

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

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|---|--|
| Title of Policy: Guidance on the principles and practice surrounding the safe administration of preschool immunisations | |
| Lead Manager: Joyce McKittrick | Title: Lead Nurse Public Health |
| Directorate: Woman & Children's | Department: Health Visiting |
| Contact details: 07917235059 Address: Waterside Health Centre, Spencer Road, Derry Email: joyce.mckittrick@westerntrust.hscni.net | |
| Short Description of Policy The procedure document provides guidance to all staff in relation to the processes within the preschool immunisation clinics. | |
| Final Recommendations: (please tick as appropriate) | |
| 1. | GREEN: No equality issues/impact: no further action <input checked="" type="checkbox"/> |
| 2. | AMBER: Minor equality issues/impact: actions identified <input type="checkbox"/> |
| 3. | RED: Major equality issues/impact: full EQIA recommended <input type="checkbox"/> |
| <p style="text-align: center;">Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.</p> | |
| Final Approval Date: | |

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Guidance on the Principles & Practice surrounding the safe administration of Preschool Immunisations

1.2 Description of policy or proposal

In recent years there has been a substantial increase in the range, volume and complexity of the preschool immunisation programme which has been combined with the replacement of Health Visitors with Band 5 Nurses at these immunisation clinics. Evidence has also shown that there has been a downward trend in rates of vaccination coverage with many of the pre-school vaccination rates falling below the WHO target rate of 95% (NIAO 2023).

The purpose of this document is to provide additional guidance for key stakeholders involved in the provision and administration of pre-school immunisations, to enable them to provide a safe, effective service within the Western Health and Social Services Trust area. It is intended to supplement the available guidance (see references) and is not intended to overlap and duplicate with other guidance

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Staff in Health visiting team

A GP Advisor at SPPG

Secretary of Western LMC ??

World Health Organisation (WHO)

Children aged 8 weeks to 5 years

Parents/Guardians

1.4 Other policies or decisions with a bearing on this policy or proposal

HCHF A Framework for the Universal Child Health Promotion Programme in Northern Ireland, (May 2010)

Nursing and Midwifery Code (2015) [Read The Code online – The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

Childhood Immunisation Programme HSCNI: Belfast [Childhood immunisation programme | nidirect](#)

Delegated Authority to Foster Carers in Northern Ireland (2010) [Looked after children – 2010 circulars | Department of Health \(health-ni.gov.uk\)](#)

Guide for vaccine Handling and Storage in GP practices (2020) [Guidance on vaccine handling and storage in GP practices.pdf \(hscni.net\)](#)

Immunisation against Infectious Diseases (the Green Book) PHA: England [Immunisation against infectious disease – GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Managing Childhood Immunisation Clinics: Best practice Guidelines, RCN (2021) [Managing Childhood Immunisation Clinics | Royal College of Nursing \(rcn.org.uk\)](#)

Resuscitation Council Guidelines: Paediatric Basic Life Support (2021) [Paediatric basic life support Guidelines | Resuscitation Council UK](#)

Health Protection Publications: PHA [Health Protection Publications | HSC Public Health Agency \(hscni.net\)](#)

Northern Ireland Audit Office (2023) *Pre-school Vaccinations in Northern Ireland*. NIAO: Belfast [00268915 NIAO Childhood Vaccinations Report web.pdf \(niauditoffice.gov.uk\)](#)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Feedback from incidents reported on Datix regarding administration errors.

Information from the PHA regarding the downward trend in rates of vaccination coverage with many of the pre-school vaccination rates falling below the WHO target rate of 95%. This was evidenced by the increasing cases of Measles throughout the UK over recent months and most recently Pertussis, (NIAO 2023).

Due to the number of children not being brought for their appointment, many immunisations clinics have long waiting lists. The clinic queue is not being appropriately managed by the GP practice staff, those on the waiting list need to be slotted in to available appointments.

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

Guidance was shared with the team leads and the health visitors during staffing meetings and circulated by email for comment and all feedback was taken into consideration. A GP Advisor at SPPG and the Secretary of Western LMC ??? have also reviewed and had input to this guidance. All those consulted have approved the final draft.

Service user feedback

A regional focus group involving parents has given insight into the qualities of a Health Visitor. Parents are asked for feedback after immunisation clinics via surveys.

Can you expand on this... how were the participants picked? Was it a questionnaire emailed or in person? How was the feedback collated?

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

| Category | Service Users, etc. 2021 Census figures | Staff (Workforce Planning in formation as of 11th Jan 2024) |
|---|--|--|
| Gender | Female 50.58% 152,563 Male 49.42% 149,055 (2021 Census figures) | 98% female 2% male |
| Age | 0 -15 16-24 25-44 45-64 65-74 75+ 21.17% 10.34% 24.95% 26.51% 9.74% 7.30% 63,854 31,181 75,214 79,970 29,392 22,006 (2021 Census figures) | 16-24 0% 25-34 13% 25-44 35% 45-54 21% 55-64 23% 65+ 7% |
| Religion | Catholic – 194,050 Presbyterian Church of Ireland 26,996 Church of Ireland – 34,802 Methodist Church of Ireland – 4,540 Other Religions – 2,388 No Religion – 25,107 Religion not stated – 4,860 | Protestant – 23% Roman Catholic – 69% Not known – 7% |
| Political Opinion | Not collected Based on first choice votes held by electoral office: | Broadly Unionist 3% Broadly Nationalist 17% Other 13% Do not wish to answer/not known 67% |
| Marital Status (from a total of 237,762 people, children excluded) | Single Married Other 30.74% 35.50% 12.60% 92,708 107,063 37,991 (2021 Census figures) | Married 77% Single 16% Other 7% |
| Dependent Status | Households with dependent children 24.48% 38,219 (2021 Census figures) | Yes 30% No 19% Unknown 51% |
| Disability | Household with one or more persons with a limiting long term illness 43,479 44.63% (2021 Census figures) | Yes 1% No 63% Unknown 36% |
| Ethnicity | Arab - 0.05% - 158 Asian Other – 0.11% - 326 Black African – 0.12% - 370 Irish Traveller – 0.17% - 527 Roma – 0.01% - 43 Pakistani – 0.05% - 156 Filipino – 0.14% - 415 Mixed Ethnic Group– 0.51% | Indian – 1% Not assigned – 21% White – 79% |

| | | |
|--|--|---|
| | <p>Chinese – 0.21% - 640 White – 98.09% - 295,860 Indian – 0.35% - 1,041 Other Ethnicities – 0.12% Black Other – 0.06%</p> | |
| <p>Sexual Orientation (from a total of 237,762 people, children excluded)</p> | <p>Heterosexual – 91.2% LGBTQ+ - 1.6% Not stated – 7.2%</p> | <p>Opposite sex 60% Same sex 1% Same and opposite sex 0% Do not wish to answer/not known 39%</p> |

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

| | Needs and Experiences | |
|-----------------------------|--|--|
| Equality Group | Service Users, etc. | Staff |
| Gender | No identified Issues | No identified Issues |
| Age | Children attending clinic at 8 weeks-5 years information will be given to parents/carers due to age of children | No identified Issues |
| Religion | No identified Issues | No identified Issues |
| Political Opinion | No identified Issues | No identified Issues |
| Marital Status | No identified Issues | No identified Issues |
| Dependent Status | Parents/carers to receive information | No identified Issues |
| Disability | Documents are available in alternative formats and interpreters are available if required as per Trust policy | Documents are available in alternative formats and interpreters are available if required as per Trust policy |
| Ethnicity | Advance knowledge of those families where English is not a first language will enable access to interpreting services and documents will be made available in alternative languages as per Trust policy | Staff being made aware when non-English speaking families are attending the clinic to enable interpreter and information to be available in alternative languages as per Trust policy |
| Sexual Orientation | No identified Issues | No identified Issues |
| Other Issues: e.g. Rurality | No identified Issues as all clinics are held in either trust or GP facilities which have access to telephone, and emergency equipment. | No identified Issues |

2.4 Multiple Identities

When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

Not Applicable

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

| Equality Group | Actions that promote equality of opportunity or minimise (mitigate) adverse impacts |
|-----------------------------|--|
| Age | Children attending clinic are between 8 weeks – 5 years Information will be given to parents/carers due to age of children |
| Dependent Service Users | Parents/carers to receive information |
| Disability Service Users | Documents are available in alternative formats and interpreters are available if required as per Trust policy |
| Disability Staff | Documents are available in alternative formats and interpreters are available if required as per Trust policy |
| Ethnicity Service Users | Advance knowledge of those families where English is not a first language will enable access to interpreting services and documents will be made available in alternative languages as per Trust policy |
| Ethnicity Staff | Staff being made aware when non-English speaking families are attending the clinic to enable interpreter and information to be available in alternative languages as per Trust policy |
| Other Issues: e.g. Rurality | No identified Issues as all clinics are held in either trust or GP facilities which have access to telephone, and emergency equipment. |

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

| Group | Impact/Consequences | Suggestions |
|-------------------|----------------------------|--------------------|
| Religion | Not Applicable | |
| Political Opinion | Not Applicable | |
| Ethnicity | Not Applicable | |

(3) CONSIDERATION OF DISABILITY DUTIES

| How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people? |
|---|
| N/A |

(4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.

| Article | Positive Impact | Negative Impact - human right interfered with or restricted | Neutral Impact |
|--|-----------------|---|----------------|
| Article 2 – Right to life | | | √ |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | √ |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | √ |
| Article 5 – Right to liberty & security of person | | | √ |
| Article 6 – Right to a fair & public trial within a reasonable time | | | √ |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law | | | √ |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | √ |
| Article 9 – Right to freedom of thought, conscience & religion | | | √ |
| Article 10 – Right to freedom of expression | | | √ |
| Article 11 – Right to freedom of assembly & association | | | √ |
| Article 12 – Right to marry & found a family | | | √ |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | √ |
| 1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | √ |
| 1 st protocol Article 2 – Right of access to education | | | √ |

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

| Article Number | What is the negative impact and who does it impact upon? | What do you intend to do to address this? | Does this raise any further legal issues?* Yes/No |
|-----------------------|---|--|--|
| | | | |
| | | | |

****It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.***

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

| | |
|----------------------------|-------------------------------------|
| GREEN: No impact | <input checked="" type="checkbox"/> |
| AMBER: Minor impact | <input type="checkbox"/> |
| RED: Major impact | <input type="checkbox"/> |

Please tick:

| | |
|-----|-------------------------------------|
| Yes | <input type="checkbox"/> |
| No | <input checked="" type="checkbox"/> |

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

Implementation of this guidance will have a positive impact across the WHSCT. The Trust will ensure effective management of resources at the clinics to ensure optimal use of available appointments.

Management of the clinic waiting list and filling free appointments will ensure that the Trust delivers on its core business targets, decreases waiting times whilst providing a high quality, accessible, sustainable and safe service to our clients.

Vaccinators will ensure that the appropriate documentation is completed for any unscheduled vaccines administered during the clinic. Parents are reminded at each contact with the HV to bring PCHR to all appointments.

Staff received appropriate training to ensure safe administration of vaccines and treatment of adverse effects. GP is always present on site during the clinic.

Members of the HV team involved in vaccinations and the team leads, representatives from SPPG and GP federation have been consulted regarding the update of this guidance via email and staff meetings.

How will this guidance be communicated to staff and saved for future reference?

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

- Any Datix reports, complaints or compliments
- Liaising with the GP practice staff to monitor the queue for the clinic
- Monitoring of the vaccination rates as published by the PHA

Approved Lead Officer: Joyce McKittrick

Position: Lead Nurse Public Health

Policy/Proposal Screened By: Brigeen Canavan, Susan Rogers

Date: 22/05/24

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.