

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Newborn BCG vaccination pathway

Question 2a: Lead Assessor's details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Yes – Newborn BCG vaccination pathway SLWG

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	To ensure NHS Fife can deliver BCG vaccination as a selective immunisation pathway to babies identified as at increased risk of Tuberculosis as close to birth as possible.
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>think: children and young people, adults, older age etc.</i></p>	<p>Babies identified for BCG are vaccinated as close to birth as possible in line with national guidance</p> <p>Babies vaccinated in the maternity setting therefore not required to attend a further appointment</p> <p>BCG vaccine will be offered to older babies who are not vaccinated at birth through a health protection led clinic.</p> <p>This new pathway should have a positive impact for all ages.</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>BCG immunisation materials are available in multiple formats BSL, easy read, audio and large print.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Implementation of this pathway will benefit families that come from ethnic minority backgrounds due to the eligibility criteria on country of risk.</p> <p>Language barriers – onsite interpreter or use of interpreter on wheels will mitigate language barriers and ensure families are giving informed consent for immunisation.</p> <p>BCG immunisation materials are available in multiple languages.</p>
<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>The sex of infants shall not impact their ability to receive this vaccine. In parental relationships where GBV exists, this should not impact the infant receiving the</p>

	vaccine. Therefore there is no negative impact expected relating to this Protected Characteristic.
Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i>	Parents will not receive different treatment due to their sexual orientation; therefore there are no expected impacts on this specific group.
Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i>	No anticipated impact. All religions accept this vaccine. The BCG vaccine does not contain porcine.
Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i>	No anticipated impact Parents will not be asked to disclose their trans status; therefore this group will not be impacted.
Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i>	Having an improved pathway will benefit pregnant women and families in the initial period after birth, therefore resulting in positive impacts to this group
Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i>	A parent’s marital status shall not impact the infant’s ability to receive this vaccine, therefore no negative impacts on this group.

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

- DNA rate >50% using previous delivery model
- Previous model unsustainable due to workforce and financial demands
- National guidance to vaccinate babies at risk as close to birth as possible was not being achieved

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Short life working group included:

- Health protection team
- Midwifery services
- Health visitors and family nurse partnership
- Neonatal service
- Immunisation Quality and Clinical Care Assurance Group

This group has met frequently to identify a suitable delivery option for BCG vaccination and agree that this pathway is not only sustainable from an organisational perspective, it also takes a person centred approach to ensuring vaccine is delivered by competent and familiar staff in a familiar environment with access to interpreting services as required.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

Stage 2 not required for this pathway.

No negative impacts or additional improvements required.

Stage 2 EQI is in process for immunisations in general.

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

NA

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

NA

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

NA

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

NA

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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Date	26/01/23

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Date	27/01/2023

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot