

# 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.

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| <b>1. Name of lead</b>   | Margaret Marriott   |
| Contact number & email   | X1024;<br>margaret.marriott@dgh.nhs.uk  |
| Directorate or Department and Team   | Research & Development  |
| <b>2. Name of service or policy</b>  | Research  |
| Is this a new or existing piece of work?   | Existing  |
| <b>3. Target audience</b><br>e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff  | NHS staff   |
| <b>4. What are the aims of the service/policy?</b>   | Provide guidance on indemnity arrangements when undertaking research.                                       |
| <b>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?</b><br>If No, please provide brief reasons. | All staff are entitled to be protected by Trust indemnity when carrying out the core business of the Trust. |
| <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?</b><br>If No, please provide brief reasons. | No; policy applies to all members of staff  |

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| <b>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?<br/>If No, please provide brief reasons.</b> | No; every research study has to receive NHS permission via R&D Directorate and is thus covered by CNST arrangements. |
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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:**

**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