

# INITIAL EQUALITY IMPACT ASSESSMENT (EIA) FORM

|  |                      |                 |            |
|--|----------------------|-----------------|------------|
| Name of policy / process / service / other | <b>NELA Guidance</b> | Date applicable | 07/08/2019 |
|--|----------------------|-----------------|------------|

Responsible Staff Member: Dr Shahan Nizar  
EIA Assessor/s: Dr Shahan Nizar  
Directorate: Anaesthetics

## 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:

The guideline formally establishes an agreed pathway to follow for all teams involved with patients having emergency laparotomies in order to maintain a standard of excellence and high quality outcomes. The guideline delineates clear instructions for all staff involved to enter data online as part of the audit

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

### You need to ask yourself:

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

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

Date Assessment completed: 22/07/2019

Is a full Equality Impact Assessment required? NO

**COMPLETED BY**

|                 |                                   |                        |  |
|-----------------|-----------------------------------|------------------------|--|
| Name            | Dr Shahan Nizar                   |                        |  |
| Job Title       | Anaesthetic Consultant, NELA Lead |                        |  |
| Date            | 22/07/2019                        | Contact number/s #6279 |  |
| Head of Service | Dr Shahan Nizar                   |                        |  |

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

|           |                              |                        |  |
|-----------|------------------------------|------------------------|--|
| Name      | Dr Arces                     |                        |  |
| Job Title | CLINICAL LEAD INTENSIVE CARE |                        |  |
| Date      | 22.08.2019                   | Contact number/s x6278 |  |

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.