

APPENDIX H

**EQUALITY IMPACT ASSESSMENT
Stage 1. Screening**

FORM A

Name of activity:	Policy for Use of Agency (and Trust) Locum Doctors		Date:	22.02.11
Name of person responsible for the activity:	Dawn Fenna		Directorate:	Human Resources
Names of people undertaking screening:	Dawn Fenna, Pamela Permallo-Bass		Department:	Medical Personnel
Briefly describe the purpose of the activity:	The policy is to provide guidance to managers (clinical and directorate) when they may need to seek locum doctors and describes a best practice process that managers are expected to follow			
Who will benefit from this activity?	The Trust and specific departments as well as managers			
	Yes	No	Please give details	
1. Could or does the activity affect one or more of the equality groups in a different way to others?		No	The policy outlines the process to be followed for requesting and checking CVs for locum doctors. Only those CVs which have been assessed as suitable may be considered and suitability is dependant on assessment criteria in appendix C and D	
2. Could or do different equality groups have different needs in relation to the policy?		No	The policy is to provide guidance for managers and provides assessment criteria for all CVs received and these would be applied equally	
3. Does the policy actually or potentially hinder equality of opportunity?		No	Only those CVs which have been assessed as suitable may be considered and suitability is dependant on assessment criteria in appendix C and D which is applied to all CVs that may be forwarded from locum agencies	
4. Does the policy actually or potentially contribute to equality of opportunity?	Yes		Assessment for all CVS are treated the same as per appendix C and D	
5. Does the policy offer opportunities to promote equality?	Yes		Assessment for all CVS are treated the same as per appendix C and D	
6. Does the policy offer opportunities to promote positive relations?	Yes		Assessment for all CVS are treated the same as per appendix C and D	

Does this activity/policy require further impact assessment, action or amendment? **NO** (if yes, please complete FORM B)

Please state in your policy documentation that it has been equality impact assessed and include your completed screening form (FORM A) as an appendix.

Screening form completed by: Dawn Fenna | When will the policy and screening be reviewed? April 2014