South Central Ambulance Service NHS
NHS Foundation Trust

Central Alerts System and other Alerts Policy

DOCUMENT INFORMATION	
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Contents (this is an automatic table, use the headings throughout the document and then **right** click on the table and select update field, then update entire table

1. Introduction

1.1 The Central Alerting System is an electronic, web-based system used by the NHS for the issuing and cascading of various types of alerts, important public health messages and other safety critical information and guidance to NHS Trusts and other Health and Social Care providers. It brings together the Public Health Link (PHL) and the Safety Alert Broadcast System (SABS).

1.2 The National Patient Safety Alerting System (NPSAS) was launched by NHS England in January 2014 to alert NHS Trusts to emerging patient safety risks. The alerts issued by the NPSAS are issued via the Central Alerting System. The NPSAS has a three stage system of alerting consisting of Stage One: Warning; Stage Two: Resource and Stage Three: Directive. Alerts may cover:

- new or under recognised patient safety issues
- widespread, common and challenging patient safety issues
- information about improving systems for clinical governance, reporting and learning.

1.3 The Trust has a duty under the Health and Safety at Work Act 1974 to ensure the safety of it staff and anyone affected by the activities of the Trust; and this applies to the dissemination of information about hazards and issues contained within alerts.

1.4 In addition to this, the Care Quality Commission's core standard C1b states: 'Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.'

1.5 Therefore, each NHS Trust must have a robust and effective system for the receipt, acknowledgement, assessment and, where relevant, the dissemination and completion of the alerts issued by the Central Alerting System, the National Patient Safety Alerting System and alerts issued by other Healthcare organisations.

1.6 This policy sets out the arrangements the Trust has in place for the management of all of the central alerts and other type of alerts that it receives and/or disseminates.

2. Scope

2.1 This policy applies to all Managers and staff who work for the Trust. It also applies to people who carry out work on behalf of the Trust such as Community First Responders and Private Provider organisations.

3. Aim

3.1 The aim of the policy is to detail the arrangements for the receipt, assessment, dissemination and completion of all alerts received from the Central Alerts System, the National Patient Safety Alerting System, NHS Pathways and alerts from other Healthcare organisations and other alerts within the Trust.

3.2 The objectives are to ensure that the Trust has clear and defined arrangements for:

- the receipt, assessment, communication, dissemination and management of all alerts received from the Central Alerts System and any other alerts.

- obtaining responses from managers following the dissemination of central alerts and other alerts
- monitoring the completion of actions stated in the central alert or other type of alert to ensure the safety of all those who deliver and receive services from the Trust
- informing the Central Alerts System of receipt of any alert received from them, advising them whether or not it applies to the Trust; and if it does, the actions taken to comply with the alert; and informing them of the completion of alerts within the designated timeframes.

4. Roles and Responsibilities

4.1 Trust Board

4.1.1 The Trust Board will ensure the following:

- that there are suitable and sufficient arrangements in place for the receipt, assessment, dissemination and completion of central alerts and other alerts received by Trust.
- there is designated person to fulfil the role of CAS Liaison Officer and a deputy CAS Liaison Officer.
- specific groups such as the Patient Safety Group, the Health, Safety and Risk Group and the Equipment, Vehicle Review Group receive information about relevant alerts and the completion of these.

4.2 Chief Executive

4.2.1 The Chief Executive has overall responsibility for the effective implementation of this policy within the Trust and for having suitable and sufficient systems in place for the management of central alerts and other type of alerts received and disseminated by the Trust.

4.3 Executive Director

4.3.1 Executive Directors are responsible for ensuring that this Central Alerts System and other Alerts policy is effectively implemented within their own directorates.

4.4 Director of Quality and Patient Care

4.4.1 On behalf of the Trust Board and the Chief Executive, the Director of Quality and Patient Care has specific responsibility for ensuring that there are effective arrangements in place for the receipt, assessment and, where relevant, the communication, dissemination and completion of alerts.

4.4.2 They also have responsibility for ensuring that there are effective arrangements in place for:

- acknowledging receipt of alerts to the Central Alerts System within the designated timeframes

- informing the Central Alerts System within the designated time frames whether or not an alert is applicable and relevant to the Trust
- addressing and completing alerts within the designated timeframes
- informing the Central Alerts System within the designated timeframes about the actions taken and the completion of a relevant and applicable alert
- addressing and completing Directives received by the National Patient Safety Alerting System
- devising and or/approving Clinical Directorate Alerts
- approving clinical memorandums and SCAScade guidance.

4.5 Medical Director

4.5.1 The Medical Director is responsible for:

- devising and/or approving Clinical Directorate Alerts
- approving clinical memorandums and SCAScade guidance

4.6 Associate Director of Information Management and Technology

4.6.1 The Associate Director of Information Management and Technology is responsible for:

- ensuring that there are arrangements in place for the assessment, dissemination and management of Information technology alerts, Cyber security alerts and Information governance alerts. For further information, please see the Information Management and Technology (IM&T) Security Policy and Alerts Policy.

4.7 Managers and Supervisors

4.7.1. Managers and Supervisors have responsibility for:

- implementing this policy at a local level
- ensuring that all relevant actions stipulated in an alert are communicated to their staff using appropriate methods of communication
- ensuring that all actions are complied with and completed within the designated timeframes stated on the alert
- informing the CAS Liaison Officer that all actions stipulated in the alert have been completed within the designated timeframes
- Providing, upon request, evidence of the actions taken to comply with alerts.

4.8 All staff

4.8.1 Where appropriate, all staff have a responsibility to abide by any actions taken in response to an alert that is relevant to the Trust.

4.8.2 Where necessary, they may also have to take appropriate actions within the required timeframes stipulated in an alert and submit a response to their line manager.

4.9 CAS Liaison Officer (Clinical Risk Manager)

4.9.1 The role of CAS Liaison Officer will be fulfilled by the Clinical Risk Manager and their deputy will be the Clinical Risk Assistant. The CAS Liaison Officer has responsibility for:

- acknowledging receipt of central alerts to the Central Alerts System within the designated timeframes (two working days from the issue date)
- receiving, assessing, communicating and disseminating central safety alerts (including alerts from the Chief Medical Officer and alerts from the Dear Doctor Letters) and alerts from the National Patient Safety Alerting System (NPSAS) to relevant Managers and staff within the Trust
- informing, within the designated time frames, the Central Alerts System of whether or not an alert is relevant to the Trust
- ensuring that, where necessary, all who have actions for the completion of central safety alerts and NPSAS directives are sent reminders
- monitoring the completion of all actions on relevant central safety alerts and NPSAS directives
- ensuring that the status of all relevant alerts are updated onto the CAS System within the designated timeframes.
- informing the Central Alerts System that all stipulated actions within a relevant alert have been completed within the designated timeframes
- informing the NPSAS that all stipulated actions within a relevant directive have been completed
- ensuring that, when requested, evidence in relation to the actions taken to address alerts and NPSAS directives can be provided.
- maintaining a record of all of the alerts and NPSAS directives received by the Trust via the Central Alerts System and the management of them
- ensuring that an up-to-date distribution list for central safety alerts and NPSAS directives is maintained
- providing details of relevant central safety alerts and NPSAS Directives to the Patient Safety Group and where applicable, the Health, Safety and Risk Group and the Equipment, Vehicle Review Group
- providing a report to the Patient Safety Group on the relevant central safety alerts and NPSAS directives received by the Trust and the actions taken
- notifying the Central Alert System of any changes of CAS Liaison Officer personnel.

4.9.2 In the absence of the Clinical Risk Manager, the Clinical Risk Assistant will fulfil the above responsibilities.

4.10 Medicines and Research Manager

4.10.1 The Medicines and Research Manager has responsibility for:

- receiving and assessing alerts from the Central Alerts System and the CAS Liaison Officer and/or their deputy (Clinical Risk Assistant) in relation to alerts from the Chief Medical Officer, alerts from Dear Doctor Letters and alerts from the MHRA (Drug Alerts) and the National Patient Safety Alerting System (NPSAS)

- advising the CAS Liaison Officer and/or their deputy which of these alerts are relevant to the Trust
- advising the CAS Liaison Officer and/or their deputy which Clinical Teams should receive these relevant alerts
- where applicable, actioning and completing alerts and advising the CAS Liaison Officer or their deputy of the completion of these alerts within the designated timeframes stated on the alerts
- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

4.11 Head of Estates

4.11.1 The Head of Estates is responsible for:

- ensuring that there are arrangements in place for the effective assessment and management of estates and facilities alerts
- identifying which estates and facilities alerts are applicable to the Trust and informing the CAS Liaison Officer or the Clinical Risk Assistant of this within the designated timeframes
- ensuring that all of the required actions stipulated within the relevant alert are taken within the designated timeframes so as to ensure compliance with the alert
- informing the CAS Liaison Officer or the Clinical Risk Assistant that all of the required actions of an estates and facilities alert are completed within the designated timeframes
- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

4.12 Clinical Equipment and Logistics Manager

4.12.1 The Clinical Equipment and Logistics Manager is responsible for:

- ensuring that there are arrangements are in place for the effective assessment and management of relevant medical device alerts
- identifying which of the medical device alerts are applicable to the Trust and informing the CAS Liaison Officer or the Clinical Risk Assistant of this
- ensuring that all of the required actions stipulated within the relevant alert are taken within the designated timeframes so as to ensure compliance with the alert
- informing the CAS Liaison Officer or the Clinical Risk Assistant that all of the required actions of a medical device alert are completed within the designated timeframes
- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

4.13 EOC Clinical Assurance and Training Manager

4.13.1 The EOC Clinical Assurance and Training Manager is responsible for:

- Receiving and assessing alerts from NHS Pathways and disseminating relevant alerts to Managers within the Trust for information or to action.

4.13.2 In the absence of the EOC Clinical Assurance and Training Manager, the Senior EOC Education Manager will fulfil the above responsibility.

4.14 Head of Risk and Security

4.14.1 The Head of Risk and Security must ensure arrangements are in place for the effective assessment and management of relevant NHS Protect alerts and for ensuring that all of the required actions stipulated within the relevant alert are taken so as to ensure compliance with the alert.

4.14.2 In the absence of the Head of Risk and Security, the Non-clinical Risk Manager will fulfil the above responsibility.

4.15 Hazardous Area Response Team (HART) Manager

4.15.1 The HART Manager must ensure arrangements are in place for the effective assessment and management of alerts received by the National Ambulance Resilience Unit (NARU) and for ensuring that all of the required actions stipulated within the relevant alert are taken so as to ensure compliance with the alert.

4.15.2 The HART Manager must share the NARU alert with all relevant staff within HART.

4.16 Consultant Pre-Hospital Care Practitioner

4.16.1 The Consultant Pre-Hospital Care Practitioner is responsible for:

- ensuring that clinical directives, memorandums and SCAScade guidance are disseminated within the Trust and to relevant Private Provider organisations
- obtaining assurance from Trust Managers and Supervisors that they and their staff have complied with Clinical Directives, clinical memorandums and SCAScade guidance
- ensuring that when carrying out the inspections and clinical governance checks on Private Providers a check is carried out to verify that they are complying with the requirements of any applicable central alerts, NPSAS alerts and other alerts and any applicable Clinical Directives, clinical memorandums and SCAScade guidance.

4.17 Recruitment Team Manager

4.17.1 The Recruitment Team Manager is responsible for ensuring:

- that there are arrangements in place for the receipt, assessment and management of the alerts received from the National Clinical Assessment Service about registered health care professionals who performance or conduct potentially poses a risk to patients and possibly staff
- that a list containing the details of the individuals on these alerts is maintained
- that a check is carried out to identify if the names of any applicants for posts with the Trust are on the alerts and/or the said list.
- For further information, please see the Recruitment policy and procedure.

5. Central Alerts System

5.1 The Central Alerts System (CAS) issues various types of alerts to inform, advise and guide so as to ensure the safety of patients, staff or others who may be affected by the activities of NHS Trusts and Healthcare organisations. The types of alerts issued by the CAS consist of:

- Patient Safety Alerts (PSA)
- Medical Device Alerts (MDA)
- Estates and Facilities Alerts (EFA)
- The Medicines and Healthcare products Regulatory Agency (MHRA) – Drug Alerts
- Chief Medical Officer Messaging (CMO)
- National Health Service Blood and Transplant (NHSBT)
- The Department of Health (DH)
- National Institute of Clinical Excellence (NICE)
- Medicines and Healthcare Products Regulatory Agency - Dear Doctor Letter (MHRS DDL)

5.2 Each of these alerts must be assessed to identify whether or not they apply to the Trust; and the Central Alerts System must be advised of this within the designated timescales. If they do apply then they must be disseminated throughout the Trust by the CAS Liaison Officer or the Clinical Risk Assistant and the necessary actions must be taken in response to the alert by the recipients.

6. The National Patient Safety Alerting System (NPSAS)

6.1 The National Patient Safety Alerting System (NPSAS) issues patient safety alerts via the Central Alerts System to ensure that emerging patient safety risks are quickly communicated to Trusts. It also acts as an educational and implementation resource and encourages information sharing between organisations. The potential areas addressed by these alerts include but are not limited to:

- alerts for new or under recognised patient safety issues – where there is the potential to cause death or severe harm but which healthcare providers may not have knowledge or experience of the risk
- alerts for widespread, common and challenging patient safety issues, not solved by alerts in isolation
- alerts aimed at improving systems for clinical governance, reporting and learning – these alerts would aim to address significant risk in patient safety management systems.

6.2 The NPSAS has a three stage alert system:

- a stage one alert is a **Warning** – which warns organisations of emerging risk. It can be issued very quickly once a new risk has been identified (by NHS England) to allow rapid dissemination of information.

- a stage two alert is a **Resource** – and may be issued some weeks or months after a stage one alert to help address the risks within this alert and could consist of:

  - the sharing of relevant local information identified by providers
  - the sharing of examples of local good practice
  - access to tools and resources that help providers implement solutions
  - access to learning resources that are relevant to all healthcare workers and can be used as evidence of continuous professional development.

- a stage three alerts is a **Directive** – and upon receipt of this, organisations have to confirm that they have implemented specific actions or solutions to mitigate the risk within the designated timeframes.

7. Other types of Alerts

7.1 Other external types of alerts that can be received by the Trust consist of:

- NHS Pathways Alerts
- NHS Protect Alerts (Security, Fraud)
- National Ambulance Resilience Unit Alerts

7.2 The alerts received from NHS Pathways will be assessed and, where relevant disseminated throughout the Trust by the EOC Clinical Assurance and Training Manager or the Senior EOC Education Manager.

7.3 The security alerts received from NHS Protect will be assessed and, where relevant, disseminated throughout the Trust by the Head of Risk and Security or the Non-Clinical Risk Manager.

7.4 The alerts on fraud received from NHS Protect will be assessed and, where relevant, disseminated throughout the Trust as appropriate.

7.5 The alerts received from the National Ambulance Resilience Unit will be disseminated by the HART Manager.

7.6 Alerts issued by the Trust consist of:

- Clinical directives (mandatory)
- Clinical memorandums (advisory)
- SCAScade (guidance)
- Health and Safety Notices
- Risk Notices

7.7 Once they have been approved by the Director of Quality and Patient Care and/or the Medical Director, the Clinical directives, memorandums and SCAScade guidance will be issued by the Consultant Pre-Hospital Care Practitioner.

7.8 Health and Safety Notices and Risk Notices will be issued by the Head of Risk and Security or the Non-Clinical Risk Manager.

8. Process for receiving, assessing, communicating and disseminating CAS alerts and National Patient Safety Alerting System (NPSAS) alerts

8.1 The CAS Liaison Officer (Clinical Risk Manager) or their nominated deputy (Clinical Risk Assistant) will receive the alert from the Central Alerts System and within the designated timeframe of 48 hours will, on behalf of the Trust, acknowledge receipt of the alert via the CAS web site.

8.2 The CAS Liaison Officer (Clinical Risk Manager) or their nominated deputy (Clinical Risk Assistant) will receive the alert or directive from the National Patient Safety Alerting System (NPSAS) and, where appropriate, disseminate it to relevant managers within the Trust.

8.3 Depending on the type of alert, the CAS Liaison Officer will discuss with the relevant Trust lead whether or not the alert applies to the Trust and will inform the Central Alerting System accordingly and, where necessary, the National Patient Safety Alerting System. For instance if it is an Estates and Facilities Alert, the CAS Liaison Officer will discuss the relevance and applicability of the alert to the Trust with the Head of Estates; and if it is a medical device alert, the CAS Liaison Officer will discuss the relevance and applicability of the alert to the Trust with the Clinical Equipment and Logistics Manager.

8.3 If the alert is deemed as not being relevant to the Trust then the CAS Liaison Officer will inform the Central Alerts System of this and close the alert.

8.4 If the alert is relevant and applicable to the Trust, it will be sent to appropriate operational leads for information and/or action. It is clearly stated on the alert whether or not a response is required. A list of the personnel who should receive the alert is also listed on each alert.

8.5 If the alert requires action to be taken, it will be for the recipient of the alert to complete the actions and notify the CAS Liaison Officer or their deputy of the actions that have been taken and that all actions have been completed within the designated timeframes.

8.6 Once the CAS Liaison Officer (or their deputy) has collated all responses to the alert and has reasonable assurance that all necessary actions, as stipulated in the alert, have been taken then they (or their deputy) will formally inform the Central Alerts System of this and close the alert. They will do the same with any directive/alerts issued by the National Patient Safety Alerting System (NPSAS).

9. Training

9.1 No training is required for this policy; and any guidance on alerts from the Central Alerts System will be provided by the CAS Liaison Officer or their deputy to the receiving manager. Similarly, any guidance on alerts from NHS Protect will be provided by the Head of Risk and Security and/or the Non-Clinical Risk Manager to the receiving manager.

10. Equality and Diversity

10.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

11. Monitoring

11.1 The effectiveness of this policy will be monitored in the following way:

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of alerts issued each quarter via the Central Alerts system. b) The number of alerts issued by the Central Alerts system that are applicable to the Trust. c) The completion of actions on relevant alerts issued via the Central Alerts system within the required timescales.	a), b) and c) Report from the CAS Liaison Officer (Clinical Risk Manager) to each Patient Safety Meeting. d) Audit on 10% of the alerts issued by the Central Alerts System that are relevant to the Trust and which have actions that have to be completed within the designated time frames.	a), b) and c) CAS Liaison Officer (Clinical Risk Manager) d) Assistant Director of Quality.	Patient Safety Group.	Audit to be carried out annually, as a minimum.

12. Consultation and Review

12.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

12.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Patient Safety Group	8/7/15 to 29/7/15	Y
All Staff and Managers	8/7/15 to 29/7/15	Y

13. Implementation (including raising awareness)

13.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters.

13.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

14. References

- Health and Safety at Work Act 1974
- The Care Act 2014
- Department of Health Essential Standards of Quality and Safety
- MHRA, (DB2010 (01) Device Bulletin: Reporting adverse incidents and disseminating medical device alerts
- Care Quality Commission, 2012/13, Core Standards CIB: Safety Notices
- Care Quality Commission, Supporting Note, Safety Alerts
- Care Quality Commission, Using evidence of Outcomes to demonstrate compliance, Guidance for providers, September 2010.
- NHS England: An introduction to the NHS England National Patient Safety Alerting System.

15. Associated documentation

- Risk management strategy
- Health and safety policy
- Incident reporting policy
- Medicines management policy
- Diagnostic and therapeutic medical devices policy
- Clinical services policy and procedure
- Information Management and Technology (IM&T) Security Policy and Alerts Policy.

Appendix 1: Review Table

Version	Reason for change	Overview of change
V3	Review of policy.	Policy completely rewritten and all sections amended and new sections added. Replacing all references to: • Director of Patient Care and Quality with Director of Quality and Patient Care • Equipment Services Manager with Clinical Equipment and Logistics Manager • Director of Operations with Chief Operating Officer • Director of IT with Associate Director of IM&T Revising and amending the duties of: • Director of Quality and Patient Care and removing the duty to share alerts with Private Providers. • CAS Liaison Officer (Clinical Risk Manager) and removing the duty to share alerts with Private Providers. • Medicines and Research Manager • Consultant Pre-Hospital Care Practitioner Including a section on the responsibilities of: • the Associate Director of Information Management and Technology (IM&T). • the EOC Clinical Assurance Manager and Training Manager. • The Recruitment Team Manager. Adding to section 7, a bullet point: • NHS Pathways Alerts Amending section 8 to include details of the process for dealing with alerts/directives from the NPSAS. Amending section 15 to include a reference to Information Management and Technology (IM&T) Security Policy and Alerts Policy.

		Amendments to Appendix 2: Responsibility Matrix. E.g. Information Governance and IT Policies going to the Audit Committee and not the Quality and Safety Committee.

Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Quality and Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Quality and Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Quality and Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operating Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associate Director of IM & T	Information Governance Steering Group; IM & T Control Board.	Audit Committee	Committee decision

Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision

Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Central Alerts and other alerts policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

1. What is the main purpose of the strategy, function or policy?
To ensure the Trust has robust arrangements in place for the receipt, assessment, dissemination and completion of central safety alerts and other alerts within the Trust.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with the Central Alerts System and the National Patient Safety Alerting System by ensuring that there are arrangements in place for: • the effective implementation of this policy throughout the Trust • the receipt, assessment, communication, dissemination and management of all alerts received from the Central Alerts System and the National Patient Safety Alerting System, NHS Pathways any other alerts. • obtaining responses following the dissemination of central alerts and other alerts • monitoring the completion of actions stated in the central alert or other type of alert to ensure the safety of all those who deliver and receive services from the Trust. • informing the Central Alerts System of receipt of any alert received from them, advising them whether or not it applies to the Trust; and if it does, the actions taken to comply with the alert; and informing them of the completion of alerts within the designated timeframes.
3. Who will be the main beneficiaries of the strategy/function/policy?
Patients, staff and anyone affected by the activities of the Trust or any organisations (Private Providers) who work for or on behalf of the Trust.
1. Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Men	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
RACE	Asian or Asian British People	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Black or Black British People	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Chinese people and other people	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	People of Mixed Race	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	White people (including Irish people)	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Disabled People	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Lesbians, gay men and bisexuals	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Trans people	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
AGE	Older People (60+)	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.

	Younger People (17 to 25) and children	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Faith Groups	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.
	Equal Opportunities and/or improved relations	✓	N/A	The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	**No**
Legal (it is not discriminatory under anti-discriminatory law)		✓
Intended		✓
	High	**Low**
Level of Impact		✓
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.
Signed:
Name:…….
Date:……

Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Central Alerts System and other alerts policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

Part A

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

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3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place

Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

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5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	

Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

☐ Yes (Please list them and explain how you will obtain their views)

.....

.....

☐ No

6

Part B

Complete this section when consultation and research has be carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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8. Will the changes planned ensure that negative impact is:

Legal? ☐

(not discriminatory, under anti-discriminatory legislation)

Intended? ☐

Low impact? ☐

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes ☐ No ☐

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

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Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Central Alerts System Policy
Author's Name and Job Title	John Dunn, Head of Health and Safety
Review Deadline	29/7/2015
Consultation From – To (dates)	8/7/2015 to 29/7/2015
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	N/A
Equality Impact Assessment completed (date)	Y
Name of Accountable Group	Patient Safety Group
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	
All Sections Completed (Y/N)	
Monitoring Section Completed (Y/N)	
Date of Ratification	
Date Policy is Active	
Date Next Review Due	
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	