

## APPENDIX 1 - INITIAL SCREENING TOOL

**Title of policy/service/function/procedure/programme/ or strategy being assessed:** Procedure for Checking Driving Licences TP/063

(Please remember that even informal policies & procedures need to be equality analysed.)

Is it new  or revised

(If revised, please attach a copy of the original Equality Analysis.) not available

**Senior Manager Responsible** \_\_\_\_\_ DDO Jason Killens \_\_\_\_\_

**Department** \_\_\_\_\_ Operations \_\_\_\_\_

**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
Jason Killens	Operations	DDO
Ricky Lawrence	Equality and Inclusion	Equality and Inclusion Officer
Craig Harman	Control Services	OCM
Chris Doyle	Operations	Staff Officer
Kay Dark	Education and Development	Clinical Tutor
Peter Dalton	Medical Directorate	Staff Officer
Nick Sillett	Operations	Staff Officer

**Date of screening** \_\_\_\_\_ 07/07/2011 \_\_\_\_\_

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

To provide a process which ensures staff with driving duties and responsibilities maintain a current and updated driving license as required.

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

The Trust can ensure that staff are not driving illegally or with penalties or endorsements that may present a risk to the Trust with staff/stakeholders driving Service vehicles.

**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**

<b>“Protected Characteristic Group”</b>	<b>Is there likely to be a positive or neutral impact in regard to:</b>	<b>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?</b>
<b>Age</b>	Neutral	
<b>Disability</b>	Neutral	
<b>Gender Reassignment</b>	Neutral	
<b>Marriage and Civil Partnership</b>	Neutral	
<b>Pregnancy and Maternity</b>	Neutral	
<b>Race</b>	Neutral	
<b>Religion or Belief</b>	Neutral	
<b>Sex</b>	Neutral	
<b>Sexual Orientation</b>	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?**

No

**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.**

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

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.

*PASON KIMMUND*  
Name of Director:

*[Handwritten Signature]*  
Signature:

Date: *21/11/12*