



Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: TP/060 Acceptable Usage Policy

Is it new or revised

(If revised, please attach a copy of the original Equality Impact Assessment.)

Senior Manager Responsible _____ Sonja Pirelli _____

Department _____ IM&T _____

Section _____ Information Security _____

Equality Impact Assessment Screening Team

Name	Department	Role
Benedict Olaoya	IM&T	Information Security Manager
Stephen Moore	Governance & Compliance	Head of Records & Business Continuity
Sue Meehan	IM&T	Head of Management Information

Date of screening _____ 05/07/10 _____

Title: Equality Impact Assessment Guidance and Form	Version: 3.0
Date: 16/03/2010	Owner: Equality and Inclusion



Please summaries below the aims and objectives of this policy/service/function etc. including any intended outcomes.

- To ensure that all staff are aware of their responsibility to use Trust IT and communication systems in line with this policy.
- To raise awareness to staff that security of Trust resources and information is everyone's responsibility.

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

The Trust will benefit from the policy by ensuring that employees manage Trust information in the correct manner
All employees of the Trust (including contractors and 3rd parties) will benefit by being aware of their personal responsibilities in the management of LAS & IT communication systems

Please state in the table below whether the policy/service/function etc. could have any potential impact on any of the equality strand groups, whether service users, staff or other stakeholders

Equality Strand Group	Is there likely to be a positive or neutral impact in regard to:	If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for an equality strand group or for another reason?
Age	Neutral	
Disability	Neutral	
Gender	Neutral	
Race	Neutral	
Religion or Belief	Neutral	
Sexual Orientation	Neutral	



Please provide and summarise below any relevant evidence for your declaration above – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

There is no evidence to suggest that any aspects of the policy will have an impact on any of the equality strands

Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No Yes

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

If you have identified a positive or negative potential impact for any equality strand group, which is not legal or justifiable, then you must complete a full Equality Impact Assessment. Please insert below any issues you have identified/recommendations for the full Equality Impact Assessment.

If you have only identified a neutral or positive impact on any equality strand group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust's website.

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London Ambulance Service **NHS**
NHS Trust

Name of Director: Peter Suter

Signature:

A handwritten signature in black ink, appearing to read 'Peter Suter'.

Date:

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