

1. 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 guideline
Is this a new or existing piece of work?	Replacing version 1
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Permanent midwifery, medical staff. Bank staff and locum doctors
4. What are the aims of the service/policy?	To provide clear guidance for the transportation of women between care settings including communication with all agencies involved in providing care during the transfer of care.
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.	No we have bench marked against National and NHSLA guidance.
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 we have bench marked against National and NHSLA guidance.

<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>
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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: 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

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