

## EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: \_\_\_\_\_ Date/Period of Document: \_\_\_\_\_

Lead Officer: \_\_\_\_\_ Specialty/Health Group/Directorate: \_\_\_\_\_

1. <input type="checkbox"/> Function	Policy	Procedure	Strategy	Business Case	Joint Document, with whom?
Describe the main aim, objectives and intended outcomes of the above:					

*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 document in section 1 have a <b>significant negative</b> 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	<b>Age?</b>			
2	<b>Gender?</b> (Male, Female, Transgender)			
3	<b>Disability?</b> (Learning Difficulties/Physical or Sensory Disability)			
4	<b>Race or Ethnicity?</b>			
5	<b>Religion and Belief?</b>			
6	<b>Sexual Orientation?</b> (gay, lesbian, bi-sexual, 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 document create any **problems** or **barriers** to any community of group? Yes/No
- Will any group be **excluded** because of this document? Yes/No
- Will the document have a negative impact on **community relations**? Yes/No

**If the answer to any of these questions is yes, please complete a full Equality Impact Assessment.**

3. Positive impact:				
Could the document have a <b>significant</b> 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 <b>equal opportunities</b>			
2	Eliminate <b>discrimination</b>			
3	Eliminate <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 document will have a positive or negative impact on equality?						
Positive		<i>Please rate, by circling, the level of impact</i>				Negative
HIGH	MEDIUM	LOW	NIL	LOW	MEDIUM	HIGH
Date assessment completed:		Is a full equality impact assessment required?		<input type="checkbox"/> Yes		<input type="checkbox"/> No

Name of person completing this form: \_\_\_\_\_ Date of Next Review of EIA: \_\_\_\_\_

Date: \_\_\_\_\_

We are required to publicise the results of all Equality Impact Assessments. Please forward a copy of your completed screening tool and the document to which it refers to:

Jackie Railton  
Head of Strategic Planning  
Finance Building  
Castle Hill Hospital  
Email: [jackie.railton@hey.nhs.uk](mailto:jackie.railton@hey.nhs.uk)

