



**Initial Screening Tool**

**Title of policy/service/function/procedure/programme/ or strategy being assessed: OP/010 High Risk Address Register Procedure**

(Please remember that even informal policies & procedures need to be impact assessed.)

Is it new  or revised

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

**Senior Manager Responsible** \_\_\_ Sue Meehan \_\_\_\_\_

**Department** \_\_\_ Management Information \_\_\_\_\_

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

**EQUALITY IMPACT ASSESSMENT SCREENING TEAM**

Name	Department	Role
Sue Meehan	MI	Head of Dept
Gary Bassett	PE	Head of Dept
Lorraine Mole	MI	Operational Information & Archives Mgr

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Date of screening \_\_\_\_\_ 13/10/09 \_\_\_\_\_

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

1. The 'Procedure for the Maintenance of the High Risk Address Register, Notification of High Risk Addresses and Verbal Abuse Reporting' has undergone a considerable revision over the last 2 years in order to improve the management of the High Risk register, to provide more guidance to ambulance staff and managers and to comply with the requirements of the Data Protection Act 1998.
  
2. The procedure specifies the actions to be taken by ambulance personnel who have been physically assaulted, intimidated or verbally abused in cases where an entry in the High Risk Address Register may be appropriate. The procedure also sets out a framework for consideration of alternative actions in managing challenging patients by promoting the devising of care management strategies. This is a considerable change from the existing procedure, shifting to a care planning approach.

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

1. The aim of the procedure is to provide guidance on the management of the list of high risk addresses which may pose a risk to crew staff. Crew staff are advised by the emergency operations centre about previous incidents at the locations on the register prior to attendance at the address. Managers at ambulance stations have a clear framework to work within to manage the actions following incidents of abuse.
2. Patients will also benefit from the adoption of a care planning approach rather than immediate inclusion on a register following an incident at an address

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

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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?
<b>Age</b>	Neutral	
<b>Disability</b>	Neutral	
<b>Gender</b>	Neutral	
<b>Race</b>	Neutral	
<b>Religion or Belief</b>	Neutral	
<b>Sexual Orientation</b>	Neutral	



## London Ambulance Service **NHS** NHS Trust

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.

Sources of information used, with references, location or links.

1. LAS Staff Safety Policy
2. LAS Health & Safety Procedures
3. LAS Data Protection Policy
4. LAS Incident Reporting Procedure
5. Data Protection Act (1998)
6. MPS/ LAS Protocols (Updated Sept 2004)
7. LAS Management of 'Frequent Callers' Policy
8. LAS Procedure for responding appropriately to 999 callers who may not need an ambulance
9. 'Tackling violence against staff' (DH, March 2007) –[SMS/VASV2/03/07/02]  
[http://www.cfsms.nhs.uk/doc/sms\\_general/Tackling\\_violence\\_against\\_staff\\_2007.pdf](http://www.cfsms.nhs.uk/doc/sms_general/Tackling_violence_against_staff_2007.pdf)

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10. The Stephen Lawrence Inquiry (the Macpherson report), the Stationary Office, 1999 <http://www.archive.official-documents.co.uk/document/cm42/4262/sl-00.htm>
11. Non-Physical Assault Explanatory Notes – (NHS SMS, November 2004) <http://www.cfsms.nhs.uk/doc/sms.general/non.physical.assault.notes.pdf>
12. [http://www.ico.gov.uk/upload/documents/library/data\\_protection/practical\\_application/use\\_of\\_violent\\_warning\\_markers.pdf](http://www.ico.gov.uk/upload/documents/library/data_protection/practical_application/use_of_violent_warning_markers.pdf)
13. The local Authority Social services & NHS Complaints Regulations (2009) - <http://www.dh.gov.uk/en/Managingyourorganisation/Legalandcontractual/Complaintspolicy/index.htm>

The register does not currently hold data about the addresses that could be used to identify whether any particular groups are over represented on the register, indeed it would be difficult to capture this type of data directly from the LA277 due to the nature of the register. The majority of entries on the register are as a result of an incident at an address where a patient or relative / other person present has behaved in an unreasonable way, so to attempt to capture data at that moment in time could exacerbate a potentially volatile situation. However, the procedure recommends that a LAS Equalities Monitoring form be sent to every address on the register. Once the procedure is implemented and information is received from addresses on the register then analyses can be carried out across all six strands. In addition to this the new procedure has numerous new safeguards to reduce the likelihood of addresses being included for discriminatory or other inappropriate reasons.

Legal consultation has been undertaken in conjunction with Capsticks solicitors.

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.

There is no evidence to suggest that certain groups may generate a high number of entries on the register, however the current dataset is very limited and only allows basic analysis by station complex without any equalities information. An improved dataset, based on the category of the original incident, supplemented where available with equalities information, will allow more in depth analysis. Entries will be analysed to identify whether there are any patterns. Management Information will liaise with local managers to identify the reasons for the patterns and consider any further action. This may include internal actions such as training and awareness with staff and managers, or external work with other

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stakeholders.

Notification about inclusion on the register will be sent to each address, certain groups may have difficulty understanding the notification and its implication. The notification letter will provide contact details for Patient Experiences Department (PED), who can arrange support from the Independent Complaints Advocacy Service (ICAS) or other specialist advocacy groups. PED will also be able to utilise their links with health and social care agencies if appropriate. In addition PED will be able to arrange translation and interpretation services through ICAS.

Staff may not apply the principles of the High Risk Register procedure and not consider alternatives to inclusion on the register or may miscode the incident categories (see below for an explanation of the categories). Staff may not focus on the recommended patient centred approach, thus increasing the likelihood of addresses being included on the register for inappropriate reasons. Analysis will be undertaken by category to ensure that the principles within the new procedure are being applied. The information will be shared with local managers for further discussion and action where appropriate. Development of care plans will be monitored.

*Category 1 is the most serious type of incident where a member of staff has actually been the subject of physical violence*

*Category 2 is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation*

*Category 3 is where a member of staff has been verbally abused*

*Category 4 is where a medical condition was a major factor in the incident*

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.

**Name of Director:** Peter Suter

**Signature:**



**Date:** 9 March 2011

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