Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

Name of
*Peri-operative Pain Management Guidelines in Children*

Person/persons conducting this assessment with Contact Details
Susan Mogford, Senior Nurse. Ext 45449 UHW
Laura Hopkins, Clinical Nurse Specialist, Pain Management Service. Ext 45449 UHW

Date

1. The Policy
Is this a new or existing policy?
*Pre-existing but updated*

What is the purpose of the policy?
*These guidelines have been produced to ensure that consistent, safe and appropriate evidence based peri-operative pain management is provided for children throughout Cardiff and Vale University Health Board.*

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan
*These guidelines relate to paediatric peri-operative acute pain management. They aim to facilitate safe practice and manage the risks associated with the pain relieving strategies utilized.*

Who will benefit from the policy?
*Any baby or child up to the age of 16 years who requires post operative pain control*

What outcomes are wanted from this policy?
*That all babies and children undergoing surgery in Cardiff and Vale University Health receive safe, effective, optimal evidence based pain relieving interventions.*

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)
*No*
2. Data Collection
What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?
What quantitative data do you have on the different groups (e.g. findings from discussion groups, information from comparator authorities)?
Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)
What gaps in data have you identified? (Please put actions to address this in your action plan?)

3. Impact
Please answer the following
Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

Yes in that these guidelines are child specific i.e. cover the age range of day 1 of life to 16th birthday and the intention is to impact on this age range

Do you think that the policy impacts on people because of their caring responsibilities?

No

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

No

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

No

Do you think that the policy impacts on people because of their being married or in a civil partnership?

N/A as guideline relates to the under 16 age group anyway
Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

No

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

No

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

No

Do you think that the policy impacts on men and woman in different ways?

No

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

No

Do you think that the policy impacts on people because of their Welsh language?

No

4. Summary.
Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

None

Is the policy directly or indirectly discriminatory under the equalities legislation?

It is not discriminatory

If the policy is indirectly discriminatory can it be justified under the relevant legislation?
Appendix 3

Cardiff and Vale University Health Board
Action Plan

Section B: Action
5. Please complete your action plan below. Issues you are likely to need to address include
• What consultation needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)
• What monitoring/evaluation will be required to further assess the impact of any changes on equality target groups?

Equalities Impact Assessment Implementation Mitigation/Action Plan

<table>
<thead>
<tr>
<th>Issue to be addressed</th>
<th>Responsible Officer</th>
<th>Action Required</th>
<th>Timescale for completion</th>
<th>Action Taken</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>None to be addressed</td>
<td>Sue Mogford</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Report, publication and Review
Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

Please record details of where and when EQIA results will be published
*On the front page of the guideline document*

Please record below when the EQIA will be subject to review.

Name of person completing: Susan Mogford Senior Nurse Pain Management Service

Signed: [Signature]
Date: 

01/06/2015

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication

______________________________
Signed: ____________________________
Date: ______________________________