EQUALITY IMPACT SCREENING TOOL

Please complete the following when screening your policy or service for potential

impact on equality groups.

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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	Referral criteria to the neonatal community team guideline
Is this a new or existing piece of work?	Newly developed guideline
3. Target audience	Neonatal unit Transitional care unit
e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Midwifery unit and community
4. What are the aims of the service/ policy?	The aim of the guideline will be to guide the members of the neonatal team to identify those babies and their carers who may require ongoing support, intervention and monitoring on discharge.
5. Does any part of this service/ policy have a positive 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?	No we have bench marked against national and NHSLA guidance.
If No, please provide brief reasons.	
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?	No we have bench marked against national and NHSLA guidance.
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?

No if any equality issues were apparent an individual management plan would be formulated

If No, please provide brief reasons.

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:

25/4/2013

Date sent to Head of Communications, Trust HQ: July 2013

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