Policy	NHS Worcestershire Acute Hospitals NHS Trust

Management of Safety Alerts

Department / Service:	Operations
Originator:	Patient Safety & Risk Manager Health & Safety Manager
Accountable Director:	Chief Nursing Officer Chief Operating Officer
Approved by:	Clinical Governance Group
Date of Approval:	4th February 2020
Review Date: **This is the most current document and should be used until a revised version is in place**	4th February 2023
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All
Target staff categories	All

Policy Overview:
This document outlines the way in which the Worcestershire Acute Hospitals NHS Trust receives, acknowledges and responds to safety information issued by the Medicines and Healthcare products Regulatory Agency and NHS Improvement via the Central Alerting and Safety Alert Broadcast Systems. It also includes how safety information received directly from manufacturers is managed.

Key amendments to this Document:

Date	Amendment	By:
December 2019	Clarification of committees for reviewing safety alerts	D. Johnson
October 2019	Biennial review	H&S Manager
Aug 2018	Review of process and timescales	Samantha Trigg, Lisa Wood
July 2017	Review in light of new Governance structure	Paul Graham, Katherine Leach
October 2016	Documents extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
Sep 2016	Reword of 5.2 as per Trust Medicines Policy Inclusion of MSO role	Alison Smith

Aug 2017	Changes made in line with Patient Safety Alert NHS/PSA/RE/2016/003	P Graham
20/10/14	Changes to meet the requirements of new guidance from MHRA and NHS England	P Graham C Rawlings
1/10/2012	Minor changes	P Graham C Rawlings
23/8/10	New process for National Patient Safety Alerts (NPSA) and introduction of Datix Safety Alert module to manage responses.	C. Rawlings P. Graham
1/4/09	Policy reviewed by H&S Manager and HR Policy Working Group. Minor amendments made as a result of system changes i.e. SABS to CAS.	H&S Manager
1/7/09	Minor changes made to reflect new management structure & responsibilities	H&S Manager

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- Equality Impact Assessment Tool
- Financial Risk Assessment

1. Introduction

This document sets out Worcestershire Acute Hospitals NHS Trust's system for Safety Alerts Management. It provides a robust framework to ensure a consistent approach across the whole organisation of all safety alerts received within the Trust, and supports our statutory duties as set out in the NHS Constitution.

The Department of Health directive requires a nominated local lead that is responsible for cascading alerts within an organisation. The CAS Liaison Officer for Worcestershire Acute Hospitals Trust is the appointed Medical Devices Safety Officer (MDSO). Supported by the Corporate Patient Safety Team, the CAS Liaison Officer will also complete an electronic feedback form to confirm that action has been taken in response to each alert, with supporting evidence and audit trail, located centrally. These systems provide a consistent and easily accessible source of data to enable NHS Trusts to assure themselves how effectively they are managing important safety issues.

2. Scope of this document

The scope and purpose of this document is to ensure adherence to the management of Safety Alerts received within the trust. To include Medical Device Alerts, Internal Alerts, Estates and Facilities Notifications, Patient Safety Alerts, Drug Alerts, Chief Medical Officer Alerts, Field Safety Notices and Supply Disruption Alerts via the Central Alerting System.

The policy applies to all Trust staff.

3. Definitions

The Central Alerting System (CAS) is an NHS web-based cascading system for issuing national patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care; it combines the former Chief Medical Officers' Public Health Link (PHL) and the Safety Alert Broadcast System (SABS 2008). It enables alerts and urgent patient safety specific guidance to be accessed at any time.

Patient Safety Alerts
NHS Improvement will publish an Alert on patient safety issues that are important and have a specific timeline for implementation. They are typically issued in response to a new or under-recognised patient safety issue which has the potential to cause death or severe harm.

Drug Alerts
These are issued by the Medicines and Healthcare Produces Regulatory Agency (MHRA). Drug alerts and recalls are carried out to protect patients from the harm that may be caused to them by defective medicines.

Medical Devices Alerts
These are issued by the Medicines and Healthcare Products Regulatory Agency (MHRA); they are an executive agency of the Department of Health in the United Kingdom which is responsible for ensuring that medicines and medical devices work and are safe for use.

Estates Alerts
These are issued by NHS Improvement ensuring provision of a safe environment and reducing risk to patients, staff and visitors in the NHS.

Chief Medical Officer Alerts
These are circulated to the Medical Director for sharing with relevant Clinical Directors. As these are for **cascade only** and often sent out of hours, the CAS system does not request the status of these alerts to be changed, therefore closure is not required. However, the alert will be cascaded to relevant staff, where applicable.

Supply Disruption Alerts
Alerts issued by the DH Supply Disruption to notify of potential shortages in medical equipment.

Medical Devices Safety Officer (MDSO) – The Trust's Health & Safety Manager is the appointed MDSO.

Medicines Safety Officer (MSO) – The Trust has a designated Officer for receipt of these alerts as identified as part of safety alert NHS/PSA/D/2014/005

Primary Recipients - A nominated senior member of staff within Directorates, who receive the relevant notices and ensure that the recommended actions are completed, reported internally to the division on a monthly basis, and by the appropriate deadlines.

4. Responsibility and Duties

Role of Chief Executive
The Duty of Care placed on the Trust rests ultimately with the Chief Executive who are satisfied that measures are in place to convey such alerts using a correct and timely process.

The Medical Devices Safety Officer (MDSO)
The Trust's MDSO will be primarily responsible for distribution of alerts/notices to the relevant areas for action, supported by the Corporate Patient Safety Team The MDSO and Patient Safety Team will ensure that where appropriate, any adverse incidents involving medical devices are also reported to the National Learning and Reporting System (NRLS) (Refer to Incident Reporting Policy).

Primary Recipients
Primary recipients are nominated personnel within Divisions who will be responsible for receiving alerts/notices 'for action' and circulating the information to all relevant staff within their area of responsibility, asking them to take appropriate action as indicated by the alert/notice. Progress will be monitored by the Divisional Governance Committee meetings, via a monthly report, with supporting evidence. Consideration should be given to the timing of audit to ensure the revised process is embedded.

Primary Recipients who receive an alert/notice 'for information only' should note the content but not take any action.

Patient Safety Team
The Patient Safety Team will receive notifications for all patient safety alerts issued by NHS Improvement, with oversight from the Deputy Chief Nurse. The Team will be responsible for ensuring that all patient safety alerts are collated centrally on a designated system, store all supporting evidence of progress against each alert and monitor the progress of actions monthly, reported internally as part of incidents and complaints, on the weekly sitrep report.

The Patient Safety Team will produce a quarterly assurance report to the Clinical Governance Group, reporting on action at Divisional level. The Divisions will provide updates as required, to support the reporting timetable.

Monitoring of actions will be carried out at Divisional level, with assurance provided to the Clinical Governance Group, of progress and completed actions.

Medicines Safety Officer
Patient Safety Alerts concerning medicines are forwarded by the Patient Safety Team to the Medicines Safety Officer for action by the Medicines Safety Committee.

Staff Duties
Staff receiving an alert/notice should take appropriate action as indicated by the contents and confirm in writing to their Primary Recipient that this has been done, including completed action plans and sources of evidence. Any incidents involving medicines/medical device equipment must be reported to the MSO/MDSO via a Datix Report.

5. Overall Management of Safety Alerts

This policy is about receiving, assessing and responding to safety alerts/notices in an appropriate and timely fashion. Internal distribution to the nominated leads enables the relevant members of staff to ensure that the necessary steps to ensure that the Trust meets the recommended actions.

Where the recommended actions are not achieved by the deadline date then patients and/or staff may be put at risk. As a result a risk assessment will be carried out to determine the level of residual risk and where necessary this risk will be added to the Risk Register for further monitoring and action.

The Trust's MDSO will receive all alerts either electronically via the CAS website, or directly from the manufacturer. He/she will then confirm receipt, indicate the type of action required and distribute to the appropriate work areas for action. When all actions are complete the Trust's MDSO will close the alert on the CAS website or arrange for the manufacturer to be notified of actions taken. (Refer to Appendix A)

The use of a central safety alert database will allow close management of the patient safety alerts, the recording of actions & subsequent evidence required to implement the alert and links to any risk assessment associated with the alert.

This process will be overseen and managed by the Patient Safety, Senior Investigation and Risk Manager, the Patient Safety Team and the Medical Devices Safety Officer as described below.

5.1 Non-Patient Safety Alerts (Refer to Appendix A)

The Trust's MDSO will decide which trust staff should receive a copy of the alert/notice, based on its content and recommended distribution list.

The Trust's MDSO will issue alerts/notices electronically either 'for information only' or 'for action'. The period of time for action is determined by the issuing body and is conveyed to the Primary Recipients.

The Trust's MDSO will receive electronic responses from all Primary Recipients who were issued with the alert/notice and following this will electronically inform CAS that the Trust has acted in accordance with the information contained within.

The Trust's MDSO will monitor the CAS website and ensure that all alerts/notices are acted upon before the deadline dates. Any outstanding actions will be placed on the risk register.

Primary Recipients must ensure that all staff to whom they copy the alert/notice have responded to them in writing and they must ensure that all appropriate actions have been taken and evidence collated to support compliance.

Primary Recipients will electronically confirm in writing to the Trust's MDSO that all their staff to whom the alert/notice was issued have taken appropriate action and that written responses from their staff are electronically filed and available for audit.

Primary Recipients who receive an alert/notice 'for information only' should note the content but not take any action.

Hard copies of safety alerts/notices issued by manufacturers will be delivered to the appropriate work areas for action. On completion the Primary Recipient will arrange for the manufacturer to be informed of the actions taken. A copy of any returns will be forwarded to the MDSO for retention.

Information regarding the recall of products will be received by or forwarded to the Supplies Department for the appropriate action to be taken.

5.2 MHRA Drug Alerts (including recalls and Supply Disruption Alerts)

All MHRA Drug alerts are received and managed by the Pharmacy Department including, if necessary, outside of pharmacy opening hours via a regional on call cascade system.

Wards, departments and clinical staff will be advised by pharmacy of any necessary action that needs to be taken following an MHRA Drug Alert, in accordance with internal pharmacy procedures. An audit trail of action taken by pharmacy is retained in pharmacy and will be shared with the Trust safety team.

Drug Alerts or Medicine Recalls have a different classification which requires some alerts to have immediate action taken, therefore a 24 hour process should be in place. There is a separate Process for the administration and cascade of Drug Alerts or Medicine Recalls which have a classification that denote the timescale for action:

- **Class 1 –** Immediate Action
- **Class 2 –** Action within 48 hours
- **Class 3 –** Action within 5 days
- **Class 4 –** Medicines Defect Information notifying a product requiring caution in use or a problem with the Patient Information Leaflet whereby removal of the product from circulation is not required.

All Supply Disruption Alerts (via CAS) are forwarded to the Medicines Safety Officer and Responsible Manager for management by the Pharmacy Department by the MDSO.

Wards, departments and clinical staff will be advised by Pharmacy of any necessary action to be taken following receipt of a Supply Disruption Alert in accordance with internal pharmacy procedures.

Pharmacy will electronically confirm in writing to the Trust's MDSO via the CAS electronic form that appropriate action has been taken and that written responses are electronically filed within Pharmacy and available for audit.

5.3 Patient Safety Alerts (Refer to Appendix A)

The responsibility of reviewing all patient safety alerts will be the corporate patient safety and risk team. All new alerts will be sent to the Deputy Chief Nurse as the agreed lead for senior oversight and cascaded to an agreed list of responsible persons (including the executive team) for information. A lead will be identified by the Deputy Chief Nurse, who will ensure appropriate people who are responsible for ensuring completion of the actions within the alert are aware of their roles and responsibilities. The responsibility of monitoring the completion of actions will be the corporate patient safety and risk management team.

Stage One Alert: Warning (W)
This stage will warn organisations of an emerging risk. It will encourage the Trust to:

- Consider if the risk issue could happen/has happened locally
- Consider if action can be taken locally to reduce risk
- Disseminate the warning to relevant staff, departments and organisations as directed by individual alert.

Stage Two Alert: Resource (Re)
This may be issued some weeks or months after a Stage One alert and may include:

- Sharing of relevant information provided by organisations in Stage One
- Sharing examples of good practice
- Access to tools/resources that will help organisations implement solutions to the stage one alert
- Access to learning resources

The alert will contain guidance as to what actions should be completed before sign-off. A timeframe will be set to complete this process.

Stage Three Alert: Directive (D)
At this stage the Trust will be required to confirm that it has implemented specific solutions or actions within the given timeframes.

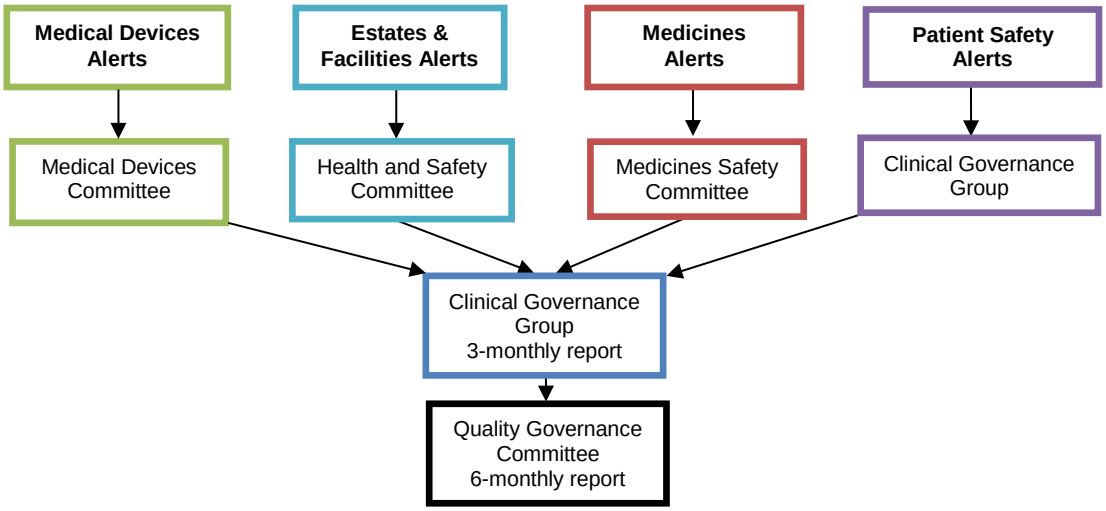
On receipt of a new Patient Safety Alert:

- The alert will be sent to the Executive Team, the Divisional Management Teams, Divisional Governance Teams and any relevant Corporate Management Teams, depending on the nature of the alert.
- A lead (or leads) will be identified by the Deputy Chief Nurse (with assistance where required) to ensure completion of the actions within the alert. The nominated lead will work closely with the Divisional Governance Teams.
- The alert will be placed on the internal tracker by the Patient Safety and Risk Management Team, identifying the lead and timescales for actions.

- Dependant on the type of alert actions required, a round table meeting, where appropriate, will be arranged by the nominated lead and Divisional Governance Teams in accordance with timescales at Appendix A
- The alert will be tabled for information at the next Clinical Governance Group, providing action progress and response trajectory.
- The patient safety and risk team will assist the Divisional Governance Teams, where required, to set up meetings and support the lead(s) in monitoring the actions within the alert where necessary.
- A response will be sent by the nominated lead to the MDSO in accordance with alert timescales at Appendix A.
- Upon completion of the actions, a report will be compiled by the lead and approved at relevant Divisional meetings prior to final approval at the Clinical Governance Group.
- Any overdue actions will be presented by the lead, via an exception report and discussed at the Clinical Governance Group and placed on the risk register if deemed appropriate.
- When the Clinical Governance Group agrees closure of the Patient Safety Alert, the Patient Safety Team will record this in the relevant spreadsheet and alert the MDSO who will close the alert on CAS.

6. Safety Alert Governance and Reporting Arrangements

The three strands of alerts issued by the Central Alerting System (CAS) will follow the governance arrangements as detailed below:



The NHS Central Alert System will issue notifications of a new alert to the Medical Devices Safety Officer (MDSO), the Medicines Safety Officer (MSO) and the Patient Safety Team inbox.

To facilitate continuity of service the patient safety team inbox will act as a reserve recipient of alerts should the MDSO and MSO be absent.

Safety Alerts will be tabled at the specialist meetings where action plans and sources of evidence will be agreed.

A joint Safety Alert report will be compiled by the Patient Safety, Senior Investigation and Risk Manager, Medicines Safety Officer and the Medical Devices Safety Officer quarterly to be presented at the Clinical Governance Group.

A combined report will also be tabled at the Quality Governance Committee on a six monthly basis.

7. Implementation of policy

Implementation of this policy will ensure that:

- Alerts and urgent patient safety specific guidance are disseminated to the appropriate staff and departments.
- Monitoring, implementation and closure of Alerts are within the specified time frame.
- Centralised recording, monitoring, follow-up and outcome of all Alerts received and implemented.
- Provides a reporting and response mechanism to the Regulatory agencies via the web-based system

7.1 Plan for implementation

Monitoring of compliance as described in Section 7 and remedial action by the MDSO and Patient Safety Team with escalation of issues and unmet alert timescales to the Executive Directors will further embed the policy.

7.2 Dissemination

This policy will be communicated to all staff-side safety representatives and Trust managers and made available to all staff via the Trust's intranet site.

All Primary Recipients will be informed of the policy and process to ensure that they can effectively carry out their functions.

7.3 Training and awareness

The MDSO will inform staff about this policy during Corporate and local induction training and during their three yearly risk management update training.

Clinical and other leads for alerts will be supported through the process as described in Section 5.

When required i.e. where there is value in sharing the information new alerts will be published on the Trust Intranet site via the weekly briefing or other means should this briefing change.

8. Failure to comply with an alert within the published deadline

- Deadlines are set by the alert originator after consultation with external bodies (eg Royal Colleges) and manufacturers. Originators aim to make deadlines realistic based on the complexity of the actions required and the degree of risk to patients and staff.
- Where alerts require an on-going programme such as training or regular inspections, the alert may be signed off complete once processes are in place to manage these requirements.
- If an alert has not been fully implemented because replacement equipment is not yet available from the supplier, the alert may be signed off complete provided this is entered onto the Trust's risk register with a plan in place to review on a regular basis.
- If, after carrying out a risk assessment, the Trust has very strong reasons for not implementing any part of an alert, evidence to support the decision should be obtained before marking the action as complete.
- If an alert or part of alert will not be completed by the published deadline, it must be discussed at the Clinical Governance Group and the risk added to the risk register if necessary. - Work must be carried out in the meantime to mitigate the risks of not completing the actions in time.
- Data will be published monthly on the NHS England website regarding any Trusts that have failed to declare compliance with stage one, two or three alerts by their due date. This information is likely to be used by the CQC in their monitoring of overall quality improvement.

9. Monitoring and compliance

This policy will assist the Trust to provide safe and effective care for its patients and ensure ongoing compliance with the Care Quality Commission's Fundamental Standards of Quality and Safety. Compliance reports will be provided to the Trust's commissioners to an agreed schedule.

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Section 5	Risks associated with non-compliance are reported to the Clinical Governance Group and placed on risk register if deemed appropriate	Datix Risk ID	As required	Patient Safety and Risk Manager	H&S Committee or Clinical Governance Group	Quarterly
Section 5.1	Completion of MHRA Website	Records of receipt, distribution & actions (for non-clinical alerts)	As required	H&S Manager	Medical Devices Safety Committee	Quarterly

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Section 5.2	Pharmacy Procedures	Records of receipt, distribution & actions (for drug alerts)	As required	Chief Pharmacist	Medicines Safety Committee	Quarterly
Section 5.3	Completion of MHRA Website	Records of receipt, distribution & actions (for clinical alerts)	As required	Patient Safety and Risk Manager	Clinical Governance Group	Quarterly

10. Policy Review

The Trust Health and Safety Committee, Clinical Governance Group and Medical Devices Committee will review this policy every three years or upon any significant change to working practice or relevant legislation.

11. References

Risk Assessment Procedure	WAHT-CG-002
Risk Management Strategy	WAHT-CG-007
Patient Safety Alert NHS/PSA/D/2014/005 – Improving medication error incident reporting and learning (March 2014)	
Patient Safety Alert NHS/PSA/D/2014/006 – Improving medical device incident reporting and learning (March 2014)	
Patient Safety Alert NHS/PSA/RE/2016/003 – Patient safety incident reporting and responding to Patient Safety Alerts (April 2016)	
Managing Medical Devices – Guidance for Healthcare and Social Services Organisations April 2014	
Alert from the Central Alerting System Helpdesk Team: The introduction of National Patient Safety Alerts (Alert ref: CHT/2019/001 (September 2019)	
https://www.cas.dh.gov.uk/Home.aspx CAS Web site	
http://www.nrls.npsa.nhs.uk/alerts NPSA Alerts Website	

12. Background

12.1 Equality requirements

There is no equality issues associated with this policy.

12.2 Financial risk assessment

There may be financial implications associated with this policy in terms of complying with a particular safety notice. These will be addressed as

necessary on an individual basis through the Trust's business planning process.

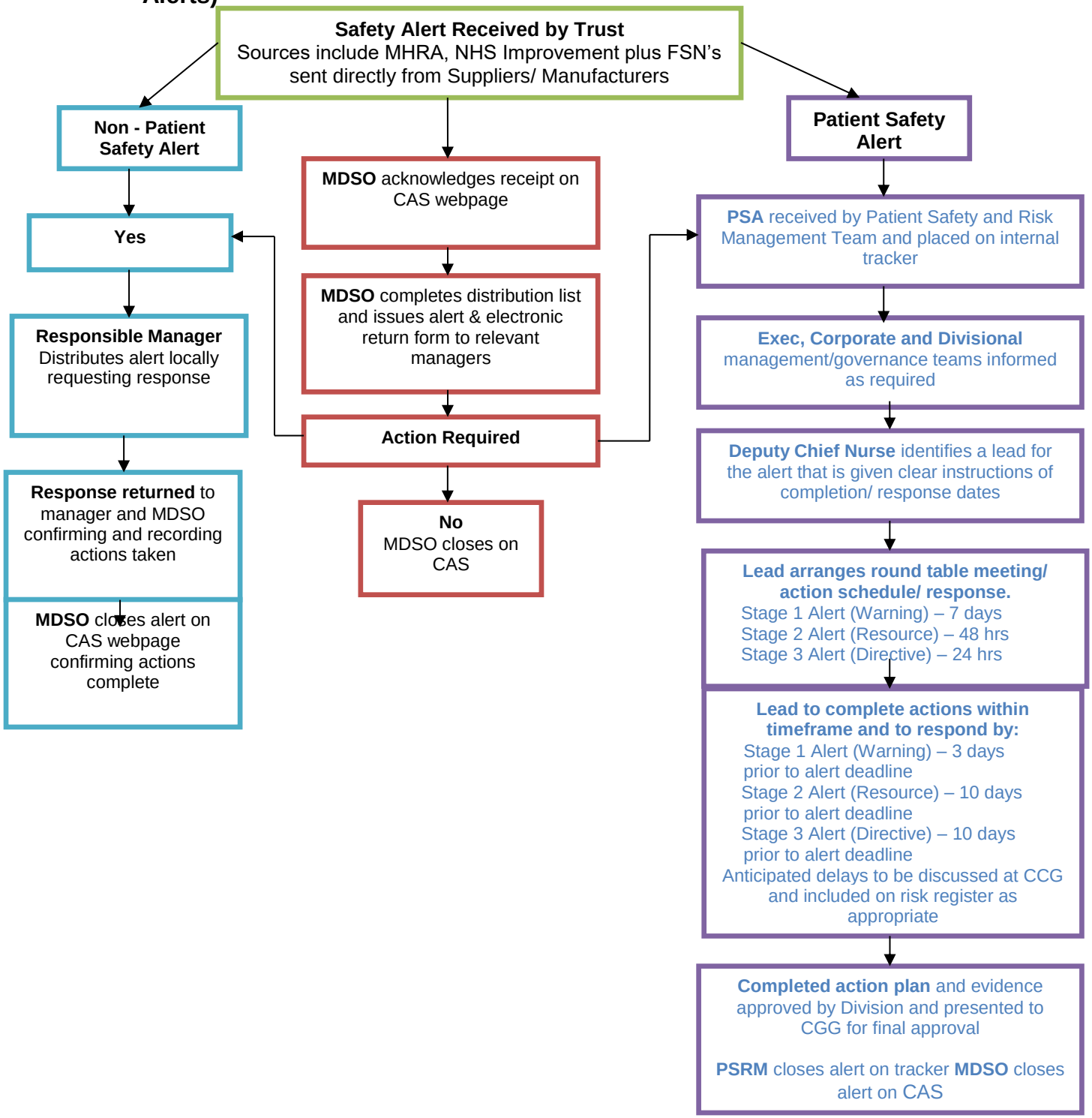
12.3 Consultation process

This policy will be reviewed by the Health and Safety Committee as part of the health and safety consultation process and the Clinical Governance Group.

12.4 Approval process

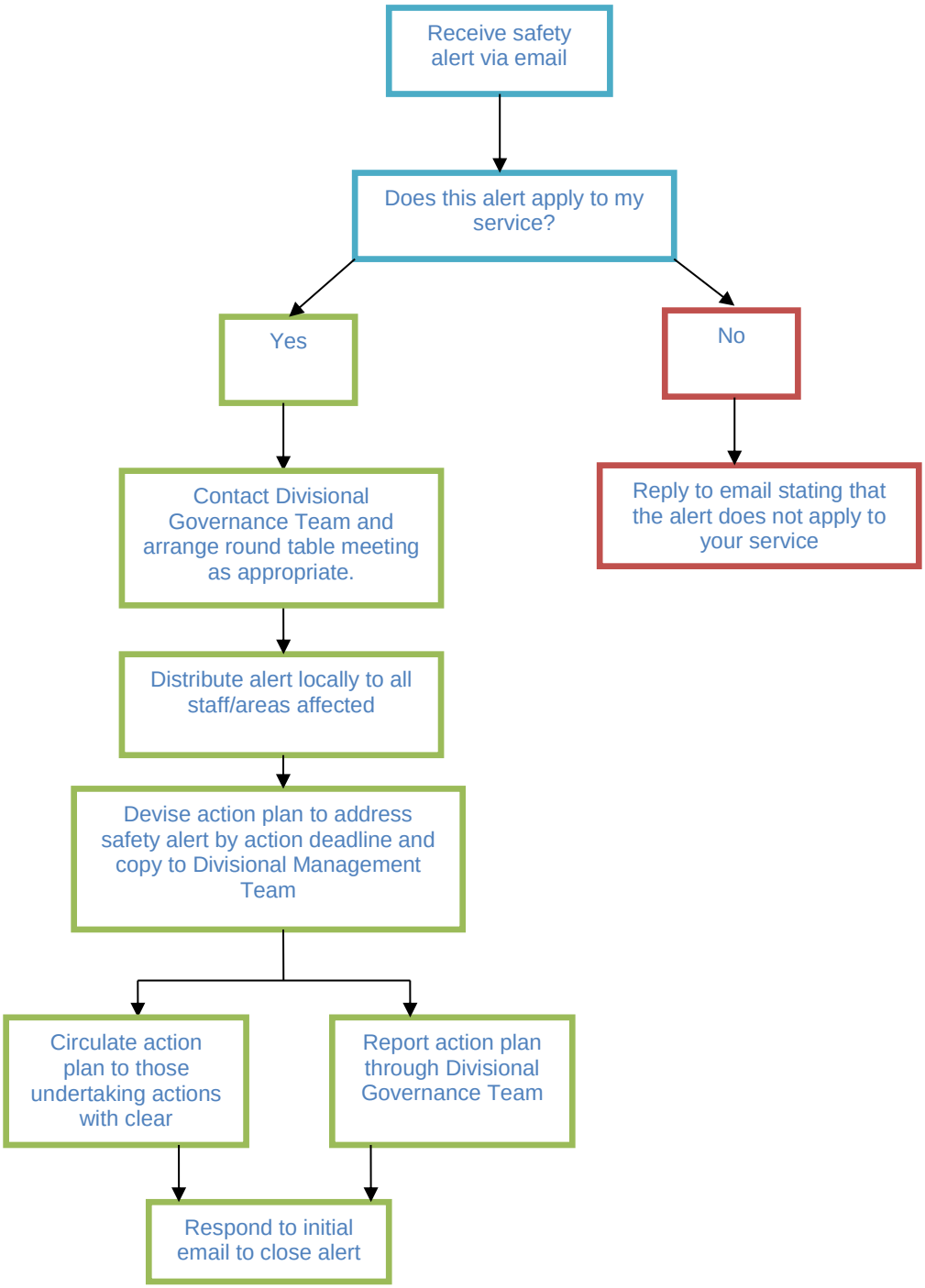
This policy will receive final approval from the Clinical Governance Group and the JNCC.

Appendix A: Flow Chart for Safety Alerts (including Patient Safety Alerts)



Key	
PSA	Patient Safety Alert
MDSO	Medical Devices Safety Officer - Trust Health, Safety and Security Manager
PSRT	Patient Safety and Risk Management Team

Appendix B: Location Action for Staff Receiving Alerts (Leads)



Appendix C: CAS Electronic Return Form

Worcestershire NHS
Acute Hospitals NHS Trust

CAS Electronic Return Form

Health &Safety Manager
Kings Court 1st Floor
Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD
Tel: 01905 768946

To: **Responsible Manager**

From: Medical Devices Safety Officer

Date:

Re: Central Alerting System (CAS):

Dear Colleague

The attached Safety Notice was issued by on

As the responsible manager for your area I would be grateful if you would note the actions required by the notice and respond accordingly.

The following questions 1- 4 should be completed as appropriate and returned to me by the

1. No action is required as the equipment referred to is not used in my area of responsibility □
2. The following action(s) have been taken

Action(s) taken	By Whom	Date Completed

3. In order that the risks identified in the notice are effectively managed it will be necessary to implement further actions as detailed below

Further Action(s)	By Whom	Target Date

4. Return completed by:

Name of Respondent:……

Position……

Ward/Department:……

Date:……..

NOTE: Please return this form via email

Thank you for your co-operation in this matter.

Yours sincerely,

[NAME]
Medical Devices Safety Officer
Ext 36786

APPENDIX D

PATIENT SAFETY ALERT ACTION PLAN

TITLE OF ALERT:
ALERT REFERENCE NUMBER: NHS/PSA/….
DATE ALERT ISSUED: 27TH September 2017
DATE ACTIONS TO BE COMPLETED BY:
LEAD FOR ALERT:

ACTION STATEMENT	LEAD	RESPONSE	STATUS

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Dee Johnson	**Patient Safety, Senior Investigation and Risk Manager**	**wah-tr.PatientSafety@nhs.net**
Date assessment completed	**28/01/2020**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Procedure				
What is the aim, purpose and/or intended outcomes of this Activity?	To provide guidance on the management of safety alerts				
Who will be affected by the development & implementation of this activity?	❑	Service User	✓	Staff	
	❑	Patient	❑	Communities	
	❑	Carers	❑	Other _____	
	❑	Visitors	❑		
Is this:	✓Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?				
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Not applicable				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Representatives from Health and Safety, Pharmacy, Estates & Facilities, Corporate Nursing and Patient Safety Team received copies of the changes to the procedure for comment via email.				
Summary of relevant findings	Clarification of some terminology and governance structure provided.				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Not applicable	.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	In line with Trust policy for review.			

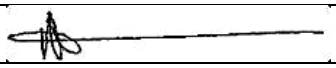
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation.

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	28/01/2020
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval