

INITIAL EQUALITY IMPACT ASSESSMENT FORM

Name of policy/activity/project:

Covid Vaccination, in partnership with St Johns Ambulance

Is this a new or an existing policy/activity/project?

This is a new activity

Scope/timescales for project or activity (including review date):

Activity will commence from 27th January 2021

Department/ Directorate:

BCMT – Covid 19 Activities

Policy/project lead:

Gary Taylor

Author of EIA:

Martin Ward-White

Outline of main aims of this activity/policy/project:

The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus.

In England, the vaccine is being offered in some hospitals and pharmacies, at hundreds of local vaccination centres run by GPs and at larger vaccination centres. More centres are opening all the time.

The Government have worked with the Joint Commission for vaccine and immunisation to prioritise delivery of the vaccine programme.

Initially, the vaccine will be given to:

- people aged 80 and over
- some people aged 70 and over
- some people who are clinically extremely vulnerable

- people who live or work in care homes
- health and social care workers

After the vaccine has been delivered to the above groups, further cohorts will receive the vaccine on a prioritised basis.

The aim of this activity is to vaccinate the population against Covid 19 in a timely manner. In order to achieve this, there is a national effort to recruit vaccinators who can support this effort following the appropriate training to ensure competency. This activity is therefore directly aimed at delivering the Covid vaccination to the population.

Who will benefit/be affected by this policy/activity?

Members of the Public – Initially the vaccine will be delivered to those most vulnerable to Covid 19 in our communities but as the Vaccination programme progresses this will include the wider sections of society given the Governments intention to offer the vaccination to all the population by the Autumn.

WMFS Employees – Will be both affected by the activity but will also be beneficiaries. In order to complete the activity, employees will need to undergo both DBS and training provided by St John Ambulance. This will be a voluntary activity for employees with no requirement to undertake the activity. The employees will benefit in that they will be considered for early vaccination due to carrying out this role.

If an existing policy/activity, do you have any data of use by or impact on different groups which may raise concerns over an equality impact?

Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher risk:

- high risk (clinically extremely vulnerable)
- moderate risk (clinically vulnerable)

Those at high risk (clinically extremely vulnerable)

An individual may be at high risk from coronavirus if they:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant
- have a problem with their spleen or their spleen has been removed (splenectomy)
- are an adult with Down's syndrome
- are an adult who is having dialysis or has severe (stage 5) long-term kidney disease
- have been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs

Those at moderate risk from coronavirus include people who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)

- are very obese (a BMI of 40 or above)
- are pregnant

There is evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and living in a more deprived geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. This work has been commissioned by the Chief Medical Officer for England to understand the extent that ethnicity impacts upon risk and outcomes. The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19, Genetics were not included in the scope of the review. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males). An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups. Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females. These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-19, the risk of dying, or both. Other evidence has shown that when comorbidities are

included, the difference in risk of death between ethnic groups among hospitalised patients is greatly reduced.

Does the activity have the potential to impact differently on groups due to a protected characteristic (race/ethnicity, gender, transgender, disability, religion & belief, age, sexual orientation, maternity/paternity) within:-

(a) Service users/community? Which groups are likely to be affected?

Some people are more likely to get ill and develop complications and die from coronavirus than other people. These particular groups include:

- people living in a care home for the elderly (there is also a palpable risk to their carers)
- people aged 80 years and over
- adults with underlying health conditions

At what stage an individual will be offered the vaccine will depend on what medical condition they have, their age and also their general state of health. The list above doesn't cover everybody. If a member of the public has a condition that makes them more likely to get very unwell from coronavirus they are considered 'Clinically Extremely Vulnerable'. Because of this they will be able to get the coronavirus injection earlier than other people. Additionally, Health and social care staff will also be able to get the vaccine.

There has been data provided that BAME groups who fall under the protected characteristics are at potentially a higher risk of suffering more severe consequences of Covid.

It is important to note, that the order in which the population will be vaccinated has been determined by policy delivered by central government under the guidance of SAGE and JCVI and is not influenced by WMFS or local health care systems

(b) WMFS employees? (If yes who? Do you have information on the make up of staff affected? How many have a protected characteristic?)

As of the 25th January, 140 volunteers have come forward to complete the training to become vaccinators. WMFS will be operating under the criteria set out by St John Ambulance who have stipulated that anybody falling under the governments high risk groups cannot undertake this activity. No restrictions have been placed on protected characteristics groups undertaking this

activity,(providing they do not fall within the high risk or clinically vulnerable groups).

BAME	Vaccination volunteers		Percentage of employees
	Number	Percentage	
White	224	85%	84%
BAME	32	12%	13%
Prefer not to state	2	1%	1%
Not declared	6	2%	2%
Total	264	100%	100%

Does this activity make a positive contribution to our general or specific duties under the Equality Act 2010? If yes, please detail.

Currently, BAME employees of WMFS do not feature on the governments priority list for vaccination unless they fall within the age groups detailed or are clinically vulnerable. Due to the age profile and nature of the work WMFS undertakes, it is unlikely that significant numbers of employees will be eligible for priority under the first 9 cohorts for the vaccine. Volunteers will be vaccinated as part of the programme..

Having reviewed the potential impact of the policy/activity listed above, I believe a full impact assessment is **NOT required**.

Justification:

Covid 19 first emerged in February 2020 and since then our understanding of it has improved with respect to risks and impacts this virus has on different demographics, including individuals who fall within the protected characteristics.

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

As such, safeguards are already in place to remove the risk to groups who are at a higher risk of suffering severe outcomes from Covid through the exclusion of high risk groups from this activity. This has been driven and risk assessed by St John Ambulance but fully supported by WMFS. This activity is not mandatory for WMFS employees, therefore only employees who volunteer will be undertaking this activity (providing they do not fall under the high risk or clinically vulnerable category).

Equality & Diversity Team comments:-

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Please e-mail this completed form to the Equality and Diversity section. You will receive feedback and comments within 7 working days.