

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	Liz Abbiss
Contact number & email	Ext 1013, liz.abbiss00@dgoh.nhs.uk
Directorate or Department and Team	Nursing
2. Name of service or policy	Customer care Policy
Is this a new or existing piece of work?	Review of existing policy
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal staff and volunteers
4. What are the aims of the service/policy?	The policy outlines the standards of customer care expected of all its staff and volunteers when dealing with any of our customers.
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 – it places a duty on staff to treat all customers with the same levels of customer care.
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	No – it places a duty on staff to treat all customers with the same levels of customer care.

<p>orientation? If No, please provide brief reasons.</p>	
<p>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.</p>	<p>No – it places a duty on staff to treat all customers equally.</p>

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:

Job Title: Liz Abbiss, Head of Customer Relations and Communications

Date sent to Head of Service, Matron or Head of department: 26/02/2010

Date sent to Head of Communications, Trust HQ: