

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	Derek Eaves/Paul Harrison
Contact number & email	3418/1290
Directorate or Department and Team	Nursing/Medical
2. Name of service or policy	Never Events
Is this a new or existing piece of work?	New
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	All Staff
4. What are the aims of the service/policy?	To inform staff of the process to take if and when Never Events occur
5. Does any part of this service/policy have a <i>positive impact</i> on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No. This policy applies to all patient incidents immaterial of a person's characteristics.
6. Could any part of this service/policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No. This policy applies to all patient incidents immaterial of a person's characteristics.

7. Are there any factors that could lead to differential take-up, 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 patient incidents immaterial of a person's characteristics.
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If you have answered yes to any of questions 5-7, 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: Derek Eaves

Job Title: Deputy Nursing Director

Date sent to Head of Service, Matron or Head of department: 21/5/09

Date sent to Head of Communications, Trust HQ: 21/5/09

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