

Dudley Group of Hospitals: Equality Impact Assessment

Step 2 - Screening Tool

Please complete the following when screening your policy or service for potential impact on equality groups.

1. Name of lead	Lisa Medhurst
Contact number & email	Ext 3727 lisa.medhurst@dgh.nhs.uk
Directorate or Department and Team	Clinical Audit & Effectiveness Dept
2. Name of service or policy 2.1 Version	External Visits Policy v4
Is this a new or existing piece of work?	Review of existing policy (Sept 2010)
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	This policy applies to all Trust staff involved in responding to visits, with or without advance notice by external agencies and in the implementation of subsequent recommendations. This policy will apply to all external agency visits, inspections and accreditations in which the Trust participates and includes H M Coroner Rule 43 reports
4. What are the aims of the service/policy? i.e. what does the policy or service hope to achieve?	The purpose of this policy is to provide a framework for the management of external agency visits, inspections and accreditations
5. Does any part of this service or policy have the potential to have an adverse impact based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? <i>If No, please provide brief reasons.</i>	No, this policy applies to all individuals regardless of the nine strands of diversity.
6. Are there any factors that could lead to different outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No, this policy applies to all individuals regardless of the nine strands of diversity. No outcomes or factors implemented as a result of this policy are based on any of the nine strands of diversity.

If you have answered yes to any of questions 5 or 6, you must now complete a full Equality Impact Assessment using the proforma provided by the Trust.

If you have answered No to all of the above questions, a full assessment is not required. Please complete the following sign-off section and send a copy of this screening to your Head of Service, Matron or Head of Department as appropriate **and** to Liz Abbiss, Head of Communications at Trust HQ.

Name of person completing this screening: Lisa Medhurst

Job Title: Clinical Effectiveness Manager

Date sent to Head of Service, Matron or Head of department: 16th October 2012

Date sent to Head of Communications, Trust HQ: 11th Jan 2013

For advice relating to completion of this screening, please contact Human Resources on 456111, ext 3251