated?** |
| N/A |
| **Is further investigation, information and evidence collection needed to find potential solutions?** |
| N/A |
| **Are there opportunities to build in more actions to improve people's health as a part of the proposal. Are there sources of information or experience else where that may help explore this question more fully?** |
| N/A |

### Outcome of assessment
- Based on the findings above a more detailed HIA will not be pursued for this policy

*e.g. Others may need to be added eg. People with disabilities, Asylum seekers. ** e.g. Bullying