

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	Bal Kainth
Contact number & email	Ext 3296. bal.kainth@dgoh.nhs.uk
Directorate or Department and Team	Operations
2. Name of service or policy	Policy for the Maintenance of Medical Devices
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, PFI partners
4. What are the aims of the service/policy?	To ensure there is a suitable system in place to manage the maintenance of medical devices.
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.	Yes
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.	No, this policy relates to Trust staff / PFI partners and their responsibilities relating medical devices maintenance.

<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, this policy relates to Trust staff / PFI partners and their responsibilities relating medical devices maintenance.</p>
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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: Bal Kainth

Job Title: Medical Devices Co-ordinator

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