

## INITIAL SCREENING TOOL

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

(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.)

**Senior Manager Responsible** \_\_\_\_\_ Kudakwashe Dimbi \_\_\_\_\_

**Department** \_\_\_\_\_ Medical Directorate \_\_\_\_\_

**Section** \_\_\_\_\_

**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
Clive Palmer	Patient Experiences Department	Principal author/Reviewer
Kudakwashe Dimbi	Medical Directorate	Reviewer
Daryl Mohammed	Medical Directorate	Adviser
Carmel Dodson-Brown	Cooperate Services	Adviser
Nicola Foad	Legal Department	Adviser
		<b>Critical friend</b>

**Date of screening** \_\_\_\_\_ 12 July 2012 \_\_\_\_\_

Title: Equality Analysis Tool & Guidance	Version: 1.1
Date: 12/07/2011	Owner: Equality and Inclusion

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

The Department of Health has issued a range of guidance documents on consent, and these should be consulted for details of the law and good practice requirements on consent. This policy sets out the standards and procedures in the LAS which aim to ensure that health professionals are able to comply with the guidance. While this document is primarily concerned with healthcare, social care colleagues should also be aware of their obligations to obtain consent before providing certain forms of social care, such as those that involve touching the patient or client.

This policy is for all staff who provide care to patients, irrespective of the route by which they came into contact with them.

- Part A provides, in the form of Frequently Asked Question a summary of the key points on consent as applicable to ambulance staff.
- Part B contains guidance for ambulance staff
- Part C contains the full consent policy

This policy defines the standards and procedures that LAS staff should follow when gaining patient consent for examination and treatment. The content of this policy applies to all staff who provide care to patients, irrespective of the route by which they come into contact with them. This policy does not address patient consent in relation to media.

**Objectives**

1. To set out and explain the requirements for seeking consent for examination and treatment of a patient.
2. To provide comprehensive information on gaining consent to examination or treatment.
3. To provide guidance for staff in specific circumstances.

To ensure staff realise the importance of decisions regarding consent that must be documented using the appropriate LAS forms.

**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 when dealing with all patients. It will benefit patients and other agencies by the correct application of the Mental Capacity Act 2005. The policy supports the person's right to consent to examination or treatment and outlines actions to take to enable this to take place. It provides guidance on how to seek consent from those who may have identified characteristics that may make it difficult for them to understand/consent.

**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**

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“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?
<b>Age</b>	Positive Impact	Young people aged 16-17 are presumed to have the capacity to give consent for themselves. Younger children who understand fully what is involved in the procedure can also give consent (although their parents will ideally be involved)
<b>Disability</b>	Positive impact	Information will be provided in a format to meet the person's individual requirements
<b>Gender Reassignment Marriage and Civil Partnership (duty only applies to elimination of discrimination)</b>	Neutral Impact Neutral Impact	
<b>Pregnancy and Maternity</b>	Neutral Impact	
<b>Race</b>	Positive Impact	Interpreters/translators will be made available if required
<b>Religion or Belief</b>	Positive Impact	Assuming capacity religious beliefs regarding consent will be respected
<b>Sex</b>	Neutral Impact	
<b>Sexual Orientation</b>	Neutral Impact	

**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, This policy supports the person's right to consent to examination or treatment and outlines actions to take to enable this to take place. It provides guidance on how to seek consent from those who may have identified characteristics that may make it difficult for them to understand/consent.

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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.**

The policy was reviewed by Kudakwashe Dimbi, Clinical Adviser for Mental health who consulted outside the LAS amongst her contacts within the London Mental Health trusts to see how they were recording consent to treatment and mental capacity policies and across the London Ambulance Service. Clive Palmer consulted with colleagues at PCT and Local Council level. We also had input from Nicola Foad in the legal department, Carmel Dodson-Brown from the clinical governance department and Daryl Mohammed who consulted with his GP colleagues and network.

**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.**

**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.**

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The policy currently meets the needs of people with protected characteristics, however it will be reviewed if any changes occur.

**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.**

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Name of Director: Steve Lennox

Signature:



Date: 19-July-12

### EQUALITY ANALYSIS TOOL

Senior Manager responsible \_\_\_\_\_ Kudakwashe Dimbi

Department \_\_\_\_\_ Medical Directorate \_\_\_\_\_

Contact no \_\_\_\_\_ 02077832539 \_\_\_\_\_

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