Birmingham and Solihull Mental Health NHS Foundation Trust

Safety Alert (CAS) Management Policy

Policy number and category	**RS17**	**Risk & Safety**
Version number and date	**1**	**February 2022**
Ratifying committee or executive director	**Clinical Governance Committee**	
Date ratified	**March 2022**	
Next anticipated review	**March 2025**	
Executive director	**Executive Director of Quality and Safety (Chief Nurse)**	
Policy lead	**Head of Health and Safety**	
Policy author *(if different from above)*	**Health and Safety Advisor**	
Exec Sign off Signature (electronic)	XXXXX	
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to the continuous improvement of patient safety and the efficiency and effectiveness of the services it provides. The Trust shall implement and maintain effective processes and procedures that ensure that all national safety alerts, generated from the Central Alerting System (CAS) and any relevant internal notices are circulated and managed.

Policy requirement (see Section 2)

This policy will describe the processes and responsibilities that ensures:

- safety alerts are circulated appropriately,
- all appropriate staff are aware of safety alerts,
- appropriate corrective action is identified and implemented in response to safety alerts, and
- assurance is given that safety alerts risks are being appropriately controlled.

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1.0 Introduction

1.1 Rationale

This document sets out the Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) Policy for management of Central Alerting System (CAS) Safety Alerts.

The CAS is a national web-based cascading system for issuing 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. The CAS also includes a response mechanism allowing healthcare organisations to update their progress in implementing actions associated with CAS Safety Alerts.

Healthcare organisations are required to develop, implement and maintain processes for dissemination and review of CAS Safety Alerts in accordance with the Medicines and Healthcare products Regulatory Agency (MHRA) publication 'Reporting adverse incidents and Disseminating Safety Alerts'- DB2011(01). This includes appointing a CAS Liaison Officer (CLO).

IMPORTANT: To ensure that the BSMHFT process for management and distribution of CAS Safety Alerts is effective all new CAS Safety Alerts received in the Trust must be emailed to the BSMHFT Health and Safety Team via the **bsmhft.healthandsafety@nhs.net** mailbox to ensure appropriate action can be taken.

1.2 Scope

The policy covers the management of all safety alerts, received into the Trust and applies to all BSMHFT staff including HMP Birmingham, Bank and Agency staff. This policy aims to ensure effective and efficient management of all safety alerts received by the Trust.

1.3 Principles

- The Trust is committed to ensuring the safety of patients and its staff so that risk is avoided and/or minimised.
- To comply with all relevant regulatory and legislative requirements and to ensure that the Trust is adequately protected under legislation.
- The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs

2.0 Policy

The aim of this policy is to ensure that all CAS Safety Alerts are communicated promptly and effectively to relevant members of staff and that appropriate action is taken in a timely manner.

This policy describes the processes and responsibilities that ensure that:

- Safety alerts are circulated appropriately,
- All appropriate staff are aware of safety alerts,
- The relevant leads are identified and forward safety alerts to the relevant people within their area,
- Appropriate corrective action is identified and implemented in response to safety alerts, and
- Assurance is given that safety alerts risks are being appropriately controlled.

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health, social care and prison services.

Issued alerts are available on the CAS website include safety alerts, Estates and Facilities notifications, CMO messages, drug alerts, Dear Doctor letters and Medical Device Alerts issued on behalf of the Medicines and Healthcare Products Regulatory Agency, NHS England, and the Department of Health and Social Care. In addition the organisation receives Alerts from NHS Protect providing information about high risk incidents/individuals.

There are 8 types of alert notices that fall within the remit of this policy

1. **MHRA Medical Device Alerts (MDA)**

   Medical Devices Alerts contain information including Hazard Notice, Safety Notice, Device Alert, Advice Notice and Safety Notices for and relating to all medical devices.

2. **NHS England National Patient Safety Alerting System**

   These Patient Safety Alerts are prepared by NHS England Patient Safety Domain and requires prompt action to address high risk safety problems within a specific timeframe.

The three stages of National Patient Safety Alerting System (NPSAS) alerts are:

Stage One Alert: Warning

This stage 'warns' organisations of emerging risk. It can be issued very quickly once a new risk has been identified to allow rapid dissemination of information.

Typical actions required of organisations in a stage one alert would include:

- Consider if this (the risk issue) could happen/has happened locally.
- Consider if action can be taken locally to reduce the risk.
- Disseminate the warning to relevant staff, departments and organisations.

Stage Two Alert: Resource

This alert may be issued some weeks or months after the stage one alert, and could consist of:

- sharing of relevant local information identified by providers following a stage one alert;
- sharing of examples of local good practice that mitigates the risk identified in the stage one alert.
- access to tools and resources that help providers implement solutions to the stage one alert: and
- access to learning resources that are relevant to all healthcare workers and can be used as evidence of continued professional development.

Stage Three Alert: Directive

When this stage of alert is issued, organisations will be required to confirm they have implemented specific solutions or actions to mitigate the risk. A checklist will be issued of required actions to be signed-off in a set timeframe. These actions will be tailored to the patient safety issues.

3. NHS Estates Notices

Estates and Facilities Alerts relate to all non-medical equipment, engineering plant installed services and building fabric in the NHS

4. MHRA Drug Alerts

These are classified as follows:

Class 1: Immediate Action (including out of hours)
Class 2: Action within 48 hours
Class 3: Action within 5 days
Class 4: Action within two weeks (caution in use)

5. Chief Medical Officer (CMO) messages

These are classified into four categories:

Immediate: to be cascaded within approximately 6 hours
Urgent: to be cascaded within 24 hours Non-
Urgent: to be cascaded within 48 hours For
Information.

All of the above to be sent for information.

6. Suspicious Drug Requests

This can be received from any NHS England Local Area Team or Clinical Commissioning Group (CCG). If a request is made from a member of public to a member of BSMHFT staff, this must be reported as an incident via Eclipse and sent directly to the Local Security Management Specialist (LSMS)

7. Internal Alerts

Any information, from within the Trust that needs wider circulation, can be done so via an Internal Alert.

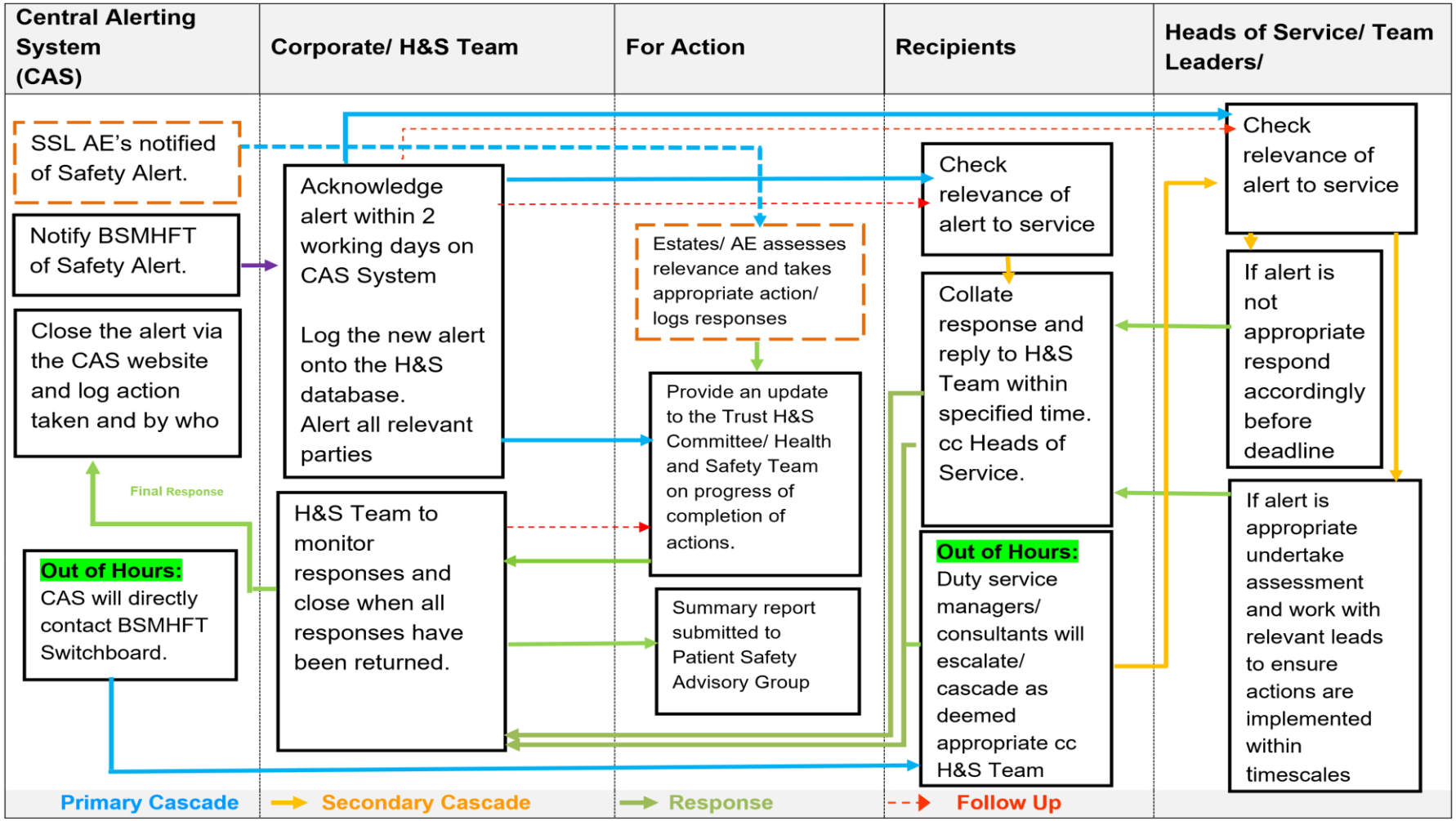
8. Security Alerts

The LSMS is responsible for assessing the relevance of the Alert once received. Not all alerts will need to be cascaded throughout the Trust. The decision to cascade will be based upon the Threat to BSMHFT Staff, the likelihood and possible consequences. For example, some alerts may only be relevant to NHS acute hospitals with A&E departments. If the Alert requires cascade this will be distributed by the LSMS via the Health and Safety Co-Ordinator who will log responses accordingly.

3.0: Procedure

The procedure for the distribution and collation of responses for safety alert notices is described within the Process Map below.

3.1 Process Map



3.2 Acknowledgement, Distribution and Management of Safety Alerts

3.2.1 **Receipt and Acknowledgement of Alerts**

The CAS Liaison Officer (CLO) receives alerts issued through the Central Alerting System (these include MDA's, NPSA's, MHRA's, EFA's etc.) electronically via the CAS mailbox. Each alert must be acknowledged using the CAS website within 48 hours of issue.

NHS Security Management Specialist Alerts will be acknowledged and managed by the Local Security Management Specialist.

Counter Fraud Alerts will be acknowledged and managed according to the Department of Health and Social Care requirements.

Out of Hours

Cas Alerts sent out of hours will automatically be sent via notification/ contact to a Trust switchboard, Reaside - 0121 301 3000, Northcroft 0121 301 5500 and Ardenleigh - 0121 301 4411. On duty service managers and consultants will escalate/ cascade as deemed appropriate. Copying in the CAS Liaison Officer, BSMHFT Health and Safety Team via the **bsmhft.healthandsafety@nhs.net** mailbox.

3.2.2 **Assessment of Relevance and Distribution of Alerts**

CAS Alerts will be managed according to the Department of Health procedures laid down for Liaison Officers. This requires the CAS Liaison Officer to review the actions required and the distribution list contained within the alert.

The CAS Liaison Officer will distribute CAS Alerts and manufacturer alerts/updates/product recalls accordingly, to the designated Lead who will cascade to the appropriate people within their speciality.

CMO alerts are issued directly to the Medical Director and/or Chief Executive. These should be assessed for relevance and distribution. If it is determined that distribution is necessary, a copy of the alert should be sent to the CAS Liaison Officer for distribution, as identified by the Medical Director/Chief Executive.

3.2.3 **Management and Action of Alerts**

CAS Liaison Officer will distribute a CAS notification of each alert to the relevant Nominated Lead detailing the response date and the date for action completion.

The Nominated Leads will distribute to the relevant staff from whom a response is required. The Nominated Leads will ensure responses are completed within their specialty, from those whom they sent the alert for action and will complete a final response, to the CAS Liaison Officer by the initial response deadline.

Where an action plan is required, the Nominated Leads will work with the Lead Officer for the alert and are responsible for ensuring the action plan is developed, monitored and completed by those identified as being responsible by the actions completed deadline. The action plan will be monitored by the relevant nominated Trust Committee.

The Lead Officer and/or Nominated Leads will forward the agreed action plan to the CAS Liaison Officer by the initial response deadline, provide updates accordingly and confirm that all actions have been completed prior to the actions completion deadline. Progress of which is monitored by the Trust Health and Safety Committee.

In the event that responses are not received and/or deadlines are missed the CAS Liaison Officer (CLO) will escalate via a report to:

- Patient Safety Advisory Group (PSAG) for all NPSA's
- The Trust Health and Safety Committee for all other alerts

In line with guidance from the NHSE, National Patient Safety Alerts can be closed with the Department of Health (on the CAS database) once an action plan has been developed and agreed to ensure implementation of all aspects of the alert.

3.2.4 **Closure of Alerts**

Alerts will be closed by the CAS Liaison Officer when one of the following confirmations has been received from the Lead Officer and/or each of the relevant Nominated Leads:

- No action is required and the reason why clearly stated.
- Actions completed, matter resolved with details of actions taken as required by the alert and/or supporting action plan attached where appropriate.

4.0 Responsibilities

Post(s)	Responsibilities	Ref
Deputy Director of Nursing and Quality	The Deputy Director of Nursing and Quality is the Board level lead and has accountability for ensuring effective arrangements are in place for managing CAS Safety Alerts. They will oversee management and implementation of NatPSAs, including a duty to assess the relevance, appoint a senior officer(s) to take forward actions required, to provide regular progress update reports to the Executive Team and Trust health and Safety Committee to provide evidence of actions complete to enable sign off for the closure of the NatPSA. The Chief Nurse will assess the evidence provided by a senior officer(s) to the Patient Safety Advisory Group (PSAG) for actions complete	

	before confirming closure of the NatPSA to the Health and Safety Team. They will provide assurance to the Executive Team on the effective completion of relevant actions.	
Associate Director of Governance	The Associate Director of Governance has executive responsibility on behalf of the Board for the management of Safety Alerts and for ensuring compliance with external assessment standards. They discharge this responsibility through the Patient Safety and Advisory Group (PSAG) The Associate Director of Governance is a member of the Trust Health and Safety Committee and the Integrated Quality Committee.	
H&S Co-ordinator/ CAS Liaison Officer (CLO) - Health and Safety Team	The timely acknowledgement of the alerts on the CAS website, which is 2 working days from issue. For creating the alert on the CAS database and appropriate distribution. The type of notice will dictate who the organisation will expect responses from and those who are copied in for information only. (Appendix 2). Closing the alert on the internal CAS database once all the responses have been received Closing the alert on the CAS website in a timely manner After seeking suitable advice, where it is determined that a CAS Safety Alert is not relevant to the Trust, it will not be distributed for action and will be closed on the CAS (website) Reasons why it is not relevant to the Trust will be documented. Provide a monthly summary report on relevant NatPSA alerts to PSAG with details of any relevant assurance testing. Ensure that there is a process in place for the auditing of relevant CAS alerts.	
Medical Device Safety Officer & Clinical Safety Officer	This role is to promote the safe use of medical devices across their organisation and provide expert advice. As well as improving the quality of reporting, the MDSO & CSO will be the essential links between the identification and implementation of (local and national) medical devices safety initiatives and the daily	

	operations to improve the safety of medical devices.	
Medication Safety Officer (Lead Pharmacist)	The role and responsibility of the Medication Safety Officer is to act as the point of contact for CAS Safety alerts in relation to Medicines. Identify the appropriate person to manage these alerts and ensure all actions are completed. They are also to act as the essential link between local actions to improve medication safety and implementation of national initiatives.	
Director of Estates and Facilities	The Director of Estates and Facilities is responsible for the onward distribution of Estates and Facilities Notices/Alerts and responding in a timely manner.	
Local Security Management Specialist	The LSMS is responsible for assessing the relevance of a Security Alert once received. Not all alerts will need to be cascaded throughout the Trust. The decision to cascade will be based upon the Threat to BSMHFT Staff, the likelihood, and possible consequences. For example, some alerts may only be relevant to NHS acute hospitals with A&E departments.	
Patient Safety Lead	Receives the Patient Safety Alert and coordinates the onward distribution. The Clinical Governance Committee will agree and approve the designated lead known as the Alert Coordinator. The Alert Coordinator is the corporate lead identified to ensure implementation of actions identified in the alert.	
Head of Procurement	The Head of Procurement/ Lead is responsible for sending through relevant manufacturer alerts to the CAS Liaison Officer. Confirmation and feedback on actions taken by internal providers/ maintenance/users when required will be logged via the CAS Liaison Officer.	
All Staff	All staff who receive a CAS Safety Alert must ensure it is read and understood and appropriate actions are taken forward to comply.	
Policy Lead	The Policy lead will review the policy in 3 years or should legislation change and/or deem necessary.	

5.0: Development and Consultation Process

Consultation summary		
Date policy issued for consultation	November 2021	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	**Date(s)**	
Where received	**Summary of feedback**	**Actions / Response**

6.0 Reference Documents

- Medicines and Healthcare Products Regulatory Agency (MHRA) publication 'Reporting adverse incidents and Disseminating Safety Alerts'- DB2011(01).

7.0: Bibliography

- Medicines and Healthcare products Regulatory Agency (MHRA) publication 'Reporting adverse incidents and Disseminating Safety Alerts'- DB2011(01).
- CAS Alert Out of hours contact information – CHT/2020/001 CAS-ViewAlert (mhra.gov.uk)

8.0: Glossary

Central Alerting System (CAS) CAS is a web-based cascading system for issuing safety alerts, important public health messages and other safety critical information and guidance to the NHS and others.

CAS Safety Alerts include:

- **National Patient Safety Alerts (NatPSA)** - Issued by NHSEI to the NHS and wider healthcare environment in relation to patient safety matters. Typically, a NatPSA will require action to be centrally coordinated on behalf of the whole organisation, rather than by multiple individual teams, Clinical Management Groups (CMGs) or Directorates. All NatPSAs need Board Director level oversight of governance systems that provide evidence that the required actions have been completed before any NatPSA is recorded as 'action completed' on the CAS. Failure to take the actions required under any NatPSA may lead to the Care Quality Commission (CQC) taking regulatory action.

- **Estates & Facilities Alerts and Notices (EFA'S & EFN'S)** - The Department of Health issues Estates and Facilities Alerts (EFA) or bulletins through the CAS system based on information provided by users and manufacturers. They are developed to assist in providing a safe environment and reducing risk to people who use our services; visitors and staff, by managing the risk relating to non-medical equipment, engineering plant, installed services and building fabric. EFNs are colour coded and prioritised as follows:
  - Red – Suspension of Operational Practice (SOP): for immediate action.
  - Amber – Dangerous Incident Notification (DIN): for information and action as required.
  - Green – National Equipment Defect Report (NEDeR) – for information. EFA's/ EFN's are sent directly to Estates and are reviewed by the relevant Authorising Engineer (AE).
- **Chief Medical Officer (CMO) Alerts/Letters** - Issued by the DoHSC to the NHS and healthcare organisations to advise on key public health and clinical quality issues.
- **Supply Disruption Alerts (SDA)** – Issued by the DoHSC in the event of a significant supply disruption event which has the potential for widespread and severe impact on patient safety and outcomes.
- **Field Safety Notices (FSN)** - Issued by medical device manufacturers, or their representatives, in connection with a field safety corrective action (FSCA) these are the prime means of communicating safety information to the wider healthcare environment in relation to medical devices and medical equipment for information and action. Corrective Action is an action taken by a manufacturer to reduce the risk of death or serious deterioration in the state of health associated with the use of a medical device that is already available on the market.
- **Internal Alerts** – Issued by the Trust Health and Safety Team in response to an incident, near miss or issue where there is critical learning to be shared. This may occur at any stage of the investigation process in order to share learning which may prevent future harm. Internal alerts must be given the same priority as alerts from external sources. Any area can request an internal alert to be issued and in order to do so must complete an internal alert template, which is available from the Health and Safety Team. The internal alert will be issued following approval by the Health and Safety Team.
- **Drug Alerts** – Issued by the MHRA and/or the manufacturer, these are the prime means of communicating safety information to the wider healthcare environment in relation to medicines for information and action. All Class 1 Drug Alerts and some Class 2 Drug Alerts will meet the National Patient Safety Alert criteria and be issued and follow the principles as a NatPSA. Other Class 2 Drug Alerts and those which are Class 3 and Class 4 will continue to be managed by the Head of Pharmacy/ Medicines Safety Group which includes operating procedures for Drug Alerts received out of normal working hours.

9.0: Audit and Assurance - including monitoring table.

Individual safety alerts will be reported as described in the Process Map.

A report regarding safety alert compliance and corrective action will be generated by the Health and Safety Team and submitted to the Trust Health and Safety Committee who will identify and report to Associate Directors any corrective actions needed in this process for assurance of adequate systems and processes.

Alerts issued by the National Patient Safety Agency will be monitored via the Patient Safety Advisory Group. NPSA Alert submittals for closure will be submitted to the Health and Safety Team by the relevant alert lead within the given timescales. Any deviations from any closure deadlines must be communicated immediately to the Health and Safety Team.

Any risk of not being able to implement the required actions within the timescales is to be included on the appropriate risk register and exception reported to the appropriate committee before the completion deadline.

Commissioners require assurance in the form of a quarterly report and reasonable exceptions are to be reported to Commissioners before closure deadlines. Reasonable exception does not include being too busy or lack of resources.

Please see monitoring table below:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Process for ensuring all Medical Device Alerts are responded to within deadlines and actions are complete.	Deputy Director of Nursing and Quality	The H&S Dept. has calendar reminders to ensure alerts that are not responded to are followed up through daily and weekly scheduled checks. It holds records of late or incomplete responses	Reports are prepared on a quarterly basis.	Patient Safety Advisory Group. Reports by exception to the Clinical Governance Committee
Process for ensuring all Estates and Facilities Alerts still relevant and are responded to within deadlines and actions are complete.	Estates Authorising Engineer (AE)	Estates Lead and/or AE holds evidence of meetings and agreement to reach full compliance with alert recommendations. Safety Alert due dates monitored.	Reports are prepared for the Estates Committee monthly. Exception reports are prepared for the Trust Health and Safety Committee on a quarterly basis.	Estates report to the Trust Health and Safety Committee.
	Patient Safety Lead.	The Patient Safety Lead	Reports are prepared for	Patient Safety Advisory Group.

Process for ensuring all Patient Safety Alerts are responded to within deadlines and actions are complete.		holds evidence of meetings and agreement to reach full compliance with alert recommendations. Safety Alert due dates monitored. In addition, the Health and Safety Team will send reminders to the Patient Safety Lead for closure of alerts.	committee on a quarterly basis. Exception reports to the Trust Health and Safety Committee	Reports by exception to the Clinical Governance Committee
Process for ensuring all Drug Alerts are responded to within deadlines and actions are complete	Medication Safety Officer – Pharmacy Lead	The Medication Safety Officer holds evidence of meetings and agreement to reach full compliance with alert recommendations. Safety Alert due dates monitored. In addition, the Health and Safety Team will send reminders to the Medication Safety Officer for closure of alerts.	Reports are prepared for committee on a quarterly basis.	Medicines Safety Group. Reports by exception to the Pharmacological Therapies Committee

Process for ensuring all Security Alerts are responded to within deadlines and actions are complete.	Local Security Management Specialist (LSMS)	The LSMS will report any alerts that have been cascaded through the Trust Health and Safety Committee	Reports are prepared for the Trust Health and Safety Committee on a quarterly basis.	The Trust Health and Safety Committee.
The number of CAS Safety Alerts completed within specified deadline.	H&S Co-ordinator/ CAS Liaison Officer (CLO) - Health and Safety Team	Dashboard CAS Safety Alerts and CAS - Monitoring CAS Key Performance Indicators (KPIs)	Reports are prepared for the Trust Health and Safety Committee on a quarterly basis.	Trust Health and Safety Committee
Acknowledgement on CAS website within two working days of receipt of CAS Safety Alert.	H&S Co-ordinator/ CAS Liaison Officer (CLO) - Health and Safety Team	Review of CAS	Monthly	Trust Health and Safety Committee
Quarterly Auditing	H&S Team/ Fire Advisor and LSMS	Appropriate audit tool	Reports are prepared for the PIR framework on a quarterly basis.	The Trust Health and Safety Committee

10.0: Appendices

Appendix 1 Equality Impact Assessment

Appendix 2 Cascade List

Appendix 1 **Equality Analysis Screening Form**

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	Safety Alert Management Policy		
Person Completing this proposal	XXXX XXXX	**Role or title**	H&S Advisor
Division	Corporate	**Service Area**	Governance
Date Started	July 2021	**Date completed**	August 2021

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to the continuous improvement of patient safety and the efficiency and effectiveness of the services it provides. The Trust shall implement and maintain effective processes and procedures that ensure that all national safety alerts, generated from the Central Alerting System (CAS) and any relevant internal notices are circulated and managed.

Who will benefit from the proposal?

The trust, patients and all staff

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment? Eliminate victimisation?*	*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age				

Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups

Disability				
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender				
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships				
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity				
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				

Sexual Orientation				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment				
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No X**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
N/A
How will any impact or planned actions be monitored and reviewed?
N/A
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
N/A
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2

Primary Cascade List

The Safety Alert should be checked for relevance to the services provided by departments and teams as shown below

ACTION = Copy of alert received for onward distribution and collation of response to H&S Team.

CFI = Copy for information only. No responsive action is required. Reponses and actions will not be monitored.

Medical Device Alerts (MDA)	
Action	**CFI**
Procurement Lead and then directorates below depending on relevance of device	Head of Health and Safety and Regulatory Compliance
Acute and Urgent Care Directorate	As required – Dependent upon the Alert
Dementia and Frailty Directorate	
Child and Adolescent Directorate	
ICCR - Steps to Recovery Directorate	
Secure Care Directorate	
Specialities Directorate	
Director of Estates & Facilities	
Medicines Management	
Patient Safety Alerts (NPSA)	
Action	**CFI**
Patient Safety Lead	Head of Health and Safety and Regulatory Compliance
Deputy Director of Nursing and Quality	As required – Dependent upon the Alert

NHS Estates Notices (EFA's/ EFN's)	
Action	**CFI**
Director of Estates & Facilities	As required – Dependent upon the Alert
Nominated Authorising Engineer (AE)	
MHRA Drug Alerts	
Action	**CFI**

Director of Pharmacy and Medicines Management	Head of Health and Safety and Regulatory Compliance
	As required – Dependent upon the Alert
Chief Medical Officer (CMO) Messages	
Action	**CFI**
As required – Dependent upon the Alert	Head of Health and Safety and Regulatory Compliance
	Health and Safety Advisor
	Manual Handling Advisor
	LSMS
	Acute and Urgent Care Directorate
	Dementia and Frailty Directorate
	Child and Adolescent Directorate
	ICCR - Steps to Recovery Directorate

	Secure Care Directorate
	Specialities Directorate
	Director of Estates & Facilities
	Medicines Management
Suspicious Drugs requests	
Action	**CFI**
Director of Pharmacy and Medicines Management	Head of Health and Safety and Regulatory Compliance
LSMS	As required – Dependent upon the Alert
Internal Alerts	
Action	**CFI**
Acute and Urgent Care Directorate	Head of Health and Safety and Regulatory Compliance
Dementia and Frailty Directorate	As required – Dependent upon the Alert
Child and Adolescent Directorate	
ICCR - Steps to Recovery Directorate	
Secure Care Directorate	
Specialities Directorate	
Director of Estates & Facilities	
Security Alerts	
Action	**CFI**
LSMS	As required – Dependent upon the Alert