

**Equality Impact Assessments (EqIA)  
Screening Tool to decide if an EqIA is needed**

**1. What is your Service Area and Directorate?**

Service area: Estates Department

Name of Initiative: Medical Gas Pipeline Systems Policy

Directorate: Operations

**2. What initiative are you screening for relevance to equality?**

New Service

Service Review

Service change

Strategy

Policy

Other

Project

Care pathway

Financial decision/

Efficiency saving

*Please write in:*

**3. Please give a brief description of the initiative including the aims, objectives, who will be affected and what you are trying to achieve**

*Please write in*

A written procedure to manage risks to Medical Gas Pipelines system

**4. What does the initiative mainly relate to?**

Direct frontline service delivery e.g. face to face contact with service users

*Please explain why*

estates operations

Indirect front line service delivery e.g. support service provided at a distance

*Please explain why*

support service provided at a distance

Indirect back room service delivery e.g. support service with no patient contact

*Please explain why*

**5. Would this initiative be delivered in partnership with other public sector partner organisations or contractors?**

Yes

No

**6. What is the potential impact on the following groups of people including patients or the wider community?**

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Different age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Men, women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Different religions or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Welsh language speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Pregnant women/women who have recently given birth to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Marital or civil partnership status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Different socio-economic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

### 7. What is the potential impact on staff?

Staff Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

### 8. What is the potential impact on the Human Rights of individuals and in particular to the principles of:

Principle	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

**9. How visible is this initiative to the general public?**

- High visibility to general public
- Medium visibility to general public
- Low visibility to general public

**10. Does this proposal identify potential negative impacts?**

- Yes  No  Unable to decide

If yes

*Please explain why. Have you fully mitigated these in your plans? If there are residual issues, you will need to proceed to a full EqIA*

If no

*Please explain why and attach an action plan, **if necessary**, indicating how you will ensure that you will have enough information to review this decision in the future.*

**This is a technical procedure for managing the medical gas pipeline system only and has no bearing to equality. This will be reviewed systematically when reviewing the policy.**

If unable to decide

*Please explain why and indicate what steps you are going to take to be able to reach a conclusion either way.*

**11. Decision**

- Full EqIA required  Full EqIA not required

**12. Sign off**

Assessment team

- a. Des Keighan
- b. Beverley Radford
- c.
- d.

Lead for the initiative: Des Keighan

Signature:

Date:

02.04.19