



Clinical Site Management Team Operational Policy

This procedural document supersedes: PAT/PA 33 v.2. – Clinical Site Management Team Operational Policy



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CLINICAL SITE MANAGEMENT TEAM

OPERATIONAL POLICY

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	9 April 2015	<ul style="list-style-type: none"> • The document has been reformatted using the new style APD template. • Minor changes to the content have been made to reflect the Care Group Structure and changes to the daily operational meetings • In addition, links to the Safe Staffing Escalation Policy is made 	Sally Kilgariff Lynn Haddock
Version 2	January 2012	<ul style="list-style-type: none"> • Updated to reflect CSU Management Structure 	Lynne Whitaker
Version 1	August 2010	<ul style="list-style-type: none"> • This is a new procedural document, please read in full 	Lynne Whitaker

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1. INTRODUCTION

The following document is the Doncaster & Bassetlaw Hospitals NHS Foundation Trust (The Trust) operational policy for the Clinical Site Management Service. The aim of the document is to provide information with regards to how the service operates.

2. PURPOSE

The Clinical Site Management (CSM) Team provide site management support and co-ordinate and facilitate patient flow, 24 hours a day, 7 days a week. In addition, the CSM provide senior nursing support, professional leadership and advice to all clinical areas within the Trust, predominantly during the out of hours period.

Key objectives:

- To provide a single point of access/communication between Ward's and Departments and Senior Managers in the out-of hours period.
- To ensure a consistently safe environment within the Trust in order to provide optimum care standards.
- To ensure all acutely unwell patients triggering EWS system are identified to the Clinical Site Management team with regular liaison with critical care outreach teams.
- To facilitate efficient and effective patient flow throughout the Trust, working closely with others to balance the elective and emergency demand.
- To liaise with Matrons, and other Managers as appropriate to ensure operational efficiency in all ward/department areas, including facilitating communication of any operational difficulties between departments.
- To assume site responsibility in the out-of-hours period, acting as first point of call for ward's/department's and liaising with the senior managers on call as appropriate.
- To participate in multidisciplinary education and training to enhance workforce development.
- To improve communication networks ensuring collaborative working practices between the Clinical Site Management team and ward/department's.
- To participate in and co-ordinate the Emergency Response teams to fire, security alerts, cardiac arrests and clinical emergencies, in line with Trust's policies and procedures.
- To play an active role in the bed planning/Trust response to a Major Incident/pandemic infection.
- To provide situation reports (SITREPS) as requested, in relation to hospital activity.

3. DUTIES AND RESPONSIBILITIES

The Clinical Site Management team is part of the Corporate Directorate of Performance & Operations supporting all Care Groups. They have professional accountability to the Deputy Director of Nursing & Quality.

Led by the Team Leader for the service, a Clinical Site Manager will be on duty on the Doncaster Royal Infirmary and Bassetlaw District General Hospital sites in the 24 hour period, supported by the Clinical Site Sister/Charge Nurse from 7pm – 7.30am on the Doncaster Royal Infirmary site.

Shift Times:	Clinical Site Manager	08:00hrs – 20:30hrs 20:00hrs – 08:30hrs
	Clinical Site Sister/Charge Nurse	07:00hrs – 19:30hrs (DRI only)

(Please note these shift times may be adjusted at short notice in line with business and service continuity plans).

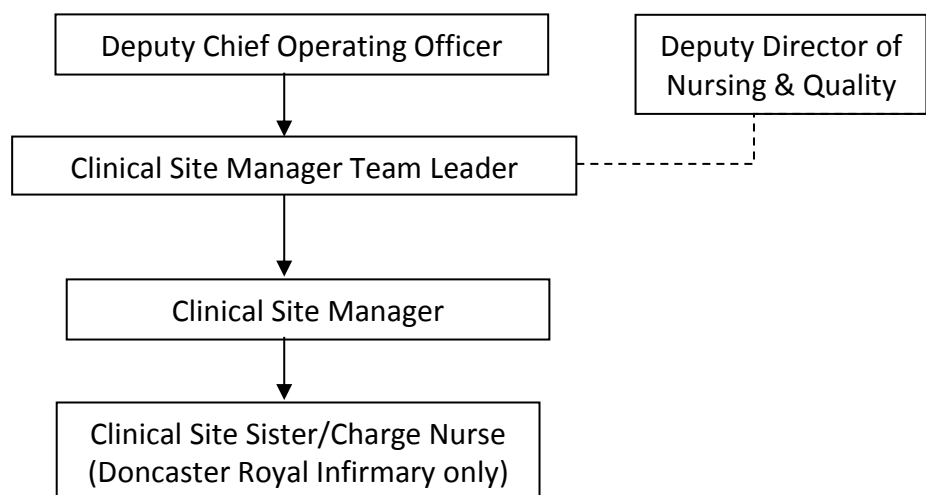
3.1 Contact Details & Organisation Chart

Clinical Site Manager Team Leader
Operations Room, Level 4, East Ward Block ext. 4222 / bleep 1393

Clinical Site Managers, Doncaster Royal Infirmary
Operations Room, Level 4, East Ward Block ext. 4222 / bleep 1393

Clinical Site Managers, Bassetlaw District General Hospital
Operations Room, Management Suite ext. 2525 / bleep 3235

Clinical Site Sisters/Charge Nurse (Doncaster Royal Infirmary only) bleep 1348
Operations Room, Level 4, East Ward Block



3.2 Clinical Site Management Team Roles & Responsibilities

The Clinical Site Management Team will work directly with the hospitals multi professional teams in order to drive forward the Trust’s strategic direction particularly in relation to improving patient safety and promoting a positive patient experience throughout the Trust.

- The Clinical Site Manager on duty will have a strategic overview of all clinical capacity related to patient flow and will work closely with all Care Groups in order to balance the elective and emergency demand through available bed stock.
- The Clinical Site Manager will liaise closely with the Critical Care Outreach teams to ensure that all patients triggering on their EWS are identified to outreach teams 'in hours' and to the Clinical Site Manager 'out of hours'.
- To understand and implement each level of the Trust's Bed Management Policy working in conjunction with Care Groups and their management teams, ensuring that all necessary parties are informed and involved as appropriate.
- Ensure effective use of available resources, reporting areas of difficulty to the Matrons/appropriate senior managers, and to the Care Group Matron as appropriate.
- Attendance to cardiac arrests and other clinical emergencies in the 09:00 – 17:00 (weekdays) period will be dependent on other clinical/operational demands; the Clinical Site Management team will attend **ALL** cardiac arrests and clinical emergencies in the out of hours period.
- To advise on bed utilisation across the site during the management of any pandemic illness/major incident, and liaise with infection prevention and control teams (IPC) regarding utilisation of single rooms / identification for infective cases.
- To play a lead role in the Trust's involvement in a major incident as described in all emergency plans.
- At all times to act as an ambassador for the Trust and inspire staff groups to achieve local and national targets in patient access and care.
- Work closely with the Matron of the Day to ensure effective flow that the Matron of the Day is aware of actions that need to be escalated.
- Where the Clinical Site Manager is made aware of a child death, they should ensure that the Rapid Response team are informed immediately where possible or at 9am the next working day. This should be undertaken in line with the reporting mechanisms outlined within the Rapid Response to Unexpected Child Deaths and Child Deaths Function Standard Operating Procedure PAT/T 62.
- The Clinical Site Manager has specific responsibilities in relation to the Mental Health Act 1983 and will act as the point of contact and co-ordination within the Trust. The Clinical Site Manager is responsible for accessing and retaining the required documentation, which will be stored in the Clinical Site Manager's office.

Assume direct responsibility **out of hours** for:-

- Communicating with outside agencies and escalating information as per appropriate policies.
- Coordinating of emergency situations i.e. fire, major incident, critical incidents.
- Assessing workload and offering support to staff by delegating and liaising appropriately.
- Join/Lead multi-professional clinical handover out-of-hours in line with handover policy as Clinical/Operational demands allow.
- Out of hours to support junior doctors initiatives by providing the first point of contact for ward staff; undertaking clinical work as able and liaising with junior medical staff as necessary.
- Ensure practice complies with Trust's policies and procedures.
- Provide clinical leadership and maintain credibility through practice and professional update.

- Provide clinical support, professional advice, consultation and direct assistance to colleagues as necessary.
- To be the first point of contact for ward's and departments, **out of hours**, relating to complaints, accidents and untoward incidents involving patients, staff and visitors and to take appropriate actions in response.
- The Clinical Site Manager will also be responsible for any ad hoc Situation Reports requested, e.g. during pandemic influenza period.
- Some situation reports may be delegated to administrative staff however the Clinical Site Manager remains responsible to ensure the reports are accurate and submitted on time.

A detailed process folder for completing the situation reports is kept in both the Clinical Site Management offices on the Doncaster Royal Infirmary and Bassetlaw District General Hospital sites.

3.3 Ward/Departmental Responsibilities and Liaison with Clinical Site Manager

- In the 9am-5pm period any clinical issues including quality and staffing issues must be reported to the nurse in charge/ward manager. The Specialty bleep holder is available for assistance and advice with clinical issues and it is their responsibility to escalate any information to the Care Group Matron or Heads of Nursing and Quality for further action.
- In the 9am-5pm period all operational issues must be reported to the Care Group Management teams as appropriate.
- The Clinical Site Manager on duty will facilitate access to emergency beds.
- In the 9am-5pm period Care Group teams must liaise with the Clinical Site Manager on duty regarding elective and emergency demand at the operational site meetings.
- The Clinical Site Manager on duty will inform assessment/admission ward's i.e. AMU, ATC, SAW, B5, B6, and A&E departments of the current bed state at the following times: 06:00hrs and 18:00hrs. The bed state will be posted on the Trust intranet for Bassetlaw and bed state white boards at Doncaster Royal Infirmary on SAW, AMU and A&E.
- The current bed states and Trust alert status will be discussed at the daily operational meetings.
- The ward coordinators will liaise with other ward's to ensure patients are moved from assessment units to the most appropriate inpatient ward in line with the Trust Transfer policy (PAT/PA 24), thereby ensuring vacant beds are situated on assessment units.
- It is the responsibility of the coordinator of the assessment units to inform the Clinical Site Manager if the available bed stock within their Care Group is depleted.
- All ward coordinators must maintain an up to date list of patients who are appropriate to be cared for in non-specialty beds if necessary, therefore enabling timely transfers to other areas to facilitate vacant admission beds for emergency patients.
- It is the responsibility of the Ward managers, or deputy, to ensure consistently safe staffing levels with appropriate skill mix, to ensure optimum care standards, utilising NHS Professionals as necessary. This should be undertaken in line with the Trust's ward escalation process and Safe Staffing Escalation Policy (PAT/PS 18).

4. PROCEDURE

4.1 Patient Flow

4.1.1 Clinical Site Management Team

One of The Trusts strategic themes is to 'Provide the safest, most effective care possible' The Clinical Site Management team is dedicated to promoting a positive safety culture throughout the Trust and ensuring every member of the health care team acknowledges their contribution to patient safety and providing a positive patient experience.

The team will facilitate efficient and effective patient flow throughout the Trust, working with all Care Groups in order to balance the elective and emergency demand. Improving patient flow will ensure that patients are admitted in a timely manner to the most appropriate clinical area, leading to a reduction in patient transfers between wards.

The Clinical Site Management team demonstrate a high level of clinical skills, offering support to the Trust's Multidisciplinary Team's and medical staff, to ensure high quality care and a reduction in delays in treatment, which directly impacts on improving patients recovery time and reducing hospital length of stay. The Clinical Site Management team provides continuous and cohesive Clinical Site Management aiming to ensure that patients will be placed in an appropriate clinical setting where there is a competency based skill mix, and optimum staffing levels to provide safe and consistent care.

The Clinical Site Management team will:

- Ensure patients privacy and dignity is maintained in line with the Trust's same sex accommodation policy, promoting a 'zero' tolerance for breaches. The Clinical Site Manager will ensure that any potential breaches are escalated to the appropriate Matron 'in hours' and the Matron of the Day/Senior Manager on call 'out of hours', in order to develop an action plan to avoid a same sex accommodation breach.
- Facilitate capacity management identified by Care Group's at the daily operational meetings held at 08:30hrs, 12:00hrs and 16:00hrs. There may be an exceptional circumstances meeting following 16:00hrs as indicated by the Senior Manager On-call.
- In line with the Trust's Safe Staffing Escalation Policy, (PAT/PS 18), the Clinical Site Manager will have an overview of staffing and patient acuity across the whole organisation.
- Comply with IPC policies in relation to the placement of patients to ensure prompt isolation and reduction of potential for cross infection. Liaise regularly with IPC team during any outbreaks, also undertaking risk assessment to identify isolation facilities with on call microbiologist (out of hours) or IPC (within normal hours) if no capacity available.
- Liaise with assessment/admission units and emergency department's to ensure patients are admitted promptly to the most appropriate clinical area, in accordance with contractual targets e.g. the A&E 4 hour wait.
- Liaise with critical care to facilitate transfer from ITU/HDU areas, as appropriate, to the ward.
- Liaise with nurses in specialist areas to facilitate effective use of specialist equipment including beds and ensuring effective placement of patients in the most appropriate clinical area in line with the Trust's Transfer of patient's policy (PAT/PA 24).

- Support ward's to maximise timely discharges from hospital working within the Trusts Discharge Policy (PAT/PA 3).
- To ensure outlying patients are repatriated appropriately in a timely manner to other hospitals or the most appropriate location within the Trust.

4.1.2 Admission from Other Areas

In some instances patients will require admission from the following entry points:

- Out-Patient Department
- Day Surgery Unit
- Endoscopy Unit
- Medical Day Unit (Bassetlaw Hospital)
- Chatsfield Chemotherapy Unit (Doncaster Royal Infirmary)
- Fracture Clinic
- Diagnostic Day Unit (Doncaster Royal Infirmary)

In these circumstances the referring consultant team will ensure that communications take place between the clinic/unit or department and the Clinical Site Manager who will advise of bed availability in the appropriate clinical setting. Where the patient's admission is deemed urgent the Clinical Site Manager will prioritise and accommodate the patient as appropriate.

4.1.3 Placement of patients in non-specialty beds

At times of high demand for emergency beds it is recognised there may be a need to place patients in non-specialty beds. It is the responsibility of all ward's to maintain an up to date list of patients that are suitable to be cared for safely in non-specialty beds. The Patient Transfer Guidance (Appendix 1) will assist ward and department teams to identify suitable patients. Inter-ward transfers out of hours should be avoided unless exceptional circumstances arise. If a transfer does take place out of hours it is important to ensure that the appropriate processes are still followed, refer to Transfer of Patients and their Records Policy (PAT/PA 24). It is essential that the number of ward moves is kept to a minimum, with no more than one ward move after reaching specialty ward, unless clinical need dictates transfer.

Transfers may be required when:

- Clinical need dictates that a patient requires specialist care on an alternative ward.
- Ward and department staff must refer to the Patient Transfer Guidance (Appendix 1).
- If the patient requires transfer for IPC reasons i.e. transfer to an available side room, please refer to guidance to help minimise the spread of pathogens (Appendix 2).

4.1.4 Repatriation of patients from other hospitals

- The Clinical Site Managers will liaise across hospital sites with regard to patients that will require repatriation between hospital sites.
- Referrals will only be taken from other hospitals once a consultant has accepted the patient.
- The Clinical Site Manager will establish any IPC issues which require isolation.

- When there is insufficient bed availability the Clinical Site Manager will ensure that a waiting list is held in the Operational Control Room at Doncaster Royal Infirmary and at Bassetlaw District General Hospital.
- The Clinical Site Manager will contact the receiving ward when an appropriate bed becomes available.
- Once the patient has arrived at the hospital it is the ward nurses responsibility to notify and ensure the patient is clerked by the receiving or on call team.
- It is the responsibility of the ward nurse to receive handover from the referring hospital and to ensure that the patients transfer is facilitated in a timely fashion.
- It is the responsibility of the receiving ward to ensure that relatives are informed of the patients safe transfer.
- All routine transfers back to the Trust should be received before 18:00 hours.

4.1.5 Repatriation of patients to other hospitals

- Referrals to other hospitals will be via consultant to consultant referral.
- The Clinical Site Manager will ensure that a list is held in the Operational Control Room at Doncaster Royal Infirmary and at Bassetlaw District General Hospital of all patients waiting to be transferred to other hospitals.
- Clinical Site Manager will contact other hospitals on a daily basis in order to ensure timely transfer of patients from the Trust.
- Once bed availability is established at a receiving hospital the Clinical Site Manager will inform the ward within the Trust who will then arrange verbal handover to the receiving hospital and make relevant transport arrangements.
- All routine transfers from the Trust should be made prior to 18:00 hours.

4.1.6 Transport Management

It may be necessary for the Clinical Site Manager to liaise with the transport department regarding patient transport for discharge. During the 09:00hrs – 17:00hrs period the transport management teams will be responsible for trouble shooting any transport issues. This is to ensure that all priority transport e.g. fast track discharge is met.

4.2 Nursing Shortfalls

It is the ward/department managers responsibility to ensure that all staffing shortfalls that are planned due to sickness, maternity leave etc. are requested on the NHS Professionals (NHSP) web page and must ensure that the information is updated on a shift by shift basis.

Any unexpected staffing shortfalls must be addressed by the ward manager or deputy as soon as possible. Redeployment of staff within the ward/department must first be considered prior to any further action. The flow chart to address staffing shortfalls must be followed (Appendix 3). Any staffing shortfalls which cannot be covered must be escalated via the Care Group management structure in hours and to the Senior Manager on call out of hours, and also informed to the Clinical Site Manager on duty and Matron of the Day.

4.3 Medical Staff Out of Hours

It is the Medical staffing department's responsibility to ensure that all medical staffing shortfalls are addressed between the hours of 9am – 5pm and the bookings listed on a daily basis along with contact numbers for the locum agencies. This information, will then be kept in a folder placed in switchboard at 5pm on both Bassetlaw Hospital and Doncaster Royal Infirmary sites, to ensure the Clinical Site Manager on duty has access to relevant information should a member of staff not arrive for duty. It is the Clinical Site Managers responsibility to facilitate the booking procedure for medical staffing out of hours, (Appendix 4).

4.4 Daily Operational Meetings

Daily operational meetings will be undertaken in line with the Trust's Standard Operating Procedure (Appendix 5). They will take place via conference call at 08:30, 12:30 and 16:00 every day. Additional meetings may be held at 18:00 and 20:00 by exception.

Venues for each site:

- Doncaster Royal Infirmary – Operational Control Room, Level 4, East Block
- Bassetlaw District General Hospital – Clinical Site Manager's Office, Management Suite

All staff must understand the importance of providing timely bed availability information to the Clinical Site Manager – it may be necessary to take disciplinary action with any staff that purposely withholds information.

Information needed from Specialty representatives:

- | | | |
|------------|---|---------------------------------------|
| Up to date | - | beds available |
| | - | elective/emergency demand for beds |
| | - | expected discharges for next 48 hours |
| | - | workforce issues |
| | - | patient safety issues |
| | - | capacity management plan |

The Clinical Site Manager on duty will provide an overview of site activity and assist with operational planning at this meeting.

The Clinical Site Manager will inform all relevant staff of any changes to the daily operational meetings/times/venue.

4.5 Discharge Planning

- All ward's and department's must ensure safe and timely discharge of patients in line with the Trusts Discharge policy (PAT/PA 3).
- Discharges must be planned for as early in the day as possible, with a plan to have 11 discharges by 11:00hrs.
- Discharge lounge must be fully utilised, with appropriate patients cared for in the discharge lounge while waiting for transport/TTO's etc.

4.6 Lines of Communication

If a ward/department area identify a problem and require additional support or advice between the hours of 09:00hrs and 17:00hrs the escalation flow chart must be followed. (Appendix 6).

If there is a requirement for the Clinical Site Manager to refer to a senior manager for support/guidance the following escalation will be implemented: (Appendix 7).

DONCASTER AND BASSETLAW – IN HOURS

- Clinical issues: Clinical Site Manager to Matron of the Day to the relevant Senior Clinician
- Management issues: Clinical Site Manager/Matron of the Day to Care Group Matrons, Head of Nursing & Quality or General Manager

DONCASTER AND BASSETLAW – OUT OF HOURS

- Clinical issues: Senior Clinician on call, or on-call Senior Manager as appropriate
- Management issues: On-call Senior Manager, who may escalate to the Executive Director on call.

The on call consultant for A &E will provide trauma cover for both DRI and BDGH sites, and will be on call for additional on-site support for DRI site out of hours.

4.7 Clinical Site Management Team Handover Process

Handover is a critical element which supports continuity of care and good team working and provides educational opportunities. The handover provides an opportunity to clarify roles and responsibilities and is fundamental to ensure consistency in regards to promoting patient safety and ongoing management of the site. Handover also provides an opportunity to discuss operational issues in relation to the 'sick patient', workforce issues and general activity across the site(s).

- Handover will take place in the Clinical Site Management office at Doncaster Royal Infirmary and Bassetlaw District General Hospital respectively.
- Handover will occur at the change of shifts at 08:00hrs and 20:00hrs and will last approximately 30mins.
- Concise handover will include the following information:
 1. patients causing concern including those patients known to the outreach team and those that are triggering the Early Warning Scoring system (EWS), must be handed over utilising the SBAR communication tool.
 2. bed management issues including A&E/AMU/ATC activity and isolation capacity – as necessary.
 3. staffing issues identifying staffing shortfalls across the site.
 4. any other relevant issues.

Information will be documented on the Clinical Site Management team handover document (Appendix 8).

4.8 Cover Arrangements & Service Continuity for the Clinical Site Management Team

The Clinical Site Management Team covers the sites for the 24 hour period, 7 days a week. All shifts will be covered even when there is sickness/annual leave within the team. Continuity plans will be as follows:

- Sickness must be reported to the Clinical Site Manager on duty on the site which the staff member should be working. This will be followed up, at earliest opportunity, with a call to the Team Leader for the Clinical Site Management team.
- Sickness and absence must be addressed immediately by the Team Leader or Clinical Site Manager who receives the sickness notification when the Team Leader is not on duty.
- Members of the Clinical Site Management team should be contacted to see if anyone can work additional shifts to fill any sickness gaps.
- If shifts are still not covered members of staff should be contacted to move shifts forward from later in the working week.
- Training and Development is important, however it may be necessary to cancel study leave in order to cover shifts.
- Staff will be reallocated from any shifts where there are two members of staff working.
- If it remains difficult to cover sickness at Doncaster Royal Infirmary, it may be necessary for a member of staff to work 09:00hrs – 18:00hrs Monday to Friday, with the Band 7 working 06:00hrs – 18:30hrs, and the Band 6 working 20:30hrs – 09:00hrs. In this situation a handover communication document must be used to ensure safe handover of information (Appendix 8). Weekends must be covered in the full 24/7 period.
- At times when the Band 6 is deputising for the Clinical Site Manager at Doncaster Royal Infirmary any additional support can be sought from the Clinical Site Manager on duty on a different site, e.g. Bassetlaw District General Hospital, from the matron of the day or Senior Manager on call.
- Although not ideal it may be necessary to move the Band 6 out of hours from Doncaster Royal Infirmary to work at Bassetlaw District General Hospital with telephone support from the Clinical Site Manager at Doncaster Royal Infirmary, with additional advice available from the Senior Manager on call.
- If cover is not established the contingency arrangements outlined in the Business & Service Continuity Plan must be followed (Appendix 9).

4.9 Trust Policies & Procedures

All Trust's Policies and Procedures are accessed via the intranet. Hard copies of the Trusts APD procedural documents are held in the Clinical Site Managers Office at Doncaster Royal Infirmary and Bassetlaw District General Hospital respectively. These APD documents are maintained and managed for use by Trust staff via the Clinical Site Management Team.

4.10 Non-Medical Prescribing

The Clinical Site Management team will be trained as independent non-medical prescribers undertaking a recognised non-medical prescribing qualification. Any non-medical prescribing

undertaken by the Clinical Site Management team will be in accordance with the Trust's Medicines Management Policy (PAT/MM 1A & 1B).

In line with recommendations from the Airedale Enquiry June 2010 the Trust has in place:

- Clear lines of accountability for all Clinical Site Managers who undertake the non-medical prescribing qualification.
- University led training courses are fit for purpose.
- Appropriate evaluation of the effectiveness of the non-medical prescribing role within the organisation on an annual basis.
- All non-medical prescribers within the Clinical Site Management team attend annual CPD update.

4.11 Situation Reporting (SitReps)

Situation reports are required by the local CCG(s). These reports inform the relevant teams of the current Trusts alert status, bed occupancy and activity.

- Situation reports are emailed on a daily basis Monday – Friday before 09:30hrs for the Trust.
- Once all bed occupancy and bed availability figures for all sites within the Trust are collated these will be emailed to NHS Doncaster/Bassetlaw daily Monday – Friday.
- Weekly situation reports will be emailed to NHS Bassetlaw/Doncaster each Tuesday before 10am for the Bassetlaw site.
- The Clinical Site Manager on the Doncaster site is responsible for populating the online form on the Unify 2 website which will include all information regarding the situation report for the Trust. This must be completed on a monthly basis before the 5th of the Month.

5. TRAINING/ SUPPORT

5.1 Education and Workforce Development

The Clinical Site Management team will promote education and learning in the clinical environment, supporting the Trust's clinical educators and instructor's encouraging on going skills attainment and ensuring optimum care standards for all patients. The team will:

- Provide educational support and supervision to staff who undertake additional skills training.
- Utilise the Leicester Clinical Assessment Tool (LCAT) in line with Trust policies related to clinical assessment.
- Continue to enhance patient safety agenda through educational ward rounds, encouraging teaching and learning 'at the bedside'.
- Provide clinical skills support to all ward's and departments.
- Out of hours will provide strategic coordination of the nursing workforce, to ensure optimum staffing levels throughout the site in order to maintain consistently safe care standards, building on plans provided by Care Groups. There is an expectation that staff members comply with this redeployment as necessary.
- The Clinical Site Manager will **NOT** personally provide back fill for staffing shortfalls.

5.2 Service & Quality Improvement

The Clinical Site Management team is dedicated to continual improvement of clinical effectiveness within ward's and departments. Educational, leadership night ward rounds will take place.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

A number of measures are in place, which reflect compliance with this policy, these are outlined below. In addition, regular review of the arrangements for managing patient flow within the organisation will be undertaken and managed through the Operations Group chaired by the Chief Operating Officer.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
A&E 4 hour wait	Circulated daily by Business Support Manager, ED	Daily	Reviewed Trust-wide daily ED 4hr access review meeting weekly Reported to Board of Directors monthly
Capacity/Bed availability	Circulated daily by CSM	Daily	Reviewed Trust-wide daily
Outliers	Circulated daily by Emergency Medicine Care Group	Daily	Reviewed Trust-wide daily

7. DEFINITIONS

CSM - Clinical Site Manager

EWS - Early Warning Score

IPC - Infection Prevention and Control

SITREPS - Situation Reporting

IN HOURS - Monday to Friday 09:00-17:00

OOH - Out of Hours

AMU - Acute Medical Unit
ATC - Assessment and Treatment Centre
SAW - Surgical Assessment Ward
ED - Emergency Department
TTO - To Take Out Drugs

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. A copy of the EIA is attached as Appendix 10.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with the following policies;

- Transfer of Patients and their Records - PAT/PA 24
- Discharge of Patients from Hospital – PAT/PA 3
- Handover Policy – PAT/PA 31
- Safe Staffing Escalation Policy PAT/PS 18
- Trust’s Mental Capacity Act 2005 Policy and Procedure - PAT/PA 19
- Privacy and Dignity Policy - PAT/PA 28
- Rapid Response to Unexpected Child Deaths and Child Deaths Function Standard Operating Procedure PAT/T 62
- Safe and Secure Handling of Medicines Policy Part A and Part B - PAT/MM 1A and PAT/MM 1B

APPENDIX 1

PATIENT TRANSFER GUIDANCE

1. Introduction

Ideally all patients should receive their on-going treatment in the appropriate specialist ward. However occasionally, due to the pressure of admissions in a particular specialty, it is necessary to transfer patients to a ward within another specialty. Such transfers should be anticipated by the Ward Managers and appropriate arrangements made for a safe transfer.

This guidance should be used in order to ensure that empty beds within the hospital are located on the admission areas.

Whilst every effort should be taken to minimise disruption to patients through transfer, this is often a necessary course of action. Patients, and their relatives/carers, must therefore be advised and prepared for the possibility of transfer.

2. Patient Selection

The following patients may be considered as the most suitable to be transferred:

1. A patient with an established plan of care, who can be safely managed in a non-specialised area.
2. A patient who has a discharge plan / date who will be subsequently discharged either home or to a Residential / Nursing Home.
3. In circumstances where the patients identified in (1) or (2) are unavailable, medical and nursing teams responsible for the patient, must identify the most medically stable patient for transfer.

3. Patients unsuitable for transfer

The following patients are unsuitable for transfer:

- Patients with known or suspected infection which poses a risk of cross-infection, including MRSA, C-difficile and Diarrhea and Vomiting (D&V).
- Patients with a confirmed or suspected communicable infection e.g. open tuberculosis, chickenpox, measles, etc., unless after discussion with IPC team.
- Patients identified as acutely confused.
- Patients considered medically unstable.
- Patients with an imminent death. It is likely that these patients will be on the Care of the Dying Integrated Pathway of Care.
- Patients identified as immunosuppressed
- Patients who have already undergone a previous ward transfer.

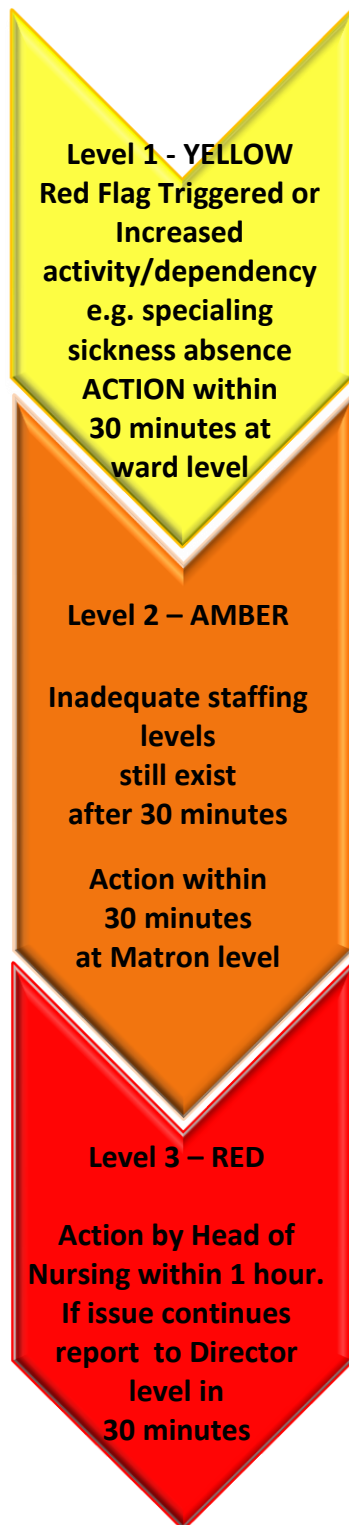
APPENDIX 2 (courtesy of infection prevention and control team)

<u>RISK CATEGORY</u>	<u>WARDS</u>	<u>ACTION</u>
<p>Previous infection or high-risk patients – eg. MRSA, Diarrhoea, admitted from another care facility.</p>	<p>If previous MRSA or admitted from another care facility, start prontosiderm and admit into a side room (until MRSA result known).</p>	<p>Patients with identified or suspected infectious agents must be prioritised for side rooms. Inform IPT, leave message if out of hours. Review result on suspected cases and act on results e.g. isolation precautions can discontinue if suspected cases are negative, or treatment and management enhanced if found +VE.</p>
<p>No side room availability for patient(s) found to have identified infectious organisms.</p>	<p>Risk Assessment of all identified or suspected cases, lowest risk to be nursed on ward in most appropriate location eg; (bay with doors)</p>	<p>Refer to isolation Policy PAT/IC16 Inform, CSM (Clinical Site Manager) IPCP (Infection Control) and Matron Complete Untoward Incident form for any patients with infectious agent nursed in main bay.</p>
<p>Increased numbers of any organism exceeding isolation capacity or possible / confirmed outbreak</p>	<p>Discuss with IPCT as each ward will have a ceiling for admitting based on isolation facilities and the organism.</p>	<p>Inform: - CSM, IPC, Care Group Manager. Microbiologist On call if out of hrs as ward closure possible. Keep update records on patients/staff affected via outbreak pack on IPC Web page</p>

APPENDIX 3

Flowchart 1 -

General Ward Escalation Process if Sudden Acute Staffing Shortfall



Director of Nursing, Midwifery & Quality reports weekly to Executive Team and monthly to Board of Directors regarding exception and consequence

IN HOURS
Consider:

1. Professional judgement of staffing needs
2. Realign rotas including skill mix needed, sharing of staff
3. Ring own part time staff
4. Ring Nurse Unit bleep holder
5. Consider cancelling management time, training, students, time owing
6. Contact bank
7. ACTION: Report on WINFRAME Bedstate and Patient Flow Meeting - exact shortage and plan
8. Report on Datix, including Risk Assessment

OUT OF HOURS
Escalate Unit Nurse Bleep Holder

Review Meeting at Speciality Level

IN HOURS

1. Escalate to Matron responsible for ward
2. Check Level 1 complete and review plans and risks identified
3. Review staffing across level of responsibility
4. Consider other registered nurses who can support e.g. specialist nurses and educators
5. Ask other Care Groups to review rotas and workload across sites
6. Short notice leave cancelled across site/organisation e.g. time owing, annual leave
7. Consider additional hours/overtime and agency
8. ACTION: Report on WINFRAME Bedstate and Patient Flow Meeting - exact shortage and plan
9. Escalate to Head of Nursing & Quality for site wide management
10. Update Datix and feedback outcome of escalation to ward

OUT OF HOURS
Escalate Clinical Site Manager / Matron of Day. If unresolved refer to On Call Manager
Escalate Matron on call/ First on call - Senior Manager on Call

Inadequate staffing levels still exist after 60 minutes escalate to: Head of Nursing & Quality (In hours)

First on call (out of hours)
Check Level 1 and Level 2 steps have been completed

Review Meeting with Decision Maker
Head of Nursing & Quality
Director of Nursing, Deputy Director of Nursing, Chief Operating Officer, Deputy Chief Operating Officer, Clinical Lead, Care Group Director

IN HOURS
Consider:

- closing beds
- cancelling elective surgery
- Internal A&E divert
- External A&E divert
- Update Datix and feedback outcome to Matron and Ward

OUT OF HOURS
Escalate Director on Call Rota
Silver Command – CCG Informed

CONTACT DETAILS

Director of Nursing, Midwifery & Quality	Ext 3183
DD Nursing, Midwifery & Quality	Ext 6540
Chief Operating Officer	Ext 3675
Deputy Chief Operating Officer	Ext 3066
Clinical Site Manager DRI Bleep 1393	BDGH Bleep 3235



APPENDIX 4

BOOKING LOCUMS OUT OF HOURS

OUT OF HOURS – AFTER 5PM AND WEEKENDS

If a locum doctor is requested out of hours contact the NL Managed Services with the following information:

Grade/Specialty of doctor required
Hours and dates to be worked
If it is on call e.g. 1st on call/ 2nd on call

If the agency has a doctor available for the locum shift then the agency will e-mail a copy of the locum doctor's CV. Contact the Consultant ON CALL to approve the CV

When CONSULTANT has approved the CV contact the agency to confirm the booking.

The agency will then send a confirmation form with the following information;

Doctor's name
Specialty
Rate per hour
Hours worked
Date of booking
Accommodation requirements (if required)

The confirmation must be signed and faxed back to the agency.

Inform switchboard of the details of the locum doctor booked and whom the locum is covering for.

If the doctor requires accommodation, keys are left at switchboard for emergency rooms

NL Managed Services will send e-mail confirmation of the booking.

APPENDIX 5

Standard Operating Procedure (SOP) for Daily Operational Meetings

Version	Date	Author	Status	Comment
1	29.10.14	S Kilgariff	FINAL	Approved at Operations Group 12 Nov 2014
2				
3				
4				

1. Background

Management of the Trust's bed capacity to fulfil its access obligations is a Trust-wide issue. It requires a whole system approach to meet the competing bed requirements of unscheduled and scheduled care. Daily operational meetings are in place to ensure that the Trust is able to fulfil this requirement. This SOP sets out the aims and objectives of the meeting and outlines how the meetings should function.

2. Aim of the meeting

The aim of the meeting is to put in place a robust system for managing patient flow and ensuring that all access targets for in-patients are achieved, e.g. 4 hour emergency access, cancelled electives, cancer and 18 week wait.

3. Specific Objectives

In practical terms this meeting will work to ensure that:-

- All unscheduled patients are moved from ED within 4 hours
- All scheduled patients have access to elective beds
- Patient flows are prioritised and managed through the current working day
- Potential cancer breaches are highlighted and acted upon
- Day to day infrastructure issues of staffing and estates are addressed
- Patient transport is expedited
- All areas are engaged in the performance targets
- Robust escalation plans are developed for the following 24 hours

4. Format

The meetings are held in the Operational Meeting Room on the level 4 landing, East ward block at DRI, with teleconference links to BDGH and MMH. It is anticipated that the meetings will take no more than 15 minutes. To support 7 day working, the routine will be the same every day (including weekends and bank holidays), as follows:-

- **08.30 Operational Conference and Site Handover** from the Clinical Site Manager (CSM) to all Care Group representatives – Actions emailed out by CSM
- **12.30 Operational Conference** – Actions emailed out by CSM
- **16.00 Operational Conference** – Actions emailed out by CSM
- Additional meetings at 18:00 and 20:00 by exception

To ensure that the site handover meetings are effective and that Care Groups are accountable for their own capacity and patient flow, regular attendance from all bed holding Care Groups is essential.

So that meetings are not unnecessarily delayed, all bed holding Care Groups need to ensure that their bed states are uploaded to the dashboard prior to the meetings.

All members are expected to attend or send an appropriate deputy who can instigate agreed actions. Each Care Group should have a daily rota for attending the meeting and to act as the point of contact for any issues of escalation throughout the day.

5. Content

- Problems for the forthcoming day will be predicted based on
 - An accurate 08:30 bed-state
 - Definite and possible predicted ward discharges
 - Predicted ED activity and bed requirements
- Predicted elective admissions including cancer patients (this will identify all potential cancer breaches and cancelled ops)
- Review of next day's elective admissions @ 16:00 meeting
- Action plans for predicted problems will be developed and delegated
- Impact of previous days actions will be critically appraised as a learning tool

6. Members

On-call Manager (Chair)

Clinical Site Manager

Matron of the Day

Representation from each Care Group @ 08:30 (and subsequent meetings if on red escalation)

By exception:

Pathology

Therapy

Radiology

7. Contact Details

The contact details for dialling into the conference call when off site are as follows:

Teleconference number 0844 762 0762

Password 463928#

The Clinical Site Managers can be contacted on:

DRI - Bleep 1393, Ext 4222

BDGH - Bleep 3235, Ext 2525

Clinical Site Manager Team Leader – Lynn Haddock

8. Supporting information (attached as appendix)

Roles and responsibilities

Escalation plans

Template for Daily Operational Meeting

Doncaster					status					
Bed Capacity	Site Capacity				Emergency Department Capacity	Site Demand				
		Now	Later	Total			Patients	To be seen	Waiting time	Bed waits
	Medicine					ED				
	Surgery					UCC				
	Orthopaedics					Resus				
	G5					CDU				
	DCC					Total				
	Paediatrics					Staffing issues				
	SCBU					Electives	Total tci		Outstanding	
	Total						Surgery			
Escalation beds open				Ortho						
Staffing issues					Gynae					
Actions Required										
Bassetlaw					status					
Bed Capacity	Site Capacity				Emergency Department Capacity	Site Demand				
		Now	Later	Total			Patients	To be seen	Waiting time	Bed waits
	Medicine					Majors				
	Surgery					Minors				
	Orthopaedics					Resus				
	ITU/HDU					CDU				
	Paediatrics					Total				
	SCBU					Staffing issues				
	Total					Electives	Total tci		Outstanding	
Escalation beds open				Surgery						
Staffing issues					Ortho					
Actions Required										

Doncaster & Bassetlaw Hospitals

Patient flow – priority actions On call Manager of the day

- Chair the 08:30 handover and the 12:30 and 16:00 operational flow meetings (with meetings at 18:00 and 20:00 by exception)
- Support the Matron of the Day and Site Manager throughout the day
- Liaise with General Manager/Head of Nursing colleagues to escalate issues and maintain flow in each Care Group
- Liaise with Chief Operating Officer/Director of Nursing & Quality (or Executive Director on-call out of hours) in relation to opening additional bed capacity and cancellation of elective work

‘Flow’ - Accountable to – Chief Operating Officer

Patient flow – priority actions Matron of the day

- Chair the 10:00 Operational Flow meeting in the control room and collate information on all patient discharges pending and actions necessary to assure discharge – direct (suitable) patients to the discharge lounge.
- Attend the 12:30, 16:00 and any exceptional Operational Flow meetings
- Identify obstacles to flow that have not been resolved by ward leaders and escalate to appropriate discipline to ensure 30 minute response and resolution
- Risk rate all wards and monitor progress to assure patient flow delivery
- Support the Site Management Team and control room throughout the day directing actions as necessary
- Ensure that the Trust Flow activities are consistent to organisation flow ambitions

‘Flow’ - Accountable to – Chief Operating Officer

Senior Board/Ward rounds completed by Consultant/Senior decision maker every ward every day by 11:00am

Doncaster & Bassetlaw Hospitals

Patient flow – priority actions and accountability

Site Manager

- Attend 8:00 Site Handover, brief Matron of the Day at 09:45
- Attend the 12:30 Operational Flow Meeting to ensure that the Matron of the Day is aware of actions that need to be escalated to ensure effective flow
- Ensure effective flow between ED and wards
- Support the ward leaders in ensuring that patients are discharged in line with organisations aims
- Provide a visible presence on the wards between meetings supporting discharge activities

'Flow' - Accountable to – Senior Nurse/GM of the Day

Patient flow – priority actions and accountability

Ward Sister/Leader

- Facilitate and lead daily morning board/ward round with Consultant and Ward Co-ordinator
- Attend Daily Operational Flow Review Group at designated time (and pm by exception) with patient level information and their discharge status and outstanding actions needed to enable discharge (use standard info templates)
- Take overall responsibility for every patients EDD and monitor progress on a daily basis
- Pro-actively progress patients from all referral areas with emphasis on 'right patient, right time, right place'
- Ensure every patient has a clearly documented nursing discharge plan (that includes discussion with relative about earliest discharge)
- Transfer discharges for the day to the discharge lounge as early as possible.

'Flow' - Accountable to – Senior Nurse/GM of the Day

Senior Board/Ward rounds completed by Consultant/Senior decision maker every ward every day by 11:00am

Doncaster & Bassetlaw Hospitals

Patient flow – priority actions and accountability Discharge Nurse Specialists

- Attend Daily Operational Flow Review Group to provide update on vacant community beds, compile and agree joint list of 'delayed discharges' and update on IDT facilitated discharges for that day
- Support Ward Sisters/Leaders providing advice and support identifying the most effective discharge pathway
- Interface with social care ensuring prompt resolution to issues relating to equipment availability, home enbargos/safeguarding issues
- Provide a clear plan in patients notes and work closely with Ward Sister/Leader to assure discharges are being progressed effectively and efficiently

'Flow' - Accountable to – Senior Nurse/GM of the Day

Patient flow – priority actions and accountability Ward Discharge Co-ordinator

- Attend ward rounds facilitating completion of tasks in real time preventing 'batching' for patients ready for discharge
- Transfer all patients to the Discharge Lounge (except 'end of life care', infection control and confused/wandering patients)
- Liaise with pharmacist/pharmacy department ensure take home medication is ready and direct this to the Discharge Lounge if necessary
- Ensure transport plan is in place through use of patients own vehicles or arrange for transport from ward (within 30 minutes) if patient is not suitable for Discharge Lounge
- Communicate any changes in discharge status to the Ward Sister/Leader and agree alternative actions to achieve discharge (where possible)
- Allocated to dedicated wards

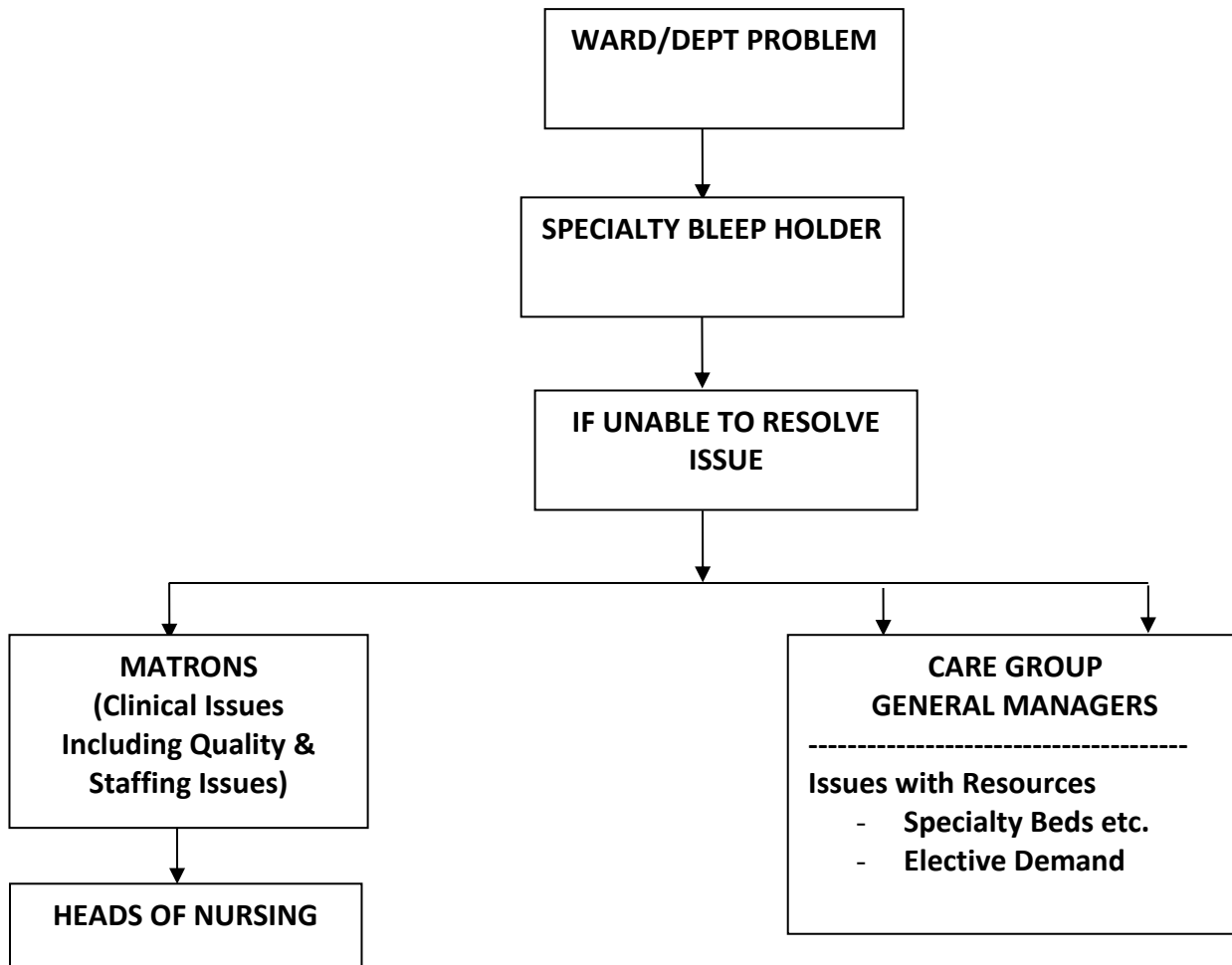
'Flow' - Accountable to – Designated Ward Sister/Leader

Senior Board/Ward rounds completed by Consultant/Senior decision maker every ward every day by 11:00am

APPENDIX 6

ESCALATION FLOW CHART 9am – 5pm

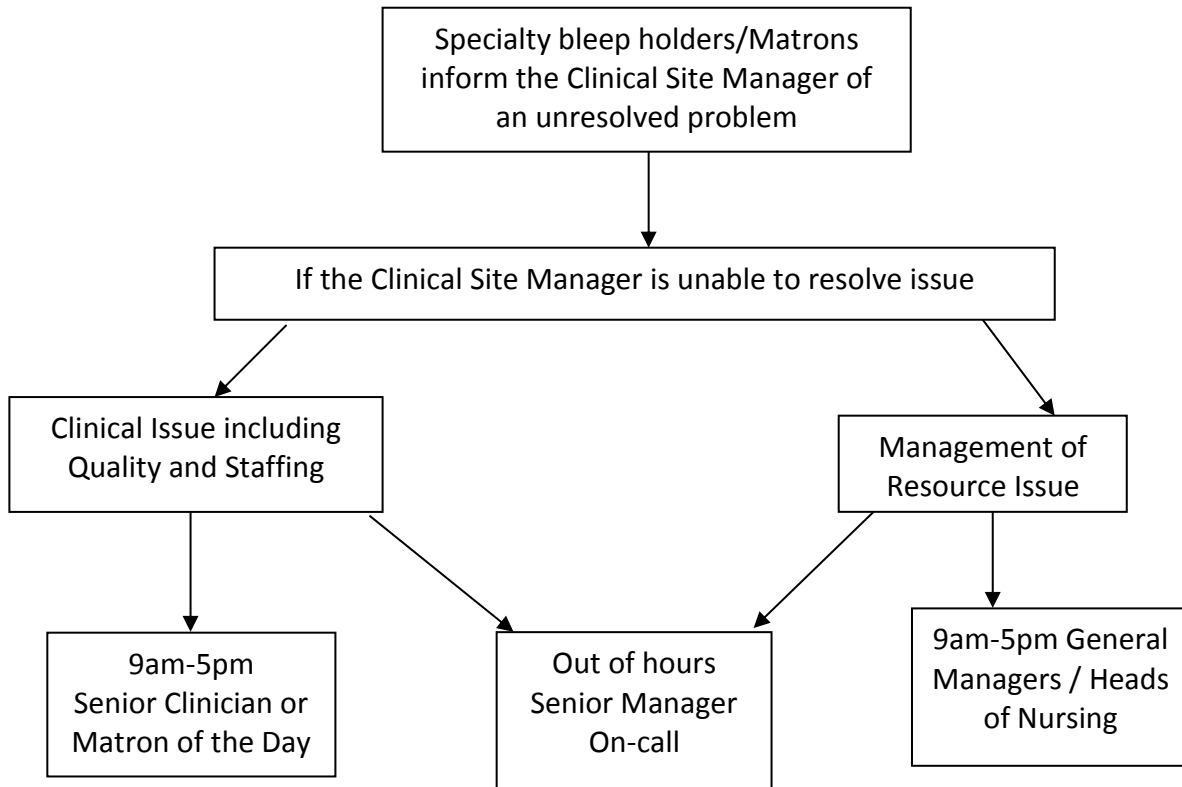
Doncaster Royal Infirmary & Bassetlaw Sites



If Care Group Management teams cannot be contacted the Clinical Site Manager must escalate to the Matron of the Day

APPENDIX 7

COMMUNICATION FROM CLINICAL SITE MANAGEMENT TEAM



APPENDIX 8

Site Management Handover

	Night shift to morning shift	Morning shift to night shift	Senior Manager on call contacted Time & Why	Signature	Attendance at daily site meeting Medicine/Surgery/Orthopedics/ Womens/A&E
Patients causing concern					
Bed management issues including all A&E and single sex accommodation breaches					
Staffing issues					
Other issues/night ward rounds					

APPENDIX 9

Doncaster and Bassetlaw Hospitals

NHS Foundation Trust

**Doncaster and Bassetlaw Hospitals NHS Foundation Trust
CONTINGENCY PLAN/RISK ASSESSMENT**

DIRECTORATE: Corporate Directorate of Performance & Operations **DEPARTMENT/SERVICE:** Clinical Site Management Team

1. Description of the service/facility affected and the location	Service: Clinical Site Management team Location: DRI and BDGH sites
2. How would a failure be identified?	Failure in the service would be due to sickness within the team and being unable to cover sickness utilising existing members of the Clinical Site Management Team
3. Who would make the decision to invoke and monitor the contingency plan?	Team Leader, Clinical Site Management or Clinical Site Manager/Senior Manager on call in their absence

4. CONTINGENCY PLAN	REQUIREMENTS TO IMPLEMENT PLAN
To follow service continuity/cover arrangements for CSM team in section 4.8 of the Clinical Site Management Team Operational policy.	Team Leader or duty CSM to follow service continuity plan.
At times of extreme weather CSM to report to the site which is easier to access	CSM team members to report to accessible site and inform the Deputy Chief Operating Officer or senior manager on call of the same.

<p>If site cover requirements not met, most senior nurse to hold the CSM bleep, until cover arranged from existing CSM team. Where possible this will be a ward based nurse. A/E senior nurse to be utilised as a last resort.</p> <p>Deputy Chief Operating Officer to be informed of cover arrangements.</p>	<p>Agreement from Care Group's. Support from onsite General Managers or Senior Manager on Call</p> <p>CSM team leader or duty CSM to inform the Deputy Chief Operating Officer, (message to be left out of hours) or senior manager on call.</p>
<p>Maximum Length of Time the Plan Could be Adopted:</p>	<p>24 hours, this should allow for cover arrangements within the team. Prolonged periods of time may be necessary in extreme/ adverse conditions e.g. During severe snow. Team Leader will complete a risk assessment and discuss contingency plan with Deputy Chief Operating Officer</p>
<p>OTHER DEPARTMENT'S Will the Contingency Plan impact on other Department's/Services</p>	<p>REQUIREMENTS TO IMPLEMENT PLAN (Other Department's/Services Contingency Action Plans)</p>
<p>If site cover requirements are not met the CSM bleep will be left with the most senior nurse on site to provide a response to site issues. This may impact on the overall workload of the individual required to carry the CSM bleep. The responsibilities of the individual who carries the bleep are identified below. (appendix 2)</p>	<p>Agreement from Care Group's. Support from on site general managers or Senior Manager on call</p>
<p>Maximum Length of Time the Plan Could be Adopted: None</p>	<p>24 hours, this should allow for cover arrangements within the team. Prolonged periods of time may be necessary in extreme/ adverse conditions e.g. During severe snow</p>

<p>5. Contingency Monitoring</p>	<p>A record of contingency arrangements will be kept within the CSM handover documentation, with record of management support available for individuals required to carry the CSM bleep, in line with contingency arrangements</p>
<p>6. Closure of Contingency Plan</p>	<p>The contingency plan will be closed as soon as normal site cover is achieved from within the existing CSM team. Sequence of events and names of personnel who have deputised to be recorded in the CSM handover</p>
<p>7. Recovery Procedure:</p>	<p>Once CSM cover is re-established, Deputy Chief Operating Officer to be informed that normal service is resumed and general managers/senior manager on call as appropriate.</p>

8. Other Information	
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Plan Facilitated by:		Signed:		Date	
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Plan Developed by:		Signed:		Date:	
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Plan Authorised by:		Signed:		Date:	
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Plan Review Date::	
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Training Requirement:	
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Appendix 1 COVER ARRANGEMENTS AND SERVICE CONTINUITY FOR the CLINICAL SITE MANAGEMENT TEAM (extract from operational policy – section 4.8)

The Clinical Site Management Team covers the sites for the 24 hour period, 7 days a week. All shifts will be covered even when there is sickness/annual leave within the team. Continuity plans will be as follows:

- Sickness must be reported to the Clinical Site Manager on duty on the site which the staff member should be working. This will be followed up, at earliest opportunity, with a call to the Team Leader for the Clinical Site Management team.
- Sickness and absence must be addressed immediately by the Team Leader or Clinical Site Manager who receives the sickness notification when the Team Leader is not on duty.
- Members of the Clinical Site Management team should be contacted to see if anyone can work additional shifts to fill any sickness gaps.
- If shifts are still not covered members of staff should be contacted to move shifts forward from later in the working week.
- Training and Development is important, however it may be necessary to cancel study leave in order to cover shifts.
- Staff will be reallocated from any shifts where there are two members of staff working.

- If it remains difficult to cover sickness at Doncaster Royal Infirmary, it may be necessary for a member of staff to work 09:00hrs – 18:00hrs Monday to Friday, with the Band 7 working 06:00hrs – 18:30hrs, and the Band 6 working 20:30hrs – 09:00hrs. In this situation a handover communication document must be used to ensure safe handover of information (appendix 5). Weekends must be covered in the full 24/7 period.
- At times when the Band 6 is deputising for the Clinical Site Manager at Doncaster Royal Infirmary any additional support can be sought from the Clinical Site Manager on duty on a different site, e.g. Bassetlaw District General Hospital, from the matron of the day or Senior Manager on call.
- Although not ideal it may be necessary to move the Band 6 out of hours from Doncaster Royal Infirmary to work at Bassetlaw District General Hospital with telephone support from the Clinical Site Manager at Doncaster Royal Infirmary, with additional advice available from the Senior Manager on call.
- If cover is not established the contingency arrangements outlined in the Business & Service continuity Plan must be followed (see appendix 6, Business Continuity plan).

The Clinical Site Management Team covers the sites for the 24 hour period, 7 days a week. All shifts will be covered even when there is sickness/annual leave within the team. Continuity plans will be as follows:

Appendix 2 Roles and Responsibilities for the senior nurse identified to carry the CSM bleep

- Switchboard operator must be informed that there is no CSM on duty for the period of the contingency arrangements and any outside calls must be directed to the CSM on duty on the opposite site e.g. DRI or BDGH.
- All ward areas must be informed that there is no CSM cover for clinical duties these must be referred to the medical teams.
- Support can be sought from the CSM on duty on the opposite site or from the senior manager on call.
- Attendance to fire calls is in order to receive instruction from incident officer as required and liaise with senior manager on call as necessary.
- Response to major incident call would be to inform the senior manager on call in the first instance, and also the CSM on duty on the opposite site.
- Any patient flow issues must be addressed by the ward and department areas, with advice sought from the CSM on duty on the opposite site.

APPENDIX 10

Doncaster and Bassetlaw Hospitals 

NHS Foundation Trust

(Appendix 3 of CORP/EMP 27 v.3 – Equality Analysis Policy)

EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/PS 17 CSM Operational Policy	Chief Operating Officer	Sally Kilgariff	Existing Policy	March 2015
1) Who is responsible for this policy? Chief Operating Officer				
2) Describe the purpose of the service / function / policy / project/ strategy? Operational Policy for the Clinical Site Management Team – provides information on how the service operates				
3) Are there any associated objectives? N/A				
4) What factors contribute or detract from achieving intended outcomes? Trust-wide compliance with the policy				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact N/A 				
6) Is there any scope for new measures which would promote equality? N/A				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			

f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4
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**If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4*

Date for next review: February 2018

Checked by: David Purdue

Date: March 2015