

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

Date of commencement of Screening Assessment:	03/07/2023
Screening conducted by (name and email address):	Cerian Llewelyn
Title of programme, policy or project being screened:	PREVENTION OF EARLY – ONSET NEONATAL GROUP B STREPTOCOCCAL DISEASE GUIDELINE

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

The purpose of this guideline is to provide guidance for obstetricians, midwives, paediatricians and neonatologists on the prevention of early-onset neonatal group B streptococcal (EOGBS) disease and the information to be provided to women, birthing people their partners and family.

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

Prevention of Early-onset Group B Streptococcal Disease (Green-top Guideline No. 36)
<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/prevention-of-early-onset-group-b-streptococcal-disease-green-top-guideline-no-36/>

K National Screening Committee. UK NSC Group B Streptococcus (GBS) Recommendation. London: UK NSC; 2017

Turrentine MA, Colicchia LC, Hirsch E, Cheng PJ, Tam T, Ramsey PS, et al. Efficiency of screening for the recurrence of antenatal group B streptococcus colonization in a subsequent pregnancy: a systematic review and meta-analysis with independent patient data. *Am J Perinatol* 2016;33:510–17.

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

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

Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			X

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

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community 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: Armed-Forces-Covenant-duty-statutory-guidance</p>			X
<p>Socio Economic Duty 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: more-equal-wales-socio-economic-duty</p>			X
<p>Welsh Language 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

Race: There is evidence to suggest that prematurity is more common in some ethnic groups than others, and prematurity is a known risk factor for both early and late onset infection. There is some evidence that colonisation with Group B streptococcus (a known risk factor for early onset infection) was higher in women of black African origin.

Age: Likewise, prematurity is known to be more common in the babies of older women.

Prematurity was highlighted as a risk factor for clinicians to be aware of.

Socioeconomic status: The guideline recommends that women with a positive test for group B streptococcus in their current pregnancy and prolonged preterm prelabour rupture of membranes should be offered immediate delivery. Clinical and cost effectiveness evidence suggests that this recommendation may result in fewer neonatal infections, which is expected to translate into a reduction in neonatal mortality and improved quality of life. However, testing for group B streptococcus is not routinely recommended on the NHS, but it is available privately. Pregnant women with lower socioeconomic status are less likely to have access to private testing so they and their babies may not benefit from this recommendation therefore it was not included within the guideline.

Negative Impacts

Nil identified. The guideline is not expected to make it more difficult for any protected groups to access services.

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

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

This guideline will be applied to women and birthing people irrespective of protective characteristics.

A nationally supported patient information leaflet is available from the Royal College of Obstetrics and Gynaecology, for women and birthing people who are non-English speakers or for those with a learning disability alternative versions of the patient information can be provided

<https://gbss.org.uk/professional-resources/free-resources/gbs-information-in-your-own-language/>

The screening identified that women whose first language is not English (or who do not speak English at all) as well as people with other particular communication needs might be disadvantaged if information about neonatal infection was not provided in an accessible format.

The screening did not identify any negative impacts that would impact on women and birthing people with protected characteristics. The guideline aims to improve outcomes for babies who are at risk of developing early onset group B streptococcus.

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Screening Completed by:	Name	Cerian Llewelyn
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	Date	25/08/2023
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	Date	22/09/2023
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	Date	21/12/2023