

## Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

**Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.**

---

### What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

### On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

<b>Date of commencement of Screening Assessment:</b>	28/10/23
<b>Screening conducted by (name and email address):</b>	Cerian Llewellyn <a href="mailto:Cerian.Llewellyn@wales.nhs.uk">Cerian.Llewellyn@wales.nhs.uk</a>
<b>Title of programme, policy or project being screened:</b>	635 - Management of Women who do not attend for scheduled antenatal appointments guideline.

**Description of the programme/policy/project being screened (including key aims and objectives)**

To assist clinical decision making for all health care professionals working within the maternity services regarding women that default Antenatal clinic appointments. The guideline will provide a clear pathway on how to identify women and birthing people who miss appointments and care provisions that can be implemented to reduce the risk of future appointments.

It also recognises that women and birthing people have a right to decline care and a right to autonomy

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

The MBRACE report (2014), identified that women that book late or who were poor attendees at antenatal clinic were at a higher risk of maternal and foetal complications. It is the responsibility of the midwife or obstetrician leading the woman or birthing person's care to identify that an appointment has been missed, they are then responsible for ensuring that a follow up appointment letter or telephone call is issued and that this is communicated with the woman's named midwife to ensure on-going seamless

Maternity services must be women centred and take into account social, emotional, and physical factors that may affect their ability to access maternity care. If the reason why a woman has not attended an appointment is ascertained through sensitive enquiry, then alternate arrangements may be made to suit the circumstances of the individuals.

To be read in conjunction with:

<https://www.nice.org.uk/guidance/cg62/evidence>

Monitoring vulnerable people who were not brought or did not attend appointments and no access visits procedure 887.

**Assess which protected characteristics will potentially be affected by the proposal:**

<b>Group</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>No Impact</b>
<b>Age</b> Is it likely to affect older and younger people in different ways or affect one age group and not another?	X		
<b>Disability</b> Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	X		
<b>Gender Reassignment</b> Consider the potential impact on individuals who either: <ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>			X
<b>Marriage / Civil Partnership</b> This also covers those who are not married or in a civil partnership.			X
<b>Pregnancy and Maternity</b> Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			X
<b>Race / Ethnicity</b> People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	X		
<b>Religion or Belief</b> The term 'religion' includes a religious or philosophical belief.			X
<b>Sex</b>			X

<p>Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?</p>			
<p><b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>			X

**Consider the potential impacts of the programme/policy/project on the following wider determinants:**

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p><b>Armed Forces Community</b>            Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through ‘unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.’</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a></p>	x		
<p><b>Socio Economic Duty</b>            Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see:  <a href="#">more-equal-wales-socio-economic-duty</a></p>	x		
<p><b>Welsh Language</b>            Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			x

## Summary of Potential Impacts Identified

### Positive Impacts

The guideline aims to improve accessibility of women and birthing people who do not attend for scheduled care during pregnancy.

The guideline has also considered the latest evidence available from NICE and other Health Board guidelines (notably Monitoring vulnerable people who were not brought or did not attend appointments and no access visits procedure 887) and now ensure that during pregnancy health care providers think broadly about women and birthing people who do not attend scheduled care during pregnancy to consider barriers which may preclude them from accessing services.

The guideline also provides guidance on working with other agencies in order to improve the quality of care that women and birthing people receive.

Gypsy/Traveller women may be more likely to DNA due to their nomadic lifestyle and reluctance to engage with services. The importance of attending appointment should be discussed with them and any information given should be offered in any easy to understand format.

Women whose first language is not English should be offered an interpreter and any written information should be translated into their preferred language.

The guideline will have a positive impact on families from an Armed Forces background, as it helps care providers to understand the individual care needs and ensure that barriers are removed which may prevent them from accessing care due to commitments associated with the Armed Forces – this may require staff to work across Health Boards and agencies to ensure that seamless care is delivered.

The guideline will provide clear guidance to Health Board staff on how to monitor attendance and appropriate pathways to be followed if women and birthing people do not attend appointments, this will help to ensure that equitable care is provided.

### Negative Impacts

Nil identified

<b>Has the screening identified any negative impacts?</b>		No
<b>If yes, a full Equality Impact Assessment will need to be undertaken.</b>		

**If No negative impacts were identified, please give full justification here**

This is a clinical guideline to provide consistent advice and care to women and birthing people who may disengage with care because they chose to or because they have barriers in accessing care. This guideline ensure that equitable care is provided and helps to provide a clear pathway to health care providers to identify and support women and birthing people who do not engage or who are prevented from engaging with clinical care.

The equality impact assessment identified that there is increased evidence of non-engagement with maternity services across very young mothers and those from marginalised backgrounds. The guideline sets out a clear pathway on how women and birthing people with issues in accessing care can be identified in order to provide sustainable and equitable care.

Screening Completed by:	Name	Cerian Llewellyn
	Title	Risk & Governance Lead Midwife
	Contact details	<a href="mailto:Cerian.llewellyn@wales.nhs.uk">Cerian.llewellyn@wales.nhs.uk</a>
	Date	28/10/23
Screening Authorised by: (Project / Policy Owner)	Name	Kathryn Greaves
	Title	Head of Midwifery
	Contact details	<a href="mailto:Kathryn.Greaves@wales.nhs.uk">Kathryn.Greaves@wales.nhs.uk</a>
	Date	28/10/23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	8/4/2024