

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	Formula feeding
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?	To outline the support provided to parents who choose to formula feed, including: <ul style="list-style-type: none"> • Antenatal requirements concerning information giving. • Preparing a formula feed to include equipment required and the method to use. • Information to be given to parents about the storage of formula and preparation of formula when going out • Training for staff requisitions
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.

<p>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?</p> <p>If No, please provide brief reasons.</p>	<p>No bench marked against the Staffordshire, Shropshire & Black Country Newborn Network guidelines.</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?</p> <p>If No, please provide brief reasons.</p>	<p>No if any equality issues were apparent an individual management plan would be formulated</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: Justine Edwards

Job Title: SPMW-Clinical Governance/Risk

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

25th September 2013

Date sent to Head of Communications, Trust HQ: 23rd October 2013

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