

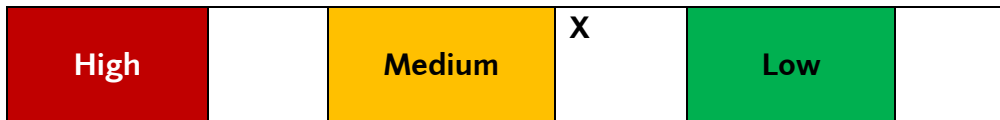
Equality Impact Assessment (EIA) Form

The **purpose** of an EIA is to give **as much information as possible** about potential equality impacts, to demonstrate we meet our **legal duties** under the Equality Act 2010.

Please read the EIA Guidance [on Hotwire](#) before completing this form.

1. What is the name of the policy, project, decision or activity?
Covid-19 - Sick Pay Provisions and Managing Attendance

Overall Equality Impact of this policy, project, decision or activity (see instructions at end of EIA to complete):



2. Contact details	
Name of EIA author	Gemma Gayfer
Department and Team	People Services – Wellbeing
Date of EIA	July 2021

3. Aim and Purpose	
What is the aim and purpose of the policy, project, decision or activity?	To realign Covid-19 related sickness absence with the Brigade's Managing Attendance Policy (PN889) and the Sick Pay provisions as provided in the Grey Book and Staff Code.
Who is affected by this work (all staff, specific department, wider communities?)	All LFB Staff

4. Equality considerations: the EIA must be based on evidence and information.	
What consultation has taken place to support you to predict the equality impacts of this work?	Informal discussion with Trade Unions, formal consultation ongoing.



LONDON FIRE BRIGADE

	Discussions will also take place with the Equality Support Groups (ESGs).
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5. Assessing Equality Impacts

Use this section to record the impact this policy, project, decision or activity might have on people who have characteristics which are protected by the Equality Act.

Protected Characteristic	Impact: positive, neutral or adverse	Reason for the impact	What information have you used to come to this conclusion?
Age (younger, older, or particular age group)	Adverse	<p>Staff under the age of 55, in receipt of the vaccine are at greater risk of side effects of the Covid-19 vaccination. As a result, staff under the age of 55 may be more likely to take short term sickness as a result of receiving the Covid-19 vaccine.</p> <p>Side effects of the vaccine commonly last up to 3 days. Therefore, it is unlikely that vaccine related sickness alone will result in changes to sick pay or an absence trigger being reached. Where Covid-19 related absence results in an individual reaching an absence trigger, managers are encouraged to apply discretion, particularly where sickness history or improvements towards sickness absence targets has been positive.</p> <p>Staff over the age of 50 are at greater risk of a severe reaction should they contract Covid-19.</p>	<p>Under 55s more likely to experience whole body after effects than those over 55s (21% vs 14%) (Source) 8.50% over 55 in Brigade population</p> <p>Over 50's are at greater risk of a severe reaction should they contract Covid-19. (Source) 23.13% over 50 in Brigade population</p>

		<p>Owing to the vulnerability of this age group, the government prioritised this group in the Covid-19 vaccine programme and intends to roll out a 'booster' vaccine program starting from September 2021.</p> <p>Workplace based Covid-19 risk assessments including the use of PPE, remain in place and it is intended that this will remain post 19th July 2021 until further information is received.</p> <p>All staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	
<p>Disability (physical, sensory, mental health, learning disability, long term illness, hidden)</p>	<p>Adverse</p>	<p>Pre-existing health conditions can result in staff being more vulnerable to a severe reaction should they contract Covid-19. As a result, this may lead to hospitalisation and/ or longer periods of sickness absence. This results in an adverse impact on staff with a condition that is likely to be recognised as a disability as provided for by the Equality Act 2010.</p> <p>Owing to the vulnerability of this group, the government prioritised this group in the</p>	<p>The following conditions are more likely to result in a severe reactions to Covid-19:</p> <ul style="list-style-type: none"> Cancer Chronic Kidney Disease Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension Diabetes (Type 1 & 2) Dementia Down Syndrome Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)

	<p>Covid-19 vaccine programme and intends to roll out a 'booster' vaccine program starting from September 2021.</p> <p>Workplace based Covid-19 risk assessments including the use of PPE, remain in place and it is intended that this will remain post 19th July 2021 until further information is received.</p> <p>Clinically Extremely vulnerable staff who have been precluded from the vaccine programme on account of the severity of their pre-existing health condition will be supported via individual risk assessments to support their safety at work.</p> <p>Staff with a condition that is covered under the Equality Act 2010 have enhanced sickness absence triggers to accept higher levels of sickness on account of their health condition.</p> <p>Long Covid itself may result in long term substantial impairment and therefore covered under the disability provisions of the Equality Act 2010.</p> <p>The following support is available to any member of staff who has had symptoms of Covid-19 for more than four weeks, and needs support either to get back to work, or to remain at work. For any face to face appointments associated with the support detailed below, staff are able to attend during</p>	<p>HIV Immunocompromised state (weakened immune system) Liver Disease Pregnancy and up to 42 days post pregnancy Sickle cell disease or thalassemia Solid organ or blood stem cell transplant (Source)</p> <p>The Brigade is aware of circa 150 staff who are either clinically vulnerable (high risk) or extremely clinically vulnerable (very high risk)</p>
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		<p>working hours and appointments can be recorded as MA in StARS. This is an adjusted position to our usual procedures which state that operational staff who are well enough to work, cannot attend Occupational Health appointments during working hours. The following was also published in May's edition of Shout and on Hotwire on 19th May.</p> <p>Occupational Health If after four weeks staff are still experiencing symptoms and feel they would benefit from Occupational Health support, they/ their manager can contact the Wellbeing Team on x30490 or WellbeingMedicalTeam@London-Fire.gov.uk to arrange a referral. Occupational Health are following National Institute of Health and Care Excellence (NICE) guidance with regards to supporting individuals with Long Covid.</p> <p>Royal Brompton Hospital Access is available to the Royal Brompton hospital Long Covid clinic for staff who might be experiencing longer term respiratory symptoms. Referral to Brompton hospital will be via the Occupational Health service so it is important they are referred to Occupational Health first.</p> <p>Functional Restoration Programme Where Occupational Health feels that the symptoms experienced might be improved with an exercise programme, Occupational Health can refer staff to their physiotherapy service, who work in conjunction with the Brigade's Fitness Advice Team, to take part in</p>	
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		<p>a Covid-19 specific Functional Restoration Programme. This a minimum of a six-week programme tailored to individuals' symptoms.</p> <p>Fitness Assessments – Operational Staff Operational staff may have concerns regarding the resumption of fitness assessments later this year, particularly if they have had Covid-19 and are not yet back to their pre-Covid levels of health. Staff are assured that if either following completion of the pre-assessment questionnaire, or the assessment itself, the fitness testing officer has concerns regarding the staff members physical health, these will be discussed with them at the time, and if applicable, the assessment may be deferred and/or they may be referred to Occupational Health for further support.</p> <p>Recognising the impacts of the Covid-19 pandemic on psychological health, in addition to the psychological impacts of reduced physical health having had the Covid-19 virus, staff are also reminded that they have access to Counselling and Trauma Services, a cadre of Mental Health First Aiders and any relevant Equality Support Groups.</p> <p>Staff returning from absence might benefit from a phased return into the workplace which will in turn support any symptoms of anxiety. Additionally, the gradual build-up of</p>	
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		<p>exercise / activity for fatigue management may be recommended for a sustained return.</p> <p>All staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. Staff with a disability may be more likely to have had absence within the preceding 12 months of the start date of their Covid-19 related absence. This will be deducted from their sick pay entitlement. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	
<p>Gender reassignment (someone proposing to/undergoing/ undergone a transition from one gender to another)</p>	<p>Neutral</p>	<p>There are no known impacts on staff considering or undergoing gender reassignment.</p>	
<p>Marriage / Civil Partnership (married as well as same-sex couples)</p>	<p>Adverse</p>	<p>The application of the Managing Attendance Policy and sick pay provisions may result in staff pay being reduced therefore impacting financial stability.</p> <p>Those staff who have been absent from work prior to the proposed change on the 1st August 2021, will be notified that from 1st August their absence shall be counted towards their sickness pay entitlement. It has been confirmed that the 12 individuals</p>	

		<p>affected have the Brigades maximum sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	
<p>Pregnancy and Maternity</p>	<p>Adverse</p>	<p>Pregnant staff are at a greater risk of a severe reaction to Covid-19 which may result in hospitalisation or longer periods of sickness absence.</p> <p>Pregnant staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	<p>During pregnancy and up to 42 days post pregnancy individuals are more likely to result in a severe reactions to Covid-19. (Source)</p> <p>Of the 12 staff currently known to be long term sick with symptoms of Covid-19, 0 are known to be pregnant.</p>

<p>Race (including nationality, colour, national and/or ethnic origins)</p>	<p>Adverse</p>	<p>Subject to individual race, staff may be at greater risk of a severe adverse impact of Covid-19. Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care and exposure to the virus related to occupation. Covid-19 vaccination receipt also varies by race.</p> <p>Greater access to Health Care is supported via the additional Covid-19 specific support services offered as noted above under 'disability'.</p> <p>All staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	<p>Of the 12 staff recorded as Long-term sick as a result of Covid-19, these can be split by race as below:</p> <p>Ethnically Diverse – 33% White – 67%</p> <p>Primary care data analysed by QResearch indicates that, for several vaccines, Black African and Black Caribbean groups are less likely to be vaccinated (50%) compared to White groups (70%). Furthermore, for new vaccines (post-2013), adults in minority ethnic groups were less likely to have received the vaccine compared to those in White groups (by 10-20%). Recent representative survey data from the UK Household Longitudinal study shows overall high levels of willingness (82%) to take up the COVID-19 vaccine. However, marked differences existed by ethnicity, with Black ethnic groups the most likely to be COVID-19 vaccine hesitant followed by the Pakistani/Bangladeshi group. Other White ethnic groups (which includes Eastern European communities) also had higher levels of COVID-19 vaccine hesitancy than White UK/White Irish ethnicity. (Source)</p> <p>(Source)</p> <table border="1" data-bbox="1283 908 2089 1173"> <thead> <tr> <th>Rate ratios compared to White, Non-Hispanic persons</th> <th>American Indian or Alaska Native, Non-Hispanic persons</th> <th>Asian, Non-Hispanic persons</th> <th>Black or African American, Non-Hispanic persons</th> <th>Hispanic or Latino persons</th> </tr> </thead> <tbody> <tr> <td>Cases¹</td> <td>1.6x</td> <td>0.7x</td> <td>1.1x</td> <td>2.0x</td> </tr> <tr> <td>Hospitalization²</td> <td>3.3x</td> <td>1.0x</td> <td>2.9x</td> <td>2.8x</td> </tr> <tr> <td>Death³</td> <td>2.4x</td> <td>1.0x</td> <td>2.0x</td> <td>2.3x</td> </tr> </tbody> </table>	Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons	Cases ¹	1.6x	0.7x	1.1x	2.0x	Hospitalization ²	3.3x	1.0x	2.9x	2.8x	Death ³	2.4x	1.0x	2.0x	2.3x
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<p>Religion or Belief (people of any religion, or no religion, or people who follow a particular belief (not political))</p>	<p>Neutral</p>	<p>There are no known impacts on staff religion or beliefs as a result of the proposed changes. There are no known religions that do not support the receiving of the Covid-19 vaccine.</p>																					

<p>Sex (men and women)</p>	<p>Adverse</p>	<p>Women are at greater risk of having an adverse reaction to the Covid-19 vaccine and therefore may see greater levels of short-term sickness absence as a result.</p> <p>Men are at greater risk of an adverse effect of Covid-19 should they contract the virus. As a result, men are more likely to experience hospitalisation and longer periods of sickness absence.</p> <p>Additional Covid-19 specific support services offered to all staff as noted above under 'disability'.</p> <p>All staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained.</p> <p>Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p>	<p>13% of vaccinated men and 19% of vaccinated women reported at least one whole body (systemic) after effect within seven days. (Source)</p> <p>According to the largest body of publicly available sex-disaggregated data from global government sources, although no apparent sex differences exist in the number of confirmed cases, more men than women have died of COVID-19 in 41 of 47 countries (2), and the overall COVID-19 case-fatality ratio is approximately 2.4 times higher among men than among women (Source)</p> <p>Of the 12 staff on long term sick as a result of Covid-19, the sex split is: 42% Female 58% Male</p>
<p>Sexual Orientation (straight, bi, gay and lesbian people)</p>	<p>Neutral</p>	<p>There are no known impacts on LGBTQ+ community. All Wellbeing communications are gender neutral and this will be ensured throughout communication with staff regarding these changes.</p>	<p>Of the 12 staff on long term sick as a result of Covid-19, the sexual orientation split is: LGBTQ+ - 8.3% Heterosexual – 50% Undisclosed – 41.7%</p>

6. Impacts outside the Equality Act 2010

What other groups might be affected by this policy, project, decision or activity?
<p>Consider the impact on: carers, parents, non-binary people, people with learning difficulties, neurodiverse people, people with dyslexia, autism, care leavers, ex-offenders, people living in areas of disadvantage, homeless people, people on low income / in poverty.</p>
<p>Carers and parents may be adversely impacted as a result of this change owing to potentially greater financial pressures associated with raising/ support a family. All staff continue to have sick pay entitlement of 6 months at full pay and 6 months at half pay. As per the Grey Book and Staff Code which define the Brigade's staff terms and conditions, in exceptional circumstances staff can request a sick pay extension subject to the necessary approval being obtained. Managers are encouraged to exercise discretion regarding management of Covid-19 related absence.</p> <p>Homeless services are often provided in congregate (group) settings, which could make the spread of infection easier. Homeless staff may have limited access to hygiene facilities outside of work time. Because many people experiencing homelessness are older adults or have underlying medical conditions, they may also be at increased risk for severe illness from COVID-19. Staff are reminded of the Wellbeing and Financial support services via the Brigade, Welfare Fund, FF Charity and National Fire Savers Credit Union</p>

7. Legal duties under the Public Sector Equality Duty (s149 Equality Act 2010)	
How does this work help LFB to:	
Eliminate discrimination?	Ensures that all sickness absence is managed equally and consistently as opposed to Covid-19 being singled out as a condition. All cases will be managed, with discretion, on a case by case basis with application of reasonable adjustments where applicable.
Advance equality of opportunity between different groups?	The recommendations as included in the report and detailed within the EIA will ensure that any under-represented groups who are impacted negatively will be supported where possible.
Foster good relations between different groups?	The recommendations as included in the report and detailed within the EIA will ensure good communication between managers and impacted staff. In addition, staff will be better signposted to support services available to them.

8. Mitigating and justifying impacts		
Where an adverse impact has been identified, what steps are being taken to mitigate it? If you're unable to mitigate it, is it justified ?		
Characteristic with potential adverse impact (e.g. age, disability)	Action being taken to mitigate or justify	Lead person responsible for action
Age	Support services and adjustments for Long Covid are well established. *See disability for exhaustive list*	Gemma Gayfer/ Anne Scoging (CT&S)
	The Brigade continues to review and adapt its response to the Covid-19 pandemic. As a result of increasing infection rates in the UK it is likely the Brigade will maintain its position with regards to social distancing and PPE from 19 th July 2021. This will minimise likelihood of infection in the workplace and following sickness absence.	Health and Safety
	Managers are reminded of the discretion afforded to them in the Managing Attendance Policy	Managers with HR Adviser Support
	The Brigades sick pay provisions, to be reinstated from 1 August 2021, remain generous and for those staff who are long term sick as at 1 August 2021, for the purposes of sick pay and attendance management, 1 st August will be considered as day 1 of sickness.	People Services
	Whilst the application of the Managing Attendance Policy or Sick Pay provisions is not seen favourably by any member of staff, the Brigade must manage sickness absence to reduce the cost of sickness to the Brigade (17.6m 2019/20 and 14.5m 2020/21) and maintain expected levels of service.	People Services
Disability	Support services and adjustments for Long Covid are well established. *See disability for exhaustive list*	Gemma Gayfer/ Anne Scoging (CT&S)
	All staff on long term sick or long-term light duties will receive management support as determined on a case by case basis. This will include exploring support services/ resource available and adjustments to facilitate a sustained return to work.	Managers with HR Adviser Support

	The Brigade continues to review and adapt its response to the Covid-19 pandemic. As a result of increasing infection rates in the UK it is likely the Brigade will maintain its position with regards to social distancing and PPE from 19 th July 2021. This will minimise likelihood of infection in the workplace and following sickness absence.	Health and Safety
	Managers are reminded of the discretion afforded to them in the <u>Managing Attendance Policy</u>	Managers with HR Adviser Support
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Marriage and Civil Partnership	Managers are reminded of the discretion afforded to them in the <u>Managing Attendance Policy</u>	Managers with HR Adviser Support
	The Brigades sick pay provisions, to be reinstated from 1 August 2021, remain generous and for those staff who are long term sick as at 1 August 2021, for the purposes of sick pay and attendance management, 1 st August will be considered as day 1 of sickness.	People Services
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Race	Support services and adjustments for Long Covid are well established. *See disability for exhaustive list*	Gemma Gayfer/ Anne Scoging (CT&S)
	All staff on long term sick or long-term light duties will receive management support as determined on a case by case basis. This will include exploring support services/ resource	Managers with HR Adviser Support

	available and adjustments to facilitate a sustained return to work.	
	The Brigade continues to review and adapt its response to the Covid-19 pandemic. As a result of increasing infection rates in the UK it is likely the Brigade will maintain its position with regards to social distancing and PPE from 19 th July 2021. This will minimise likelihood of infection in the workplace and following sickness absence.	Health and Safety
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Sex	Support services and adjustments for Long Covid are well established. *See disability for exhaustive list*	Gemma Gayfer/ Anne Scoging (CT&S)
	All staff on long term sick or long-term light duties will receive management support as determined on a case by case basis. This will include exploring support services/ resource available and adjustments to facilitate a sustained return to work.	Managers with HR Adviser Support
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	<p>Whilst the application of the Managing Attendance Policy or Sick Pay provisions is not seen favourably by any member of staff, the Brigade must manage sickness absence to reduce the cost of sickness to the Brigade (17.6m 2019/20 and 14.5m 2020/21) and maintain expected levels of service.</p>	<p>People Services</p>

Now complete the RAG rating at the top of page 1:

High: as a result of this EIA there is evidence of significant adverse impact. This activity should be stopped until further work is done to mitigate the impact.

Medium: as a result of this EIA there is potential adverse impact against one or more groups. The risk of impact may be removed or reduced by implementing the actions identified in box 8 above.

Low: as a result of this EIA there are no adverse impacts predicted. No further actions are recommended at this stage.

Document Control

Signed (lead for EIA / action plan)	Gemma Gayfer	Date	8/07/2021
Sign off by Inclusion Team	Shilla Patel	Date	08/07/2021
Stored by			
Links			
External publication	Are you happy for this EIA to be published externally?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> If No state why: