

### 13. APPENDIX 1 Equality Impact Screening Tool

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

1. Name of lead	Justine Edwards, SPMW-Clinical Governance/Risk
Contact number & email	01384 456111 ext 1506 Justine.edwards@dgh.nhs.uk
Directorate or Department and Team	Women & Children's Directorate
2. Name of service or policy	Anomaly scan
Is this a new or existing piece of work?	Replacing version 4
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Permanent midwifery/nursing staff, medical staff.  Bank staff and locum doctors
4. What are the aims of the service/ policy?	The aim is to allow women to make an informed choice about the uptake of the anomaly scan.
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 bench marked against the Staffordshire, Shropshire & Black Country Newborn Network guidelines.
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 bench marked against the Staffordshire, Shropshire & Black Country Newborn Network guidelines.
7. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability,	No if any equality issues were apparent an individual management plan would be formulated

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: Justine Edwards

Job Title: SPMW-Clinical Governance/Risk

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

16<sup>th</sup> October 2012

Date sent to Head of Communications, Trust HQ: 08.02.13

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