

Dudley Group of Hospitals: Equality Impact Assessment

Screening Tool

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

1. Name of lead	Sharon Thomas
Contact number & email	Ext. 1398 – Sharon.thomas@dgoh.nhs.uk
Directorate or Department and Team	Health Records – Clinical & Specialist Support Services Directorate
2. Name of service or policy	Creation of Patient Records Policy
Is this a new or existing piece of work?	Replaces an existing policy
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal NHS Staff
4. What are the aims of the service/ policy?	This policy provides a framework and guidance for the creation and subsequent management of patient records across 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. This policy provides a framework and guidance for the creation and subsequent management of patient records across the Trust.
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?	No
If No, please provide brief reasons.	This policy provides a framework and guidance for the creation and subsequent management of patient records across the Trust.

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 provides a framework and guidance for the creation and subsequent management of patient records across the Trust.
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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: Sharon Thomas

Job Title: Patient Administration Manager,
Health Records

Date sent to Head of Service, Matron or Head of department: April 2010

Date sent to Head of Communications, Trust HQ: April 2010