

INITIAL EQUALITY IMPACT ASSESSMENT (EIA) FORM

Name of policy / process / service / other	Protocol for Neurophysiological ABR testing	Date applicable	04/06/2018
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Responsible Staff Member: Justine Sweet
 EIA Assessor/s: Justine Sweet
 Directorate: Planned Care

1. FIELD / SUBJECT

Function
 Policy
 Procedure / practice
 Service
 Strategy
 Document (if joint, state with whom)

Describe the main aim, objectives and intended outcomes of the above:

To give guidance to ensure consistency in the performance and reporting of diagnostic ABR tests on adults.

An initial screening should be undertaken first. This helps to identify whether there is a possibility that people might have different experiences of the function/ policy / process/ strategy compared to others.

This initial EIA simply assesses whether different groups of people who use a service are affected by the intended function / policy/ practice / strategy more, less or in a different way than other groups of people. A differential impact occurs when a particular group has been affected differently by this in either a positive or negative/adverse way.

An assessment of whether there is a differential impact will be based on two factors – quantitative monitoring data and qualitative information, including the expert opinion from the EIA assessor who is normally the manager responsible for the delivery as well as someone with a different perspective. This would ideally be one or more service users or someone related to the service. There will be times when involving someone for their technical expertise or someone with specialist knowledge will be appropriate and EIA assessors should consider this. You must assess **each** of the 9 areas separately and consider how your document in section 1 may affect people's human rights.

2. ASSESSMENT OF POSSIBLE ADVERSE IMPACT AGAINST ANY MINORITY GROUP

	Could the policy / service / function / other in section 1 have a significant negative impact on equality in relation to each area below?	Response		If YES, please state why and the evidence used in your assessment
		Yes	No	
1	Age		X	
2	Sex (Male and Female)		X	
3	Disability (Learning Difficulties / Physical or Sensory Disability)		X	
4	Race or Ethnicity		X	
5	Religion and Belief		X	
6	Sexual Orientation (gay, lesbian or heterosexual)		X	
7	Pregnancy and Maternity		X	
8	Gender Reassignment (the process of transitioning from one gender to another)		X	
9	Marriage and Civil Partnership		X	

You need to ask yourself:

- | | | |
|---|------------|-----------|
| • Will the policy / practice / service create any problems or barriers to any community or group? | Yes | No |
| • Will any group be excluded because of this? | Yes | No |
| • Will there be a negative impact on community relations ? | Yes | No |

If the answer to any of these questions is YES, you must complete a **FULL** Equality Impact Assessment. Contact the Corporate Governance Administrator and refer to the EIA Policy on the intranet.

3. POSITIVE IMPACT

Could the policy / practice / service / other have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If YES , please state why and the evidence used in your assessment
		Yes	No	
1	Promote equal opportunities		X	
2	Get rid of discrimination		X	
3	Get rid of harassment		X	
4	Promote good community relations		X	
5	Promote positive attitudes towards disabled people		X	
6	Encourage participation by disabled people		X	
7	Consider more favourable treatment of disabled people		X	
8	Promote and protect human rights		X	

4. SUMMARY

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality?

POSITIVE			NEGATIVE			
High	Medium	Low - x	Nil -x	Low	Medium	High

Date Assessment completed: 04/06/2018	Is a <u>full</u> Equality Impact Assessment required? NO
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COMPLETED BY

Name	Justine Sweet		
Job Title	Head of Service		
Date	04/06/2018	Contact number/s Ext: 2144	
Head of Service	<i>Justine Sweet</i>		

THIS EIA HAS BEEN APPROVED BY THE MANAGER / HEAD OF SERVICE

Name	Justine Sweet		
Job Title	Head of Service		
Date	04/06/2018	04/06/2018	

Please send your completed EIA to the relevant committee / group for approval.
Once approved, your EIA will be placed on the KHFT webpage for the public to view.