

Equality Impact Assessment – OP66 (Version 1.0)

Operational Procedure for use of Paper Operations – Control Services

Is it new or revised

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

Senior Manager Responsible: Andrew Pule

Department Control Services

Section Operations - A/E Directorate

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
Julia Lockett	Department of Education and Development	Acting Practice Learning Manager
Alison Collard	Central Support Unit	Deputy Central Support Unit Manager
Samad Billoo	Control Services	Senior Staff Side Representative/ EMD Allocator
Naomi Ivers	Control Services	EMD Allocator
Kelli Bowden	Human Resources	HR Manager – Control Services
		Critical friend Samad Billoo

Date of screening

16th September 2011

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

To provide a full detailed process by which the required movement from computer aided dispatch to fall-back / manual paper operations occurs.
 This policy will provide clarity and consistency for the Trust in the way it manages both planned (for upgrades and maintenance) and unplanned (for partial and/or complete technological failure) issues.
 To ensure that whilst utilising paper operations the Trust is still promoting patient safety, clinical governance and adherence to already existing policy and procedure.
 To provide aide-memoirs for Control Services' staff of all levels of experience and ability, with a set of predefined requirements and/or actions for each specific role.

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

Control Services staff will benefit from have a clear detailed policy by which they can follow should it become necessary to move to paper operations. Whilst this has previously been captured through onsite training it is clear a requirement does exist for a policy of this nature.
 There will be benefit for the Control Service's Senior Management team as well as Senior Manager's across the Trust as well as external stakeholders who would have the reassurance that such an operational procedure exists and is adhered to at all times.
 There will be benefits to service users / patients as by adopting this procedure there is a reduction in potential clinical risk to patients.

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	
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?

Yes. Whilst devising this operational procedure there has been active engagement across departments and of staff within the Trust. See below for further information.

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.

Provide clarity of paper operations process for internal and external stakeholders of the Trust.
 Enhancement to the management of queries and complaints through this procedure, alpha numeric identifiable call receipt forms will expedite speed and accuracy of responses. These will also allow for efficient identification and clinical audit of our highest priority of patients.
 Four fallback workshops were organised, where staff from all facets of Control Services were invited to attend and feedback any concerns they had about current processes to ensure there was full engagement. Senior staff side representative for Control Services Samad Billoo has been fully engaged in the drafting of this procedure.
 Deputy Medical Director Fenella Wrigley has also been consulted to ensure that the policy captured any concerns regarding patient safety and clinical governance.
 Acting Control Services Practice Learning Manager Julia Lockett has reviewed this policy to ensure that there are no unexpected or unhelpful training implications.

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.

Name of Director: Fiona Carleton

Signature:



Date: 21st September 2011