



London Ambulance Service **NHS**
NHS Trust

Policy advising staff where deviation from clinical guidelines is considered

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to ensure all staff supplying clinical care, be that by direct patient contact or otherwise, are aware of their responsibility to be able to justify and document any deviation from agreed clinical guidelines or protocols.

Sponsor Department: Medical

Author/Reviewer: Consultant Paramedic/ Assistant Medical Director. To be reviewed by October 2019

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
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13/10/16	3.1	Assistant Medical Director	Minor change to S5.2 requested by PMAG
04/10/16	2.4	IG Manager	Document Profile & Control update
28/09/16	2.3	Assistant Medical Director Consultant Paramedic	Minor amendments
23/08/16	2.2	Consultant Paramedic	Amendments
18/09/12	2.1	Senior Clinical Adviser to the Medical Director	Minor amendments following approval
14/08/12	1.6	IG Manager	Document Profile & Control update
27/07/12	1.5	Senior Clinical Adviser	Monitoring section updated
05/10/10	1.4	Governance and Compliance Manager	Reformatted
03/06/10	1.3	Senior Clinical Adviser	Expanded monitoring
27/05/10	1.2	Senior Clinical Adviser	Reformatted, expanded monitoring
14/01/09	1.1	Records Manager	added ratification date
03/10/08	0.1	Senior Clinical Adviser	first draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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PMAG	13/10/16	3.0
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The Pulse (v3.2)	26/10/16	Governance Administrator	G&A
The Pulse (v2.1)	04/10/12	Governance Co-ordinator	GCT
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LAS Website (v3.2)	26/10/16	Governance Administrator	G&A

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LAS Website (v2.1)	04/10/12	Governance Co-ordinator	GCT
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The RIB	01/11/16	IG Manager	G&A
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Equality Analysis completed on	By
31/07/2012	Medical Directorate team
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
HS011	Incident Reporting Procedure	
OP037	Identifying and acting upon National Clinical Guidance	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

This document 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, clinicians must be able to demonstrate that they understood, considered, and documented and (as appropriate) complied with the guidance given in 5.2 below.

The core nationally agreed clinical guidelines are the Clinical Practice Guidelines for use in UK Ambulance Services Clinical Practice Guidelines published by the Association of Ambulance Chief Executives (AACE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), (commonly called the “JRCALC guidelines” and hereafter referred to as the National Clinical Guidelines (NCG)). They are updated on occasion and have the endorsement of all the Royal Medical Colleges via (JRCALC). They have also been accepted as a core clinical standard by the College of Paramedics the UK paramedic professional body. They are further included within the Approvals Procedure of the Health and Care Professions Council (HCPC) for any education and training course leading to registration with the HPC as a paramedic.

The National Clinical Guidelines have been accepted as setting the base standard of care for clinical practice within the LAS. As and when the Clinical Practice Guidelines are updated by the publishers, the guidance will be reviewed the by Medical Directorate and implementation guidance issued. 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 Development and Professional Standards Committee and ratified by the Quality Committee.. 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).

2. Scope

This policy and procedure applies to all clinical / medical staff within the LAS who supply direct clinical/ medical care to patients. It also applies where clinical/ medical advice is being given via the telephone, R/T system or other method(s) of communication (written, e-mail etc...).

This policy and procedure needs to be taken into account by non-clinically/ medically educated and trained staff who have managerial responsibility for clinical / medical staff.

3. Objectives

To ensure all clinicians, through direct patient contact or otherwise, are aware of their responsibility to be able to justify and document any deviation from agreed clinical guidelines or protocols;

- 3.1 Know how and where to seek advice and guidance before any deviation from agreed clinical guidelines or protocols is undertaken.
- 3.1 Know how and where to document any deviation from agreed clinical guidelines or protocols.

4. Responsibilities

- 4.1 The Medical Directorate and Clinical Development and Professional Standards Committee are responsible for agreeing local clinical guidelines and protocols.
- 4.2 Support with the decision making process can be sought from appropriate qualified clinicians on the Clinical Support Desk who are supported by the On-Call Clinical Advisor. Additionally, Advanced Paramedic Practitioners (APPs) may directly access senior On-Call clinicians from the Medical Directorate through the APP desk.
- 4.3 It is the responsibility of all LAS clinicians to understand that they must act within their own personal scope of education, training and practice.
- 4.4 Registered medical practitioners, nurses, pharmacists, paramedics and other Allied Health Professionals are reminded that they are also obligated to any standards of conduct, performance and ethics, and standards of proficiency laid down by their regulatory body.
- 4.5 **Responsibility of all LAS clinical / medical staff to act within agreed clinical guidelines and / or protocols**
 - 4.5.1 The core agreed clinical practice guidelines in use by LAS will be those published by JRCALC and AACE (as amended). All front line staff will be given both an A4 format of the JRCALC guidelines and a smaller pocket book sized version of the 'JRCALC' guidelines; whilst these exist. It is the pocket book version that all front line clinical staff must carry with them at all times when on duty.
 - 4.5.2 The National Clinical Guidelines are updated on occasion, and any such updates will be communicated to staff via Medical Director's Bulletins, or via requisite education and training.
 - 4.5.3 The core National Clinical Guidelines are supplemented by local LAS clinical guidelines and protocols from time to time. An example is the LAS protocol for

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the direct admission of patients for primary coronary angioplasty. All such local clinical guidelines and protocols will be agreed by the the Medical Directorate and where necessary the Clinical Development and Professional Standards Committee. They will then be communicated via Medical Director's Bulletins, Clinical Education and Standards Bulletins, formal Education and Training Sessions and / or other methods as deemed appropriate by the Medical Director.

4.5.4 It is the policy of the LAS to allow staff to deviate from agreed clinical guidelines and protocols under the procedure laid out in Section 5.2 below.

5. Procedure to be followed by staff when deviating from agreed clinical guidelines or protocols.

5.1 When clinicians are faced with a situation where it is believed a deviation from agreed clinical guidelines or protocols is required, they must be able to demonstrate:

- They have primacy of care for the patient.
- They understand the clinical, physical, procedural and legal implications (ie consent, best practice and competence) of deviating from agreed guidelines or protocols in the circumstances with which they are faced.

Where at all possible they have sought advice from a colleague where appropriate, and / or;

- They have sought direct advice from an appropriately qualified clinician, such as a Clinical Team Leader, Clinical Advisor, Advanced Paramedic Practitioner, Consultant Paramedic or Doctor, and / or;
- They have sought advice from the Clinical Hub via EOC, or the On Call Clinical Advisor.

All decisions are fully documented as a minimum on the PRF – See further guidance detailed at 5.1.

5.2 The principle 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. Thus a decision not to dress a minor wound could be documented on the PRF with reasons with no recourse to seeking advice being taken. But a decision to use a higher dose of a particular drug than allowed under National Clinical Guidelines must be clearly documented on the PRF with a narrative of who that decision was discussed with and the justification for doing so. In this set of circumstances it expected that as a minimum the Clinical Support Desk (CSD) where contacted via EOC.

Clinicians are also encouraged to seek the assistance of senior clinicians and/ or LAS managers (if appropriate) either face to face, or remotely; particularly in higher risk situations.

- 5.3 Clinical advice and/ or authorisation to practice outside of clinical guidelines must only be provided by appropriately qualified and registered clinicians. Under no circumstances should non-clinical managers be requested to provide such advice,
- 5.4 In addition to the PRF, staff may also wish to complete an LA52 under the LAS Incident Reporting Procedure.

IMPLEMENTATION PLAN				
Intended Audience	All clinical staff and operational managers.			
Dissemination	Available to all staff on the Pulse All clinical staff to be given a copy on commencement employment, be that at the start of initial education and training, or on transfer from another employer.			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document. Direct communication by Managers and Tutorial staff. LAS website, Medical Directors Bulletins as appropriate.			
Training	Continuous throughout core clinical education and training, and also via CPD activity.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
How deviation from the national guidelines is managed including;				
Variations in treatment/ decision making outside JRCALC and local	Quarterly review via the Clinical Performance Indicator process (CPI), and Incident	Clinical Audit and Research Unit, and Health Safety and Security Team report to Area Quality Meetings	Clinical Safety and Standards Committee	Learning disseminated via various mechanisms including Medical Directorate

procedures	Reporting System			Bulletins, Area Quality Meetings, Routine Information Bulletins, etc
Advice provided by Clinical Support Desk	Monthly review using internal audit tool	CHUB management team and Control Services Governance and Quality Group		