

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	Maternity transfer
Is this a new or existing piece of work?	Replacing version 1
2.1 Version of document	V2
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	For use by all professionals in a variety of care settings involved in transfers of antenatal, intrapartum or postpartum women.
4. What are the aims of the service/policy?	<p>PURPOSE OF GUIDELINE</p> <p>To outline the roles and Responsibilities of individuals Involved in transfers and to Give guidance on:</p> <ul style="list-style-type: none"> <input type="radio"/> Ambulance transfers <input type="radio"/> In utero transfers <input type="radio"/> Antenatal transfers from community to the obstetric unit <input type="radio"/> Intrapartum transfers <input type="radio"/> Postnatal transfers
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?	No we have bench marked against national and NHSLA guidance.

Maternity transfer
Version 2

<p>If No, please provide brief reasons.</p>	
<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 we have bench marked against national and NHSLA guidance.</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: 5th September 2012

Date sent to Head of Communications, Trust HQ: 08.02.13

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