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 | Lynn Hinton |
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| | |
| Contact number & email | Ext1121 |
| | Lynn.hinton@dgh.nhs.uk |
| Directorate or Department and Team | Finance Department |
| 2. Name of service or policy | Guide to Managing Your Charitable |
| | Funds |
| Is this a new or existing piece of work? | Existing policy |
| 3. Target audience | Internal staff – charity fund managers |
| e.g. patients and public; NHS staff; | |
| professional health organisations; | |
| voluntary organisation; internal staff | |
| 4. What are the aims of the service/ | Staff awareness for the procedures |
| policy? | relating to receipting, expenditure, |
| | fundraising and adminstration of |
| | charity money |
| 5. Does any part of this service/ | Policy relates to all funds of the |
| policy have a positive impact on | charity and should have a positive |
| our duty to promote good race | impact on all patients treated at |
| relations, eliminate discrimination | Dudley Group of Hospitals, eliminates |
| and promote equality based on a person's age, disability, ethnic | discrimination to all patients. |
| origin, gender, religion/belief or | |
| sexual orientation? | |
| If No, please provide brief reasons. | |
| | |
| | |
| 6. Could any part of this | No – all patients to be treated equally |
| service/policy have an adverse impact on our duty to promote | and the policy applies to all funds and any relevant wards or departments. |
| good race relations eliminate | any relevant warus or departments. |
| 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. | |
| | |

| 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 – All funds should be managed equally and in line with the procedure. |
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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: Lynn Hinton

Job Title: Treasury Manager

Date sent to Head of Service, Matron or Head of department: 22/06/11

Date sent to Head of Communications, Trust HQ: