## **Dudley Group of Hospitals: Equality Impact Assessment**

## Appendix 3 - Screening Tool

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

1. Name of lead	Anita Foster
Contact number & email	3422
Directorate or Department and Team	Nursing Directorate
2. Name of service or policy	Patient Information
Is this a new or existing piece of work?	This policy supercedes the policy of same name approved in April 2006
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Patient, public and all NHS Staff and volunteers.
4. What are the aims of the service/policy?	This policy sets out a framework to ensure that accurate, comprehensive and understandable patient information is accessible to all those who need it. The policy aims to enhance the patient's experience by ensuring that needs for information are met at the right time and in the most appropriate way for the patient, and by ensuring good communication between patients and healthcare professionals.
5. Does any part of this service/ policy have a positive 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 Patients have access to all information and this can be made available to them in alternative formats.

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 Patient information is essential to ensure patients are informed and able to influence decisions relating to their care and treatment.

The policy includes the option for patients to request information in other formats and languages.

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 as above.

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: Anita Foster

**Job Title: Patient Information Officer** 

Date sent to Head of Service, Matron or Head of department: September 2009

Date sent to Head of Communications, Trust HQ: September 2009