



## Equality Impact: Screening and Assessment Form

<b>Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.</b>	
a. Name of policy or practice (list also any linked policies or decisions)	Paediatric Clinical Care Guideline
b. Name of department	Clinical Directorate
c. Name of Lead	Lisa Curatolo, Consultant Paramedic
d. Equality Impact Assessment Team [names, job roles]	Neil Sinclair, Consultant Paramedic Steph Jones, Team Leader Paramedic Dave Bywater, Consultant Paramedic
e. Date of assessment	May 2017
f. Who are the main target groups / who will be affected by the policy?	Clinical and operational staff members. Patients.
g. What are the intended outcomes / purpose of the policy?	Standardise and improve paediatric care across the Scottish Ambulance Service
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	Yes.
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance	

<b>Section 2: Evidence, consultation and involvement</b>			
<b>Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.</b>			
a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics			
Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
Dr Jon McCormack - remote	September 2015	Clinical Expert – minor changes within document	
Dr Andrew McIntyre - remote	September 2015	Clinical Expert – minor changes within document	
Sandra Stark - remote	September 2015	Clinical Expert – minor changes within document	
Dr Jim Ward – in person	October 2015 – February 2016	Medical Director – minor additions and changes within the document	
Clinical Advisory Group, NHQ	February 2016	Expert Clinical Group – minor changes within document - approved	
National Clinical Governance Group	February 2016	Clinical Governance Group – minor changes within document - approved	
Employee Director - remote	January 2016	Reviewed – taken to clinical transformation group with staff side representatives.	
National Clinical Governance Committee	February 2016	Minor changes within document - approved	
Clinical Services Transformation Group	March 2016	Minor changes within document - approved	
Clinical operational staff -	February	Reviewed – minor changes within document	

remote	2016		
All clinical SAS staff – National Consultation	October 2016	Reviewed – minor changes within document	
National Clinical Governance Group	January 2017	Reviewed – minor changes within document - approved	
Dr Jim Ward – in person	March 2017	Reviewed – minor changes within document – approved pending final review with paediatric expert	
Dr Jon McCormack	April 2017	Clinical expert - Reviewed – no changes - approved	

	Available evidence
b. Research and relevant information	Up to date advanced paediatric life support guidelines, current ambulance clinical guidelines, and national guidance on child protection and high dependency definitions.
c. Knowledge of policy lead	The key aim of this guideline is to improve upon our assessment, treatment and discharge of paediatric patients across Scotland and give clear guidance to our clinical staff. Clinical audits have highlighted the need to increase our observation rate.
d. Equality monitoring information -- including service and employee information	No
e. Feedback from service users, partner or other organisations as relevant	Consultation with medical experts within partner health boards – feedback contained within the guideline itself.
f. Other	
g. Are there any gaps in evidence? Please indicate how these will be addressed	No
Gaps identified	

Measure to address these; give brief details. Further research? Consultation? Other	
Note: specific actions relating to these measures can be listed at section 5	

<b>Section 3: Analysis of positive and negative impacts</b> <b>Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations</b>			
<b>Protected characteristics</b>	<b>i. Eliminating discrimination</b>	<b>ii. Advancing equality of opportunity</b>	<b>iii. Fostering good relations</b>
<b>Age</b>			
Positive impacts	All paediatric patients will be treated in a consistent way across the country. Standardising care for all paediatric patients. Providing clinical guidance to clinical staff with regards to examination, specific treatment and expected observations to measure. When the patient is not to be conveyed, there is clear guidance on how to safety net the patient and ensure that the patient has been referred on to another health care professional.		
Negative impacts			
Opportunities to enhance equality			
<b>Disability</b>			
Positive impacts	Again, standardising care across the country allowing all patients to be treated in a consistent way regardless of disability. We will also hand any relevant information over to the emergency department to ensure the correct care and patient journey.		
Negative impacts			
Opportunities to enhance equality			
<b>Gender reassignment</b>	N/A – paediatric patients.		

Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Gender / sex</b>	
Positive impacts	All patients to be treated the same regardless of gender/sex.
Negative impacts	
Opportunities to enhance equality	
<b>Marriage / civil partnership</b>	
Positive impacts	N/A
Negative impacts	
Opportunities to enhance equality	
<b>Pregnancy / maternity</b>	N/A
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Race</b>	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Religion / belief</b>	
Positive impacts	All patients to be treated the same regardless of religion. Reference to different beliefs within document offering advice around having an open and honest discussion with families around religious beliefs that may affect clinical treatment. This is to make the family aware of the risks and benefits of the clinical treatment.

Negative impacts	
Opportunities to enhance equality	
<b>Sexual orientation</b>	
Positive impacts	N/A
Negative impacts	
Opportunities to enhance equality	
<b>Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other</b>	
Positive impacts	Standardising care for all paediatric patients.
Negative impacts	
Opportunities to enhance equality	
Note: specific actions relating to these measures can be listed at section 5	

#### **Section 4: Addressing impacts**

**Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan**

	Reasons
a. <b>No major change</b> - the EQIA shows that the policy is robust, there is no potential for	No major change. This policy is about the standardising of paediatric clinical care across Scotland. It removes subjectivity and gives clear clinical

discrimination or adverse impact and all opportunities to promote equality have been taken	guidance around clinical care and discharge of paediatric patients.
b. <b>Adjust the policy</b> – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
c. <b>Continue the development and implementation of the policy without adjustments</b> – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.	
d. <b>Stop and remove the policy</b> - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.	

**Section 5: Action plan**

<b>Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation</b>					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
The guideline will be circulated by means of email, clinical bulletin and will be available on @SAS. It will be available on the SAS app over the next 12 months (in line with the telehealth rollout)					

\* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc

<b>Section 6: Monitoring and review</b>	
<b>Please detail the arrangements for review and monitoring of the policy</b>	
	Details
a. How will the policy be monitored? Provide dates as appropriate	12 monthly from implementation date.
b. What equalities monitoring will be put in place?	
c. When will the policy be reviewed? Provide a	April 2018



review date.	
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<b>Section 7: Sign off</b> <b>Please provide signatures as appropriate</b>			
Name of Lead	Title	Signature	Date
Lisa Curatolo	Consultant Paramedic		April 2017
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent	10/05/2017		