



Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: **Policy and Procedure for advising staff where deviation from guidelines is considered**

Is it new or revised

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

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Section

Equality Impact Assessment Screening Team

Name	Department	Role
David Whitmore	Medical Directorate	Principal Author / Reviewer
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Date of screening May 2010

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



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

This policy and procedure cannot cover all situations where staff may make an assessment that indicates a deviation from clinical guidelines or protocols may be necessary. It can therefore not be stressed enough, that staff must seek guidance in situations where deviation is being considered. As a general guiding principle, staff must be able to demonstrate that they understood, considered, and as appropriate complied with and documented the guidance given in 4.2.1 below.

The core nationally agreed clinical guidelines are the Clinical Practice Guidelines for use in UK Ambulance Services published by the Joint Royal Colleges Ambulance Services Liaison Committee (JRCALC), (commonly called the “JRCALC guidelines”). They are updated on a bi-annual basis and have the endorsement of all the Royal Medical Colleges. They have also been accepted as a core clinical standard by the College of Paramedics – British Paramedic Association (BPA), the UK paramedic professional body. They are further included within the Approvals Procedure of the Health Professions Council (HPC) for any education and training course leading to registration with the HPC as a paramedic.

The JRCALC guidelines have been accepted as setting the base standard of care for clinical practice within the LAS. Modification by the LAS to the JRCALC guidelines and/ or other nationally agreed clinical guidelines and protocols may take place from time to time. Any such changes will always be endorsed first by the Clinical Steering Group, then the Clinical Governance Committee and ratified by the Trust Board. Staff will then be formally informed via a Medical Director’s Bulletin and through any requisite education and training.

It is accepted that there will be occasions when it is not possible to comply fully with accepted clinical guidelines and/ or protocols. In these circumstances all staff are required to be able to justify and document any such deviation(s).

Objectives

To ensure all staff supplying clinical care, be that by direct patient contact or otherwise;

1. Are aware of their responsibility to be able to justify and document any deviation from agreed clinical guidelines or protocols.
2. Know how and where to seek advice and guidance before any deviation from agreed clinical guidelines or protocols is undertaken.
3. Know how and where to document any deviation from agreed clinical guidelines or protocols.

The overarching principle of this policy and procedure that must be adopted is that the greater the deviation from clinical guidelines or protocols being contemplated, the greater the level of advice and guidance that must be sought.

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

This policy is for the guidance and use of LAS staff and managers. This policy and procedure will also empower the member of staff to work outside national guidelines to achieve the best possible treatment / outcome for the patient / carer / relatives, if that is deemed appropriate by the LAS clinician having primacy of care at the time.

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	

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.

The author and reviewers are satisfied that no further EQIA action need be taken.

Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

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No ✓

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.

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: Fionna Moore

Signature:

Date: 3rd June 2010

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