Central Alerts System and other Alerts Policy

DOCUMENT INFORMATION

<table>
<thead>
<tr>
<th>Author:</th>
<th>John Dunn, Head of Risk and Security</th>
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<tbody>
<tr>
<td>Ratifying committee/group:</td>
<td>Patient Safety Group</td>
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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 its 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. **Equality Statement**

3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. **Aim**

4.1 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.

4.2 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.

5. **Roles and Responsibilities**

5.1 **Trust Board**

5.1.1 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
- 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.
5.2 **Chief Executive**

5.2.1 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.

5.3 **Executive Director**

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

5.4 **Director of Patient Care and Service Transformation**

5.4.1 On behalf of the Trust Board and the Chief Executive, the Director of Patient Care and Service Transformation 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.

5.4.2 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.

5.5 **Medical Director**

5.5.1 The Medical Director is responsible for:

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

5.6 **Associate Director of Information Management and Technology**

5.6.1 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.
5.7 Managers and Supervisors

5.7.1. 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.

5.8 All staff

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

5.8.2 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.

5.9 CAS Liaison Officer (Clinical Risk Assistant)

5.9.1 The role of CAS Liaison Officer will be fulfilled by 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 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 safety alerts and NPSAS Directives to the Head of Risk and Security via the completed and up-to-date CAS Alerts spreadsheet
• notifying the Central Alert System of any changes of CAS Liaison Officer personnel.

5.9.2 In the absence of the Clinical Risk Assistant, the Head or Risk and Security will fulfil the above responsibilities.

5.10 Medicines and Research Manager

5.10.1 The Medicines and Research Manager has responsibility for:

• receiving and assessing alerts from the Central Alerts System and the CAS Liaison Officer 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 which of these alerts are relevant to the Trust
• advising the CAS Liaison Officer which Clinical Teams should receive these relevant alerts
• where applicable, actioning and completing alerts and advising the CAS Liaison Officer 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.

5.11 Head of Estates

5.11.1 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 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 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.

5.12 Clinical Equipment and Logistics Manager

5.12.1 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 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 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.
5.13 EOC Clinical Assurance and Training Manager

5.13.1 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.

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

5.14 Head of Risk and Security

5.14.1 The Head of Risk and Security will be responsible for:

- 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
- dealing with the acknowledgement and administration of the alerts when the Clinical Risk Assistant is off
- issuing Health and Safety Notices and Risk Notices (in the absence of the Head of Risk and Security these will be issued by the Non-Clinical Risk Manager).

5.15 Hazardous Area Response Team (HART) Manager

5.15.1 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.

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

5.16 Consultant Pre-Hospital Care Practitioner

5.16.1 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.
5.17 Recruitment Team Manager

5.17.1 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.

6. Central Alerts System

6.1 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)

6.2 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 and the necessary actions must be taken in response to the alert by the recipients.

7. The National Patient Safety Alerting System (NPSAS)

7.1 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.

7.2 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.

8. **Other types of Alerts**

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

• NHS Pathways Alerts
• NHS Counter Fraud Authority Alerts
• National Ambulance Resilience Unit Alerts

8.2 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.

8.3 The alerts on fraud received from NHS Counter Fraud Authority will be assessed and, where relevant, disseminated throughout the Trust as appropriate.

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

8.5 Alerts issued by the Trust consist of:

• Clinical directives (mandatory)
• Clinical memorandums (advisory)
• SCAScade (guidance)
• Health and Safety Notices
• Risk Notices
8.6 Once they have been approved by the Director of Patient Care and Service Transformation and/or the Medical Director, the Clinical directives, memorandums and SCAScade guidance will be issued by the Consultant Pre-Hospital Care Practitioner.

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

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

9.1 The CAS Liaison Officer (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.

9.2 The CAS Liaison Officer (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.

9.3 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.

9.3 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.

9.4 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.

9.5 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.

9.6 Once the CAS Liaison Officer 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 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).

10. **Training**

10.1 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 to the receiving manager.
11. Equality and Diversity
11.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

12. Monitoring
12.1 The effectiveness of this policy will be monitored in the following way:

<table>
<thead>
<tr>
<th>Standard process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
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<tr>
<td></td>
<td>a), b) and c) Report from the Head of Risk and Security to each Patient Safety Meeting.</td>
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<td>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.</td>
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<tr>
<td>a) The number of alerts issued each quarter via the Central Alerts system.</td>
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<td>b) The number of alerts issued by the Central Alerts system that are applicable to the Trust.</td>
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<td>c) The completion of actions on relevant alerts issued via the Central Alerts system within the required timescales.</td>
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13. Consultation and Review
13.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

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

<table>
<thead>
<tr>
<th>Stakeholder or Group Title</th>
<th>Consultation Period (From-to)</th>
<th>Comments received (Yes/No)</th>
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<tbody>
<tr>
<td>Patient Safety Group</td>
<td>8/7/15 to 29/7/15</td>
<td>Y</td>
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<tr>
<td>All Staff and Managers</td>
<td>8/7/15 to 29/7/15</td>
<td>Y</td>
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14. Implementation (including raising awareness)

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

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

15. 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.

16. Associated documentation

- Risk management strategy
- Health and safety policy and procedure
- 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

<table>
<thead>
<tr>
<th>Version</th>
<th>Reason for change</th>
<th>Overview of change</th>
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<tbody>
<tr>
<td>V3</td>
<td>Review of policy.</td>
<td>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&amp;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&amp;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&amp;T) Security Policy and Alerts Policy.</td>
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<tr>
<td>V4</td>
<td>Review of Policy</td>
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<tr>
<td>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.</td>
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<td>Section 3 changed from Aim to Equality Statement and Aim now become section 4 and all of the subsequent and sequential numbering in the policy sections has been changed. For instance the previous section 4 Responsibilities now becomes Section 5 and so on.</td>
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<tr>
<td>Section 5.1.1 (formerly 4.1.1.), in the second bullet point delete the reference to Deputy CAS Liaison Officer.</td>
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<tr>
<td>Section 5.4 and 5.4.1 and throughout document, the reference to ‘Director of Quality and Patient Care’ changed to ‘Director of Patient Care and Service Transformation.’</td>
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<td>Section 5.9, (formerly 4.9) Reference to Clinical Risk Manager changed to Clinical Risk Assistant.</td>
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<td>Section 5.9.1, Reference to Clinical Risk Manager changed to Clinical Risk Assistant. Delete ‘and their deputy will be the Clinical Risk Assistant.’</td>
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<tr>
<td>Section 5.9.1, Deletion of 12th and 13th bullet points. These have been moved to section 5.14 and have now become the responsibilities of the Head of Risk and Security.</td>
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<tr>
<td>Section 5.9.1, insertion of new 12th bullet point about ‘providing details of relevant safety alerts and NPSAS Directives to the Head of Risk and Security via the completed and up-to-date CAS Alerts spreadsheet.’</td>
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<tr>
<td>Section 5.9.2, Delete reference to Clinical Risk Manager and change sentence to read: ‘In the absence of the Clinical Risk Assistant, the Head of Risk and Security will fulfil the above responsibilities.’</td>
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<tr>
<td>Section 5.10.1, delete reference to ‘and/or their deputy (Clinical Risk Assistant)’ from bullet points 1, 2 and 3.</td>
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<tr>
<td>Section 5.10.1, delete reference to ‘or their deputy’ from the fourth bullet point.</td>
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Central Alerts System and Other Alerts Policy  V 4
Section 5.11.1, delete reference to ‘or the Clinical Risk Assistant’ in bullet points 2 and 4.

Section 5.12.1, delete reference to ‘or the Clinical Risk Assistant’ in bullet points 2 and 4.

Section 5.14.1 Delete paragraph and replace with ‘The Head of Risk and Security is responsible for:’ And add the bullet points:
‘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’; and,

‘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’; and,

‘dealing with the acknowledgement and administration of the alerts when the Clinical Risk Assistant is off’; and,

‘issuing Health and Safety Notices and Risk Notices (in the absence of the Head of Risk and Security these will be issued by the Non-Clinical Risk Manager).’

Section 6.2: delete reference to: ‘or the Clinical Risk Assistant’

Section 8.1, change reference to NHS Protect Alerts to NHS Counter Fraud Authority Alerts. Also, delete ‘(Security/Fraud)’.

Section 8.3, delete paragraph about security alerts being received from NHS Protect.

As such, Section 8.4 now becomes new section 8.3 and in this delete reference to ‘NHS Protect’ and change to ‘NHS Counter Fraud Authority’. The consecutive section numbers of this section have been changed.

Section 8.6, reference to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation.
| Section 9.1 and 9.2, Delete ‘Clinical Risk Manager’ and replace with ‘Clinical Risk Assistant’. Also, delete reference to ‘or their nominated deputy (Clinical Risk Assistant).’ |
| Section 9.6, Delete reference to ‘(or their deputy)’ in this paragraph. |
| Section 10.1, delete the reference to ‘or their deputy’ from the first sentence in this paragraph. Also, delete the last sentence about the ‘…guidance on alerts from NHS Protect…’ from this paragraph. |
| Section 12 (Monitoring), in the ‘Method’ and ‘By’ sections, delete reference to ‘CAS Liaison Officer (Clinical Risk Manager)’ and replace with Head of Risk and Security. |
| Section 16, second bullet point: Add ‘and procedure’ to Health and safety policy. |
| Appendix 2: All references to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation. |
| All references to Chief Operating Officer changed to Chief Operations Office. |
| The reference to the ‘Associate Director of IM&T’ changed to ‘Associated Director of Information Management & Technology (IM&T)’. |
| Reference to ‘Information Governance Steering Group: IM&T Control Board’ changed to: ‘Information Management and Technology Control Board.’ |
| Appendix 3: Equality Impact Assessment Form |
| The headings on the second part of the form, namely Positive impact, Negative impact and Reasons have been put in bold; and the words ‘it could disadvantage’ have been deleted. |
| The headings, Disability, Sexual Orientation and Religion/Belief added and put in bold. |
| The words Disabled people; Lesbians, gay men and bisexuals are no longer in |
| | **bold type.**  
The reference to Trans people has been deleted.  
The word, Notes has been put in bold.  
Appendix 4: The format and content of Part A and Part B has been amended.  
The EQIA Action plan has been added. |
### Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

<table>
<thead>
<tr>
<th>Policy Group</th>
<th>Lead Director / Officer</th>
<th>Working Group</th>
<th>Committee</th>
<th>Board Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies</td>
<td>As appropriate</td>
<td>As appropriate</td>
<td>As appropriate</td>
<td>Required</td>
</tr>
<tr>
<td>Standing Orders &amp; Standing Financial Instructions</td>
<td>Chief Executive + Director of Finance</td>
<td>Not applicable</td>
<td>Audit Committee</td>
<td>Required</td>
</tr>
<tr>
<td>Corporate Policies</td>
<td>Chief Executive + Director of Patient Care and Service Transformation</td>
<td>As appropriate</td>
<td>Quality and Safety Committee</td>
<td>Required/ Committee decision</td>
</tr>
<tr>
<td>Health and Safety Policies and Procedures</td>
<td>Director of Patient Care and Service Transformation</td>
<td>Strategic Health, Safety and Risk Group</td>
<td>Quality and Safety Committee</td>
<td>Health and Safety Policy – Required H&amp;S Appendices – Committee decision</td>
</tr>
<tr>
<td>Control of Infection Policy and Procedures</td>
<td>Director of Patient Care and Service Transformation</td>
<td>Clinical Review Group</td>
<td>Quality and Safety Committee</td>
<td>Required</td>
</tr>
<tr>
<td>Personnel Policies and Procedures</td>
<td>HR Director</td>
<td>Staff Consultation Group</td>
<td>Quality and Safety Committee</td>
<td>Required for new policies. Committee decision for revisions</td>
</tr>
<tr>
<td>Financial Policies and Procedures.</td>
<td>Director of Finance</td>
<td>Not applicable</td>
<td>Audit Committee</td>
<td>Required for new Policies. Committee decision for procedural changes.</td>
</tr>
<tr>
<td>Operational Policies and Procedures</td>
<td>Chief Operations Officer</td>
<td>As appropriate or through Team Meeting</td>
<td>Quality and Safety Committee</td>
<td>Committee decision</td>
</tr>
<tr>
<td>Information and IT Policies and Procedures</td>
<td>Associated Director of Information Management &amp; Technology (IM&amp;T)</td>
<td>Information Management and Technology Control Board.</td>
<td>Audit Committee</td>
<td>Committee decision</td>
</tr>
</tbody>
</table>

- **Board Ratification**: Required or Committee decision based on the nature of the policy or procedure.
| Emergency Operational Centre Policies and Procedures | Chief Operations Officer | As appropriate | Quality and Safety Committee | Committee decision |
| Clinical Policies and Procedures | Director of Patient Care and Service Transformation | 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: 07788 584786.

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?
<table>
<thead>
<tr>
<th>Category</th>
<th>Group</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td>Women</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td>Asian or Asian British People</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>Black or Black British People</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>Chinese people and other people</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>People of Mixed Race</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>White people (including Irish people)</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td><strong>DISABILITY</strong></td>
<td>Disabled People</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td><strong>SEXUAL</strong></td>
<td>Lesbians, gay men and bisexuals</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td><strong>ORIENTATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td>Older People (60+)</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td></td>
<td>Younger People (17 to 25) and children</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td>RELIGION/BELIEF</td>
<td>Faith Groups</td>
<td>✓</td>
<td>N/A</td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------</td>
<td>----</td>
<td>-----</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td>✓</td>
<td>N/A</td>
<td></td>
<td>The policy is designed to protect patients, staff and anyone affected by the activities of the Trust.</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Legal (it is not discriminatory under anti-discriminatory law)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Low</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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: John Dunn, Head of Risk and Security.

Date: 9/5/2019.
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: 07788 584786.

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?

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Summary of consultation planned or taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Religion/Belief</td>
<td></td>
</tr>
</tbody>
</table>

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?
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?

............................................................................................................................... ...........................
.............................................................................................................................

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:

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Title/type of/details of research/report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexuality Orientation</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
</tbody>
</table>
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

Part B
Complete this section when consultation and research has been 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:
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................

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:.................................................................
## EQIA ACTION PLAN

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale</th>
<th>Resource Implications</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please continue on another sheet if you need to.
Appendix 5: Ratification Checklist

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

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Central Alerts System Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author’s Name and Job Title</td>
<td>John Dunn, Head of Health and Safety</td>
</tr>
<tr>
<td>Review Deadline</td>
<td>29/7/2015</td>
</tr>
<tr>
<td>Consultation From – To (dates)</td>
<td>8/7/2015 to 29/7/2015</td>
</tr>
<tr>
<td>Comments Received? (Y/N)</td>
<td>Y</td>
</tr>
<tr>
<td>All Comments Incorporated? (Y/N)</td>
<td>Y</td>
</tr>
<tr>
<td>If No, please list comments not included along with reasons</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Accountable Group</td>
<td>Patient Safety Group</td>
</tr>
<tr>
<td>Date of Submission for Ratification</td>
<td></td>
</tr>
</tbody>
</table>

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) | Director of Patient Care and Service Transformation. |