

Equality and Diversity – Policy Screening Checklist

Policy/Service Title: Policy for the Provision of perioperative cell Salvage	Directorate: Theatres Day Surgery and Pre-operative Assessment
Name of person/s auditing/developing/authoring a policy/service:	

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:						
Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		X				
1.2 Gender (Male, Female and Transsexual)?		X				
1.3 Disability?		X				
1.4 Race or Ethnicity?		X				
1.5 Religious, Spiritual belief (including other belief)?		X				
1.6 Sexual Orientation?		X				
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.						
2. Check for DIRECT discrimination against any group relating to EMPLOYEES:						
Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		X				
2.2 Gender (Male, Female and Transsexual)?		X				
2.3 Disability?		X				
2.4 Race or Ethnicity?		X				
2.5 Religious, Spiritual belief (including other belief)?		X				
2.6 Sexual Orientation?		X				
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.						
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION = 0						

3. Check for INDIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:		Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
3.1	Age?		X				
3.2	Gender (Male, Female and Transsexual)?		X				
3.3	Disability?		X				
3.4	Race or Ethnicity?		X				
3.5	Religious, Spiritual belief (including other belief)?		X				
3.6	Sexual Orientation?		X				
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:		Response		Action required		Resource implication	
		Yes	No	Yes	No	Yes	No
4.1	Age?		X				
4.2	Gender (Male, Female and Transsexual)?		X				
4.3	Disability?		X				
4.4	Race or Ethnicity?		X				
4.5	Religious, Spiritual belief (including other belief)?		X				
4.6	Sexual Orientation?		X				
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 0							

Signatures of authors / auditors:

Date of signing:

FOR ADVICE UPON THIS DIVERSITY IMPACT ASSESSMENT PLEASE CONTACT YOUR LOCAL DIVERSITY ADVISOR OR THE TRUST HEAD OF DIVERSITY

Equality and Diversity – Review Plan

Directorate: Theatres

Responsible Manager: Matron for Theatres

Name of Person Undertaking the Review: Matron for Theatres

The second part of the impact assessment is to complete this review plan. This should be used to identify when the review will take place and who should be involved. The plan will form part of the quarterly Governance Performance Reviews.

Service/Policy:	Consultation Group:	Completed by:
Policy for the Provision of Perioperative Red Cell Salvage	Cell Salvage Working Party	

When completed please return this assessment and review plan to our Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey.

Signed by Responsible Manager:

Date:

Equality Action Plan/Report

Directorate: Theatres Day Surgery and Pre-op Assessment

Service/Policy: Policy for the Provision of Perioperative Cell Salvage

Responsible Manager: Matron

Name of Person Developing the Action Plan:

Consultation Group(s):

Review Date:

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by: _____

Action*:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement Arrangements		
A rethink as to how things are publicised		

* Actions may include – addition to the risk register or completion of an incident form.

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Date: