

# 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.

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|--|--|
| <b>1. Name of lead</b>   | Paul Hudson  |
| Contact number & email   | 2076<br>Paul.hudson@dgoh.nhs.uk  |
| Directorate or Department and Team   | Anaesthetic Department   |
| <b>2. Name of service or policy</b>  | Guidelines for utilising outcomes or Pre-Operative Assessment to develop theatre lists   |
| Is this a new or existing piece of work?   | New  |
| <b>3. Target audience</b><br>e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff  | NHS administrative staff who formulate theatre lists   |
| <b>4. What are the aims of the service/policy?</b> i.e. what does the policy or service hope to achieve?   | To implement a standardised process of formulating theatre lists to encourage safe and efficient throughput of patients whilst clarifying what information can be added to the list. |
| <b>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?</b><br><i>If No, please provide brief reasons.</i> | No the policy applies to every patient on every list.  |
| <b>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?</b><br><b>If No, please provide brief reasons.</b>     | No -all surgical patients will be listed in the same manner.   |

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:**

**Paul Hudson**

**Consultant Anaesthetist**

**Job Title:**

**Consultant Anaesthetist & Clinical Lead for Surgical Pre-assessment**

**Date sent to Head of Service, Matron or Head of department:**

**05/09/2012**

**Date sent to Head of Communications, Trust HQ:**

**05/09/2012**

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