

# INITIAL EQUALITY IMPACT ASSESSMENT (EIA) FORM

\*\* PLEASE INSERT NAME OF PERSON COMPLETING THIS FORM AND THAT OF APPROVING MANAGER / HEAD OF SERVICE\*\* ON PAGE 2

|  |  |                |          |
|--|--|----------------|----------|
| Name of policy / process / service / other | <b>PICTURE ARCHIVING &amp; CUMMUNICCAION SYSTEM (PACS) SUPPORT PROCEDURE</b> | Date completed | 25/10/21 |
|--|--|----------------|----------|

Responsible Staff Member: Simon Rickaby  
EIA Assessor/s:  
Directorate: Radiology

### 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: This procedure describes how to report issues with the Picture Archiving and Communication System (PACS) and associated interfaces, provide support information for Kingston Hospital IT Service Desk and the PACS Administrators and fix or escalate IT issues related to the PACS for the Desktop Support Team and the Network Services Team.

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

**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 <b>significant positive impact</b> on equality by reducing inequalities that already exist?<br>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 <b>equal opportunities</b>                           |          | ✓  |   |
| 2   | Get rid of <b>discrimination</b>                             |          | ✓  |   |
| 3   | Get rid of <b>harassment</b>                                 |          | ✓  |   |
| 4   | Promote <b>good community relations</b>                      |          | ✓  |   |
| 5   | Promote <b>positive attitudes</b> towards disabled people    |          | ✓  |   |
| 6   | Encourage <b>participation</b> by disabled people            |          | ✓  |   |
| 7   | Consider <b>more favourable treatment</b> of disabled people |          | ✓  |   |
| 8   | Promote and protect <b>human rights</b>                      |          | ✓  |   |

### 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 impact on equality?

| POSITIVE |        |            | NEGATIVE   |     |        |      |
|----------|--------|------------|------------|-----|--------|------|
| High     | Medium | <u>Low</u> | <u>Nil</u> | Low | Medium | High |

|                                     |   |
|-------------------------------------|---|
| Date Assessment completed: 25/10/21 | Is a <u>full</u> Equality Impact Assessment required? YES / <u>NO</u> |
|-------------------------------------|---|

### COMPLETED BY

|                 |                           |                           |  |
|-----------------|---------------------------|---------------------------|--|
| Name            | Simon Rickaby             |                           |  |
| Job Title       | Radiology Systems Manager |                           |  |
| Date            | 25/10/21                  | Contact number/s ext 2700 |  |
| Head of Service | Jim Weir                  |                           |  |

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

|           |  |                  |  |
|-----------|--|------------------|--|
| Name      |  |                  |  |
| Job Title |  |                  |  |
| Date      |  | Contact number/s |  |

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.