



London Ambulance Service



NHS Trust

Initial Screening Tool

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

PARENTAL LEAVE

Is it new or revised

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

Senior Manager Responsible STEVE SAVE

Department HR

Section _____

Equality Impact Assessment Screening Team

Name	Department	Role
JULIE COOK	HR	SRHM
JUDY BROWN	HR	SRHM

Date of screening 21.6.2010



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

TO ENABLE TO MAKE A PERIOD OF TIME STAY WORK TO LOOK AFTER THEIR CHILD OR MAKE ARRANGEMENT FOR THE CHILD'S WELFARE. PARENTS CAN USE IT TO SPEND MORE TIME WITH CHILDREN AND STRIKE A BETTER BALANCE BETWEEN THEIR WORK & FAMILY COMMITMENTS

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

STAFF WITH PARENTAL RESPONSIBILITIES FOR CHILDREN UP TO AGE 14 OR FOR THOSE WITH PARENTAL RESPONSIBILITIES FOR DISABLED CHILDREN UP TO CHILD'S 18TH BIRTHDAY

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	



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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.

POLICY OPEN TO ALL STAFF IRRESPECTIVE OF EQUALITY STRANDS
MEETS ALL CURRENT RELEVANT ACTS OF PARLIAMENT

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.

N/A

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.

Name of Director: CAROL HITCHCOCK

Signature:

Date: 24.6.10

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