

# 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.

<b>1. Name of lead</b>	Carol Love-Mecrow
Contact number & email	Ex 3469 <a href="mailto:Carol.Love-Mecrow@dgoh.nhs.uk">Carol.Love-Mecrow@dgoh.nhs.uk</a>
Directorate or Department and Team	Nursing Directorate
<b>2. Name of service or policy</b>	<b>Guidelines on ward and department profiles</b>
Is this a new or existing piece of work?	Existing
<b>3. Target audience</b> e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	NHS Clinical Staff
<b>4. What are the aims of the service/policy?</b>	To support staff in developing ward/department profiles
<b>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.</b>	No The policy treats all staff equally
<b>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.</b>	No All staff are able to develop their ward/department profile in line with the policy
<b>7. Are there any factors that could lead to differential take-up,</b>	No, as above

<b>outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.</b>	
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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:**

**Job Title:** Clinical Education Lead

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

**Date sent to Head of Communications, Trust HQ:**

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