

# 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.

<b>1. Name of lead</b>	Briony Howells Christine Taylor
Contact number & email	<a href="mailto:christine.taylor@dgoh.nhs.uk">christine.taylor@dgoh.nhs.uk</a> 4280/4705
Directorate or Department and Team	Emergency/EAU
<b>2. Name of service or policy</b>	Use of Bed Rails
Is this a new or existing piece of work?	Existing
<b>3. Target audience</b> e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	NHS Staff, internal staff, professional health organisations, voluntary organisations.
<b>4. What are the aims of the service/policy?</b>	Patient Safety.
<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> If No, please provide brief reasons.	No – the systems described apply to all staff of whatever background and belief
<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> If No, please provide brief reasons.	No – the systems described apply to all staff of whatever background and belief

<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? If No, please provide brief reasons.</b>	No – the systems described apply to all staff of whatever background and belief
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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: Christine Taylor**

**Job Title: Falls Prevention Co-ordinator.**

**Date sent to Head of Service, Matron or Head of department:**

**Date sent to Head of Communications, Trust HQ:**