APPENDIX 6

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

1. What is your Service Area and Directorate?

Service area: Health + Safety

Directorate: Nursing + Patient Experience

Name of Initiative: Review Manual Handling Policy

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

New Service	☐
Service Review	☐
Service change	☐
Strategy	☐
Policy	☑
Project	☐
Care pathway	☐
Financial decision/ Efficiency saving	☐

Other *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

4. What does the initiative mainly relate to?

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

Please explain why Safety of Patients and Staff

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

Please explain why

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	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment Policy Considers Individual Capabilities					
Different age groups	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment Policy Considers Individual Capabilities					
Children	☐	☐	☐	☐	☑	☐

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	Please describe what existing evidence you have for your assessment					
Men, women	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment					
People with disabilities	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment					
Different religions or beliefs	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Different sexual orientations	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Gender reassignment	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Welsh language speakers	☐		☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Pregnant women/women who have recently given birth to children	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment					
Marital or civil partnership status	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Carers	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different socio-economic groups	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment Not applicable					

7. What is the potential impact on staff?

Staff Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment Improves Safety + well-being					

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	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Respect	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Fairness	☐	☐	☐	☑	☐	☐
	Please describe what existing evidence you have for your assessment					
Independence	☐	☐	☐	☐	☑	☐
	Please describe what existing evidence you have for your assessment Patient risk assessment Considers Mobility					

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.*

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.
b.
c.
d.

Lead for the initiative: L S Higgs

Signature:

Date: 20th October 2020