

Date: 12/07/2011



LA035

EQUALITY ANALYSIS

INITIAL SCREENING TOOL

Title of policy/se	ervice/function/procedure/programme/ or strategy being assessed: OP 14 Conveyance of Patients
(Please rememb	er that even informal policies & procedures need to be equality analysed.)
ls it new □ or	revised √
(If revised, please	e attach a copy of the original Equality Analysis.)
Senior Manager	Responsible David Whitmore – Senior Clinical Adviser to the Medical Director
Department	Medical Directorate
Section	
	Title: Equality Analysis Tool & Guidance Version: 1.1

Owner: Equality and Inclusion

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	
David WHITMORE	Medical Directorate	Reviewer	
Neil Thomson	Medical Directorate	Reviewer	
Joanne Nevett	Medical Directorate	Reviewer	

Date of screening 10th November 2016

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

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1. Introduction

The London Ambulance Service attends a diverse range of patients, often in unique and demanding circumstances. This procedure aims to capture the entire patient journey from the point a resource arrives on scene to the point of discharge from ambulance service care. The actions we take to provide care are crucial in providing patients with a timely and appropriate experience. In order to provide fluid care we need to maintain close working relationships with partner agencies and care givers.

2. Scope

This policy provides overarching guidance to staff in relation to the appropriate treatment, conveyance and referral of patients. It does not seek to provide detailed guidance, but does signpost staff to the relevant detailed guidance/ policy where required.

This policy applies to all patient groups. Where required advice/guidance regarding specific patient groups, such as children or vulnerable adults, will be distinctly identified.

3. Objectives

- **3.1** To ensure that staff are appropriately advised of the action to be taken on scene.
- 3.2 To improve communication between LAS staff and professional colleagues
- 3.3 To help ensure that all patients who are conveyed by the LAS receive optimum care during their journey based upon their clinical condition, safeguarding the interests of both patient and staff
- 3.4 To help ensure that all patients attended by the LAS are offered referral or conveyance to a destination most suited to their clinical needs.
- 3.5 To ensure that the best use of Appropriate Care Pathways, eg. Falls Services etc. and referral to GPs is considered where appropriate.
- 3.6 To minimise risks that can occur whilst on scene.
- 3.7 To ensure that adequate support is available for staff to call upon when working in vulnerable, unusual or challenging situations.
- 3.8 To provide clarity for both LAS and hospital staff of their role in the handover of a patient, ensuring the provision of seamless patient care.
- 3.9 To ensure the patient is handed over in a safe and timely manner within prescribed time limits.
- **3.10** To help ensure that patients who are not conveyed for any reason are offered appropriate care and advice based upon their clinical needs, safeguarding the interests of both patient and staff.
- **3.11** To identify when responsibility for the patient transfers from the LAS to another responsible person or agency.
- 3.12 To ensure that staff are appropriately informed about the recognition of life extinct procedure and the management of deceased patients.

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

Patients, the LAS as an organisation and LAS staff benefit from this policy. It sets out clear guidance on how and in what circumstances patients are to be conveyed, (or not if circumstances so dictate). It has been updated for nomenclature of LAS posts.

It is cross referenced to many policies but the main ones are the Consent Policy and the Statement of Duties to Patients, which will remain as separate policies.

Overall the advice and guidance contained in the previous version of OP14 has not been changed.

It is not envisaged that the overall advice and guidance contained in this policy will significantly alter over the next two to three years.

However there is an intention that the majority of the clinical treatment advice will be placed into appendices, and will also form the basis of a separate LAS "Clinical Guidelines" booklet. This is so that the clinical treatment(s) that may well change with time do not affect the overall structure and main tenet of the policy and procedure advice given in this document. This is a process that will probably be applied increasingly to those policies and procedures that are heavily focussed on providing clinical treatment9s).

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	
Gender Reassignment	Neutral	

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Marriage and Civil	Neutral	
Partnership (duty only		
applies to elimination		
of discrimination)		
Pregnancy and	Neutral	
Maternity		
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?

This policy has always clearly laid out the fact that all patients are to be offered a high level of service, irrespective of their personal circumstances. It clearly lays out how staff are to treat and help persons who lack capacity, (by also referring to TP 03 Statement of Duties and OP 31 Consent Policy). It also provides guidance to the relationship with the Metropolitan Police, and this policy will continue to be the conduit for discussions / strengthening of this policy where required.

This version of the policy has strengthened advice regarding do not attempt resuscitation and also for advance decisions to refuse treatment. There is also the addition of guidance on how to proceed when the death of a patient is "expected" or "unexpected".

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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.

Patients Forum –Interaction with the Chairs of Patients Forum and invitations to speak at Patients Forum where OP14 and its overall ethos is one of the cornerstones of the LAS's relationship with patients.

Trust Board – Visions and Values

Monitoring through: Area Governance Meetings, Learning From Experiences

Legal Department: Monitoring of Claims and Inquests

Quarterly review via the Clinical Performance Indicator process (CPI), and Incident Reporting System

Quarterly review by Quality Assurance and Governance Team

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.

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characteristic" gro	oup, which is not legal	or justifiable o	or if you have identified a mpact. Please insert be	negative potential impact for any "protected any gaps in evidence which make it difficult low any issues you have
required, other tha		sign off this t	form, a copy stored on t	cteristic" group then no further action is he shared drive and sent to
Name of Director:	Dr. Fenella Wrigley	Signature:	FundakWijley	Date: 11 th November 2016

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