

## 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	Induction of labour
Is this a new or existing piece of work? 2.1 Version of document	V7
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	This document applies to all maternity and medical staff caring for women receiving an induction of labour.
4. What are the aims of the service/policy?	<p><b>1. PURPOSE OF GUIDELINE</b></p> <p>This guideline has been developed with the aim of providing guidance on the:</p> <ul style="list-style-type: none"> <li>• Clinical indications for induction of labour</li> <li>• Appropriate place and timing of induction of labour</li> <li>• Care of the women during the induction process, to include when to consider fetal and maternal monitoring</li> <li>• Providing information for pregnant women</li> <li>• Management of complications of induction, such as failed induction.</li> </ul>
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,	No we have bench marked against national and NHSLA guidance.

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religion/belief or sexual orientation?  If No, please provide brief reasons.	
<b>6.</b> 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 we have bench marked against national and NHSLA guidance.
<b>7.</b> 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.	No if any equality issues were apparent an individual management plan would be formulated

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:

Date sent to Head of Communications, Trust HQ: 08.02.13

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