

INITIAL SCREENING TOOL

Title of policy/service/function/procedure/programme/ or strategy being assessed:

Procedure for use of social media TP080

Is it new **or revised**

Senior Manager Responsible _____ Angie Patton, Head of Communications _____

Department _____ Communications _____

Section _____ HQ _____

EQUALITY ANALYSIS SCREENING TEAM (Please enter below the names of the project team members who carried out this initial screening with you and their role in the screening (e.g. team colleague or critical friend).

Name	Department	Role
Angie Patton	Communications	Head of Communications
Alex Bass	Communications	Communications Manager
		Critical friend

Date of screening _____ 10 December 2012 _____

Title: Equality Analysis Tool & Guidance	Version: 1.1
Date: 12/07/2011	Owner: Equality and Inclusion

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

Scope of procedure: To help staff understand their responsibilities when using social media and the legal implications involved.

Objectives are to enable staff:

- To understand their responsibilities when using social media and what should, and should not, be electronically written or posted
- To differentiate between anonymised and patient-identifiable information
- To highlight the potential risks involved when posting on a social networking site
- To document the Service’s intentions for the use of social media
- To understand the implications of using social media inappropriately
- To know where they can go for further advice

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

All staff who use social media

Please state in the table below whether the policy/service/function etc. could have any potential impact on anyone from a “protected characteristic” group, whether service users, staff or other stakeholders

“Protected Characteristic 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 a “protected characteristic” group or for another reason?
Age	Neutral	
Disability	Neutral	

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Gender Reassignment	Neutral	
Marriage and Civil Partnership (duty only applies to elimination of discrimination)	Neutral	
Pregnancy and Maternity	Neutral	
Race	Neutral	
Religion or Belief	Neutral	
Sex	Neutral	
Sexual Orientation	Neutral	

Can the policy/service/function etc. be used to advance equality and foster good relations, including for example, participation in public life? If so, how?

The policy aims to protect the reputation of individual staff members and the reputation of the London Ambulance Service.

Please provide and summarise below any relevant evidence for your declaration above, including any engagement activities – 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.

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N/A

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.

N/A

You must complete a full Equality Analysis if you have identified a positive or negative potential impact for any “protected characteristic” group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact. Please insert below any issues you have identified/recommendations for the full Equality Analysis.

N/A

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If you have only identified a neutral or positive impact on any “protected characteristic” 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.



Angie Patton, Head of Communications

10 December 2012

Name of Director:

Signature:

Date:

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