

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	Jane Fleetwood
Contact number & email	Ext 1887 jane.fleetwood@dgoh.nhs.uk
Directorate or Department and Team	PALS (Patient Advice & Liaison)
2. Name of service or policy	Volunteer Policy
Is this a new or existing piece of work?	Existing – policy review
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	All
4. What are the aims of the service/policy?	The policy ensures an effective and appropriate use of volunteers within the Trust
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 – all individuals are offered appropriate support for their needs during volunteer recruitment process. The Volunteer Co-ordinator will assist in completing necessary forms if the individual has difficulties (e.g. physical or sensory impairment, language, literacy etc.). Appropriate volunteering opportunities are then identified based on each individual's skills and preferences.
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 – see above.
7. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability,	No – see above.

ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	
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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: Karen Jaunzems

Job Title: PALS Manager

Date sent to Head of Service, Matron or Head of department: 2/03/2010

Date sent to Head of Communications, Trust HQ: 2/03/2010

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