



Clinical Call Handler Agile Working Procedure

Table of Contents

1. Scope and Objectives	2
2. Quality Assurance.....	3
3. Eligibility Criteria	3
4. Clinical Call Handler Agile Working Risk Assessments	4
5. Clinical Call Handler Agile Working Individual Confidentiality Agreement	4
6. Equipment Provision.....	4
7. Working / Shift Arrangements	5
8. On-shift Activity	6
9. Responsibilities	7
10. Audit and Review	8
11. Associated Documentation	8
12. Equality Analysis.....	9
Appendix A: Clinical Call Handler Agile Working Risk Assessment	10
Appendix B: Clinical Call Handler Agile Working Individual Confidentiality Agreement	22



South East Coast Ambulance Service **NHS** Scope and Objectives NHS Foundation Trust

- 1.1. This procedure defines the actions carried out by South East Coast Ambulance Service NHS Foundation Trust (the Trust) personnel when assessing the risk of conducting duties as a Clinical Call Handler conducting agile working.
- 1.2. For the purposes of this procedure, the “live call” environment refers to calls under the responsibility of the Emergency Operations Centre (EOC) and Integrated Urgent Care (IUC) services.
- 1.3. For the purposes of this procedure, “Clinical Call Handler Agile Working” refer to any staff under the direct or indirect management of the Head of Clinical Operations Integrated Care (999 & 111) that are determined by their line manager as suitable to conduct their call handling duties in an agile working environment, remotely working in a fixed, secure private environment that is managed by the member of staff and is not managed as part of Trust estate, referred to elsewhere in this policy as a “Trust location”.
- 1.4. Safe and effective Clinical Call Handler Agile Working provides an opportunity for staff to work flexibly, ensuring that duties can be carried out where regularly attending a Trust location may be less favourable for the employee, whilst remaining advantageous to the Trust and compliant with the requirements of safety and security as specified within this procedure.
- 1.5. It can benefit agile working staff and managers to work flexible hours that fit patient demand; and will allow managers to deploy additional staff more rapidly than requesting staff to exclusively attend a Trust location in order to work.
- 1.6. It is also recognised that agile working carries risk. Some of these risks come from the risks inherent with working alone. Some of these risks are unique to offering agile working duties within a live call environment.
- 1.7. There is also increased Information Governance risk which agile working presents. This is in relation to the security of agile working environment, IT and technical controls and the need to maintain a ‘safe haven’ so that personal data is not inadvertently disclosed. This would result in a breach of confidentiality.
- 1.8. Prior to the commencement of agile working all staff must evidence that they have completed their mandatory Information Governance training.

Commented [CS1]: Please seek clarification of what ‘Agile’ working relates to and the location which this falls under.

Commented [SD2R1]: “Clinical Call Handler Agile Working” as defined.



1.9. Individuals must also be made aware of the process to follow should a mobile device be lost or stolen (see Mobile Device Policy)

Commented [CS3]: Please liaise with IT regarding process for lost / stolen devices

Commented [SD4R3]: Have added reference to Mobile Device Policy

1.10. This procedure ensures that the risks are identified and controlled prior to, and during, agile working.

1.11. This procedure is designed to be supported by existing and future wider policies and procedures concerning agile working as well as support narrower existing and future guidance relating to the allocation and management of Trust agile working according to specific roles.

2. Quality Assurance

2.1. This procedure assures the safety and mitigates the risk of agile working with live calls by establishing the working environment and the eligibility of the staff member to carry out agile working.

2.2. Clinical assurance methods of case/incident management and patient safety monitoring for the Clinical Call Handlers will be in accordance with Clinical Decision Support System licence requirements.

2.3. There is no differentiation for staff feedback mechanisms for agile working staff from EOC/Contact Centre based clinicians. This procedure does not contradict current quality assurance mechanisms.

2.4. Clinicians must be working upon Tier 2 auditing via their Clinical Decision Support System. If not able to meet tier 2 requirements, then agile working may not longer be appropriate. This will be reviewed by line manager and OMC.

3. Eligibility Criteria

3.1. The following criteria must be met to be eligible for Clinical Call Handler Agile Working:

- A SECAmb employee contracted to the EOC Clinical / IUC team or Agency Clinician recruited for this purpose.
- A registered Health Care Professional (HCP)
- Cleric Computer Aided Dispatch (CAD) trained with active logins and current practice.
- Telephone triage trained using a Trust approved Clinical Decision Support System (CDSS) – with a minimum 6-months post training competency.

3.2. For Clinical Call Handlers being actively managed under the performance/capability process, their line manager will assess the individual circumstances to ensure the Trust is able to facilitate supportive frameworks and offer the option of agile working where possible.



South East Coast Ambulance Service

Allocation of Agile kits will be subject to regular review to ensure optimal resource management.

4. Clinical Call Handler Agile Working Risk Assessments

- 4.1. The Clinical Call Handler Agile Working Risk Assessments should be regularly reviewed documents which the agile worker and line manager should refer to when circumstances change or when a next review date is reached.
- 4.2. The successful completion of a Clinical Call Handler Agile Working Risk Assessment will only sign off the agile worker to conduct agile working under the conditions described. If these conditions change the Clinical Call Handler Agile Working Assessment will need to be revisited and amended appropriately.
- 4.3. It will be the responsibility of the Clinical Call Handler to raise with their line manager if they identify any changes or additional requirements before the allotted review period which may lead to a further assessment.
- 4.4. Successful sign off of risk is achieved through completion of the Clinical Call Handler Agile Working Risk Assessment and approval from the line manager.

5. Clinical Call Handler Agile Working Individual Confidentiality Agreement

- 5.1. A bespoke Clinical Call Handler Agile Working Individual Confidentiality Agreement has been developed in conjunction with the Information Governance portfolio. This is in place to supplement the standard confidentiality agreements which all employees must sign as part of their contract of employment. This additional agreement sets out the additional responsibilities around information governance which all Clinical Call Handling Agile Worker must accept when conducting their duties.
- 5.2. A signed and approved Clinical Call Handler Agile Working Individual Confidentiality Agreement is required in order to ensure duties are conducted in line with the fundamental principles of confidentiality and data protection.

6. Equipment Provision

- 6.1 The Clinical Call Handler Agile Worker will be provided with the following equipment from the Trust in order to conduct their duties, unless in circumstances where all or some of this equipment has already been provided in the undertaking of their normal duties:



South East Coast Ambulance Service

- A laptop including a power supply cable. NHS Foundation Trust
- A monitor including a power supply cable.
- A HDMI cable to connect their laptop to their monitor, including an adaptor where required.
- A mouse
- A keyboard if required.
- A headset and/or USB headset adapter

- 6.2 All equipment will be PAT tested by the Trust prior to issue.
- 6.3 It will be the Clinical Call Handler's responsibility to ensure all equipment and software remains up to date E.g. Cleric CAD and NHSP Solo updates.
- 6.4 Clinical Call Handlers issued with equipment must be prepared to commit to regular agile work to maintain both ongoing competence and optimal equipment use.
- 6.5 Equipment provision, testing and review will be the accountability of the Critical Systems Team.

7. Working / Shift Arrangements

- 7.1. Clinical Call Handlers can complete agile working shifts over and above their normal contracted hours in line with the Trust's Overtime Policy. These shifts can be pre-booked through the EOC Scheduling or 111 Rota teams. This is subjected to 12 hours a month.
- 7.2. Alternatively, Clinical Call Handlers may wish to incorporate agile working shifts into their normal duties. In this situation, staff will be required to apply to their line manager by completing a Flexible Working Request Form (See the Trust's Flexible Working Policy). Unless otherwise stated within their contract.
- 7.3. With reference to flexible working requests, if approved, agile working shifts will be limited to a maximum of 50% of contracted hours to ensure the Trust maintains adequate on-site clinical cover. Exceptions to this may be agreed on an individual basis, subject to OMC and HR review where appropriate.
- 7.4. In cases of extenuating circumstances, short notice requests to change the working location of an 'on-site' shift to the agile environment must be authorised by the OMC on-call via the duty Clinical Safety Navigator (CSN) or CAS Clinical Navigator (CCN).
- 7.5. At the discretion of the duty CSN / CCN and with the support of the on-call OMC, it may be necessary for Clinical Call Handlers to travel to a Trust Contact Centre to either complete their full or the remainder of their agile



South East Coast Ambulance Service

working shift on site for any of the given reasons below or where agile working is then considered sub-optimal for service provision:

- Agile Working Equipment and/or IT faults which are unresolved after 60 minutes.
- CAD/Telephony System Failure
- Non-compliance or low provision of NHS Pathways trained clinical staff on-site.
- The declaration of a Business Continuity Incident (BCI), where agile working is then considered sub-optimal for service provision.

7.6. If a clinician is unable to attend site when requested, this will be escalated to the OMC on-call, who will discuss alternative options for the remainder of the shift (i.e. unpaid leave, movement of hours). Repeated inability to attend site when requested may be subject to recall of agile kit.

7.7. Clinical Call Handling Agile Working staff must work shifts in accordance with the Trust's Working Time Directive Policy at all times.

8. On-shift Activity

8.1. The Clinical Call Handler must contact the duty CSN / CCN throughout their shift by using the following Trust approved communication methods: CAD Mail system, Microsoft Teams or Avaya Cloud Phone software. In situations where all of these options are unavailable, contact should be made via direct phone call.

8.2. The Clinical Call Handler must contact the duty CSN / CCN:

- To notify of successful log on at the start of shift
- In the event of any CAD / Phone / IT issues
- To arrange and when taking agreed break periods
- To raise any other concerns, issues or questions for escalation.
- To notify of shift completion and log off.

8.3. Agile working Clinical Call Handlers will undertake tasks/duties as directed by the duty CSN / CCN.

8.4. In the event of any CAD / Phone / IT system failures, the Clinical Call Handler must first inform the duty CSN / CCN of their inactivity, then escalate all issues to either EOC Systems or IT Tech on-call, whichever is most appropriate to seek resolution.



South East Coast Ambulance Service Responsibilities NHS Foundation Trust

- 9.1. The **Chief Executive Officer** has overall responsibility for this procedure.
- 9.2. The **Medical Director** has responsibility of matters relating to patient safety and clinical effectiveness relating to this procedure.
- 9.3. The **Director of Nursing and Quality** has responsibility for matters relating to regulatory compliance (data protection), risk management, health and safety relating to this procedure.
- 9.4. The **Director of Operations** is responsible for the operational compliance of this procedure.
- 9.5. The **Associate Director of Operations** is responsible for ensuring the full implementation of this procedure across the Trust's relevant Emergency Operations Centre (EOC) staff. The Associate Director of Operations is also responsible for the full implementation, monitoring, auditing and review of this procedure across the Trust's EOC responsibilities.
- 9.6. The **Associate Director for Integrated Care (999 & 111)** is responsible for ensuring the full implementation of this procedure across the Trust's EOCs. The Associate Director for Integrated Care (999 & 111) is also responsible for the full implementation, monitoring, auditing and review of this procedure.
- 9.7. The **Head of Clinical Operations Integrated Care (999 & 111)** is responsible for ensuring the full clinical implementation of this procedure across the Trust's EOCs. The Head of Clinical Operations Integrated Care (999 & 111) is also responsible for the full clinical implementation, monitoring, auditing and review of this procedure.
- 9.8. The **Operations Managers Clinical (OMC)** are responsible for ensuring the full implementation of this procedure across the relevant operational areas under which their agile working call handling staff fall. The OMCs are also responsible for the full implementation, monitoring, auditing and review of this procedure across the areas of their responsibility.
- 9.9. The **Clinical Safety Navigator (CSN)** is responsible for the day-to-day clinical management of this procedure across the Trust's EOCs. They must ensure this procedure is effectively adopted to facilitate the appropriate deployment and utilisation of clinical resources and staff. They must also ensure that clinical patient demand and needs are met efficiently and effectively and the highest clinical performance and standards are achieved and sustained.



South East Coast Ambulance Service

The **CAS Clinical Navigator (CCN)** is responsible for the day-to-day clinical management of this procedure across the Trust's IUC Contact Centres. They must ensure this procedure is effectively adopted to facilitate the appropriate deployment and utilisation of clinical resources and staff. They must also ensure that clinical patient demand and needs are met efficiently and effectively and the highest clinical performance and standards are achieved and sustained.

- 9.11. **All Clinical Call Handler Agile Working staff** must ensure they deliver against this procedure. They must ensure this procedure is effectively adopted and fully understood.
- 9.12. **All EOC and IUC clinical staff and all staff listed above** must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within. They must also ensure that this procedure fulfils its scope and objectives, and any incidents or risks that negatively impact upon its scope and objectives are appropriately reported.

10. Audit and Review

- 10.1. All Clinical Call Handler Agile Working Risk Assessments will be recorded and securely stored for management and audit purposes.
- 10.2. The document will be reviewed every year unless changes in legislation or working practices require an earlier review.

11. Associated Documentation

- 11.1 Agile Working Policy
- 11.2 Data Protection Policy
- 11.3 Display Screen Equipment Policy and Procedure
- 11.4 Equality, Diversity & Inclusion Policy
- 11.5 Flexible Working Policy
- 11.6 Health & Safety Policy
- 11.7 Incident Reporting Policy (DATIX) & Procedure
- 11.8 Information Governance Policy
- 11.9 Working from home guidance



- 11.11 Information Security & Risk Management Policy
- 11.12 Lone Worker Policy
- 11.13 Managing Health & Attendance Policy & Procedure
- 11.14 Mobile Device Policy
- 11.15 Overtime Policy
- 11.16 Patient Data and Health Records Policy
- 11.17 Remote Access Policy
- 11.18 Security Management Policy
- 11.19 Violence & Aggression Procedure
- 11.20 Working Time Directive Policy

12. Equality Analysis

- 12.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 12.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



Appendix A: Clinical Call Handler Agile Working Risk Assessment

Assessment No.

General Risk Assessment Form

Completed by and role: <i>Line manager to complete</i>	Initial assessment date:
Location of the risk: <i>Insert staff name and address</i>	
Task / Hazard being Assessed: Clinical call handler agile working risk assessment	

STEP 1		STEP 2		STEP 3		STEP 4	
REF NO.	ACTIVITY	HAZARD	PERSON(S) AFFECTED AND HOW	CURRENT CONTROL MEASURES		RISK RATING L x C = R	
Health and Safety							
1	Clinical call handler agile working	Taking ill	Employee takes ill and requires medical attention.	Employee has access to telephone Pre-existing medical conditions considered when identifying suitability to conduct agile working. Access to communicate with GP, 111, 999 and Optima Healthcare.			
2	Clinical call handler agile working	Slips and Trips	Fall resulting in injury from trailing wires and other obstacles in the workplace.	Trust ICT equipment is installed and cable securing system in place. Management check of suitability of workspace environment that should allow employee a minimum 11 cubic metres per person. Note that 11m ³ may be insufficient if, for example, much of the room is taken up by furniture etc.			



South East Coast Ambulance Service **NHS**

	Clinical call handler agile working	Fall from height	Fall from height when accessing floor levels by stairs	Stairs and landing kept cleared of lighting Suitable lighting to illuminate the stairs and landing footprint.			
4	Clinical call handler agile working	Fire	Fire arising within the agile working area from faulty electrics and other activities with ignition source.	Agile working area is fitted with optical or multi-sensor mains powered or battery powered alarms within the escape routes of the property (i.e. hallways and landings). •Have at least one smoke alarm on every storey •Install a heat alarm in any kitchen areas where the kitchen is not separated from the circulation space or stairway by a door. Carry out a monthly audible system check which should be recorded by line management.			
5	Clinical call handler agile working	Isolated working	Mental / physical health concerns associated with isolated working e.g. mental health, fatigue.	Regular engagement with line manager Wellbeing Hub access OH Referral where relevant, especially concerning conditions where occupationally relevant e.g. mental health, musculoskeletal.			
6	Clinical call handler agile working	Injuries or conditions associated with mismanaged sedentary working / DSE working	Injuries or conditions associated with mismanaged sedentary working / DSE working.	DSE Assessment Wellbeing Hub access Access to Eyecare Form OH Referral where relevant, especially concerning conditions where occupationally relevant e.g. mental health, musculoskeletal.			



Security

	Clinical call handler agile working	Verbal assault	Verbal abuse to employee from caller.	<p>Ability to contact base for support if there is an issue.</p> <p>Management of verbal abuse per the Local Operating Procedure.</p> <p>Incidents are able to be raised as a DIF1 on Datix.</p>			
8	Clinical call handler agile working	Physical assault	Physical assault from intruder	<p>The call handler is in a position to call 999 for Police in the event of any incident where they are suspected to be under threat of physical assault from intruder.</p> <p>Potential access routes into household are secure from intruders. Ensure the site is fully secure from intruders and doors and windows are closed and locked</p> <p>Ability to contact base for support if there is an issue.</p> <p>Incidents are able to be raised as a DIF1 on Datix.</p>			



South East Coast Ambulance Service **NHS**

<p>Clinical call handler agile working</p>	<p>Theft, loss, or unauthorised access to sensitive information or the means to access sensitive information</p>	<p>Theft or loss or unauthorised access to sensitive information or the means to access sensitive information, leading to risk of unauthorised access of private/sensitive information.</p>	<p>Equipment is documented and signed for.</p> <p>Basic security is available, that the front door has a deadlock with a Yale and chain. Clinical Call Handler is aware not to leave back doors open, equipment is away from view where possible and where not, to have curtains/blinds etc. Any small equipment has a place for storage and that is away from animals/children to avoid damage.</p> <p>The Clinical call handler agile working environment is confidential and secure.</p> <p>Any sensitive notes pertaining to referrals must be retained securely and then disposed of within the Trust via the confidential waste bins.</p> <p>Hardware should be stored safely and securely. Devices should be locked when the user is away from their desk.</p> <p>Smartcards should be kept secure at all times, including when in use.</p> <p>Sensitive information and resources, such as access codes or smartcards, are kept away from unauthorised persons.</p> <p>Any incidents of theft or loss are reported as a DIF1 through Datix.</p>			
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Estates						
	Clinical call handler agile working	Electric shock /electrocution	Electric shock / electrocution from either fixed wiring or portable electrical appliances.	Equipment is free of any apparent damage. Equipment is adequately ventilated with no evidence of overheating. Cables and plugs are secure and free of damage or wear.		
Information Governance						
11	Clinical call handler agile working	Information breach / unauthorised disclosure of information	<p>Breach of data protection as a result of conversations overheard in the agile working area from other parties.</p> <p>Breach of data protection as a result of sensitive data being accessible through unauthorised means.</p> <p>Breach of data protection as a result of not ensuring a safe haven.</p>	<p>Clinical call handler agile working is conducted in a secure environment free from unauthorised persons witnessing or accessing sensitive information.</p> <p>Sensitive data is accessed or retained through Trust authorised and encrypted equipment only.</p> <p>Equipment / Trust devices are kept safe and secure at all times. Documentation is kept confidential and secure at all times. This must be securely stored when not in use and confidentially disposed of in line with Trust processes when no longer required.</p> <p>Completion of Clinical Call Handler Agile Working Individual Confidentiality Agreement.</p>		
Insurance						
12	Clinical call handler agile working	Uninsured Trust property within employee's agile working area.	<p>Trust property not being insured for the employee's agile working area.</p> <p>Insurers' requirement for cover not adhered to.</p>	Risk assessment of working environment completed to include DSE Assessment. Reasonable adjustments evaluated and implemented by line manager, and where not facilitated agile working will not be permitted.		



South East Coast Ambulance Service **NHS**

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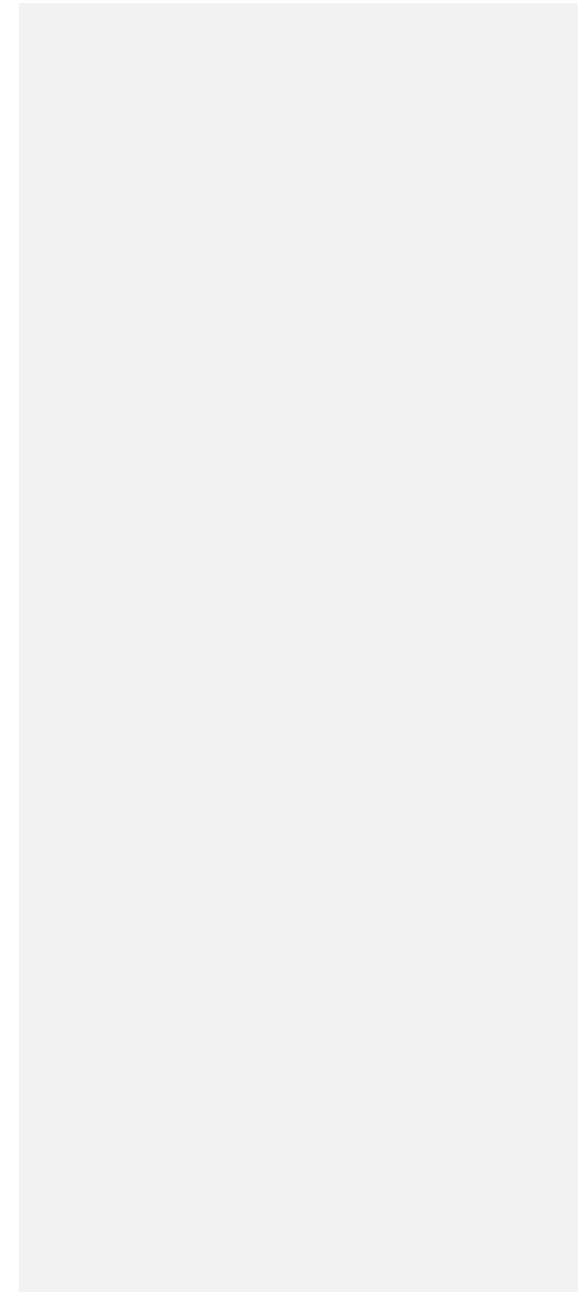
				Clinical Call Handler Agile Workers are advised to check with their insurance company and if necessary inform them that they are an agile worker and of any equipment owned by the Trust that is kept there prior to commencement of any agile working.			
Management							
13	Clinical call handler agile working	Wellbeing of agile working employee.	Insufficient training, support and monitoring as a result of agile working.	Agile worker line management and clinical handler to provide training, monitoring and support arrangements sufficient to meet needs of the call handler and the service.			
ICT							
14	Clinical call handler agile working	ICT Service interruption	Technical issue impacting on ability for employee to manage call flow.	Phone with access to contact base and ICT Service Desk to report and resolve technical issues			



Date	1 st Review date	2 nd Review date	3 rd Review date	4 th Review date	5 th Review date	6 th Review date
Signature	Signature	Signature	Signature	Signature	Signature	Signature

ACTION PLAN

Ref No	Description of risk	Inherent risk rating L x C = R			New controls required	By whom	By when	Outcome	Revised risk rating L x C = R		





Assessing the Level of Risk - Consequence –v- Likelihood in Trust

1) Measure Consequence

Choose one of the descriptors below, consider each domain and section and judge what the most realistic scenario would be if the event occurred, The most serious consequence identified determines the score.

Score	1	2	3	4	5
Domain	Insignificant	Minor	Moderate	Major	Catastrophic
Patient Experience	Unsatisfactory patient experience and directly related to patient care.	Unsatisfactory patient experience readily resolvable.	Mismanagement of patient care	Serious Mismanagement of patient care	Totally unsatisfactory patient outcome or experience
Injury	No apparent injury. Minor injury not requiring first aid	Minor injury. First aid treatment e.g. laceration/sprain, anxiety with < 3 days off work	Medical treatment required. Temporary incapacity, injury or harm, e.g. short term monitoring Injury requiring > 3 days sickness RIDDOR/Agency reportable	Permanent injury or harm. Injury requiring major clinical intervention long term incapacity/disability Long term staff sickness > 4 weeks	Death or major permanent incapacity
Complaints/ Claims	Locally resolved complaint (informal)	Formal complaint possible. Justified complaint peripheral to clinical care	Formal complaint likely - regarding delivery of care. Litigation possible	Serious complaint anticipated with multiple issues. Litigation expected Multiple justified complaints	Multiple claims or single major claim expected
Adverse Publicity/ Reputation	Not expected	Local media - interest possible but short term	Local media - potential for long term adverse publicity	Probable national media interest (short term). Public confidence undermined.	National media interest >3days. Public confidence undermined. Extreme adverse publicity for Trust



South East Coast Ambulance Service **NHS**

Service/ Business Interruption	Interruption which does not impact on delivery of service	Short term disruption <1hr - minimal impact on delivery of service.	Non-permanent loss of ability to provide service >1hr < TBA Some disruption to delivery of service	Sustained loss of service >TBA, with major impact. Major contingency plans invoked	Permanent loss of core service or facility. Disruption to service leading to significant 'knock on' effect across health economy
Finance	Small loss	Loss >0.1% of Trust budget	Loss >0.25% of Trust budget	Loss >0.5% of Trust budget	Loss >1% of Trust budget
Inspection/ Audit	Small number of recommendations which focus on minor improvement/non compliance issues - can be addressed by a department	Minor recommendations made which can be addressed by low level of management action	Challenging recommendations made but can be addressed with appropriate action plan. Potential for minor negative impact on Performance Ratings	Enforcement action expected. Critical report. Significant negative impact on performance ratings	Prosecution expected. Severely critical report Will lead to rating of 'Weak' in Quality or Use of Resources
Staffing	Short term low staffing level (<= 1 day) where there is no actual disruption to service delivery)	Ongoing low staffing level resulting in minor disruption to service/delivery of care	Ongoing problems with level of staffing leading to delay/moderate disruption to service delivery/patient care. Minor errors resulting	Serious ongoing problems with staffing levels leading to serious disruption in service delivery , Serious errors resulting	Non delivery of service due to lack of staff. Non delivery of key or service objectives due to lack or loss of key staff.



South East Coast Ambulance Service **NHS**

Objectives/ Projects	Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality	> 5% over budget, schedule slippage. Minor reduction in quality/scope	10% over budget, schedule slippage, reduction in scope/quality. Moderate business interruption	10-25% over budget, schedule slippage. Doesn't meet secondary objectives. Major business interruption	>25% over budget. Schedule slippage. Doesn't meet primary objectives. Reputation of the Trust severely damaged
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Risk Assessment Matrix

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

For grading risks, the scores obtained from the risk matrix are assigned grades as follows

	15 to 25 Extreme Risk
	8-12 High Risk
	4-6 Moderate Risk
	1 to 3 Low Risk



Risk Rating - Action Table

Score	Risk Grade	Action	Risk Owner *	Governance/ Monitoring**	Trust Risk Register Level***	Escalation Route	Assurance
1-3	Low	Entered onto Datix	Head of Service / Manager	Directorate Senior Management Team	Directorate	Trust Senior Management Team	Quality & Patient Safety Committee, Finance & Investment Committee, Workforce & Wellbeing Committee and Audit Committee
4-6	Moderate						
8-12	High		Senior Manager	Trust Senior Management Team	Corporate	Executive Management Team	
15-25	Extreme		Executive Director/ Director	Executive Management Team	Strategic	Trust Board	



Appendix B: Clinical Call Handler Agile Working Individual Confidentiality Agreement

Clinical Call Handler Agile Working Individual Confidentiality Agreement

This Clinical Call Handler Agile Working Individual Confidentiality Agreement outlines the personal responsibility and accountability concerning security and confidentiality whilst working with information relating to patients, staff, volunteers and the business of South East Coast Ambulance Service NHS Foundation Trust (the Trust).

This confidentiality agreement is specific to agile working and access to the Trust Computer Aided Despatch system (CAD). The risk around the use of this system must be fully understood and accepted on an individual basis. This agreement serves **in conjunction** with the Trust Code of Confidentiality agreement associated with your Trust contract and is not a replacement of this.

During the course of your time within the Trust, you may acquire or have access to confidential information, which must not be disclosed to any other person unless in pursuit of your duties as detailed in the contract that may apply between you and the Trust – whether paid or voluntary. This condition applies during your time within the Trust and continues after that ceases.

Confidential information includes **all** information relating to the business of the Trust and its patients and employees, which also includes volunteers. The Data Protection Legislation regulates the use of all personal information and includes electronic and paper records of identifiable individuals (patients, staff and volunteers). The Trust is registered in accordance with this legislation. If you are found to have illegally used, or disclosed any information you have seen or heard whilst working within the Trust, without proper authorisation, or a legal basis, you could face legal / disciplinary action.

Terms & Conditions

The accessing of the Trust Computer Aided Dispatch (CAD) system within an agile working environment carries additional information governance risk, as outlined below:

- The CAD is a 'live' system which contains clinical patient data.
- As part of the referral process into the 111 and 999 services, the Clinical Call Handler will also require access to the Patient Demographic Service and Summary Care Record as part of the triage process, as well as special patient notes.
- A smartcard will be required to access the NHS spine, all access is fully auditable. Extra care must be maintained when in possession of a smartcard. Under NO circumstances must a smartcard be shared or the password disclosed
- Lost, stolen or damaged smartcards have the potential to be a serious breach of information governance and must be reported to the relevant duty manager and on Datix via a DIF1 at the earliest opportunity.
- Trust equipment must be used to access the CAD, and the CAD must only be accessed in a manner authorised through the guidance of the IT and Systems team. The CAD and other Trust information channels must only be used in the undertaking of professional duties as and when approved to do so.
- Production of any hard copy notes pertaining to referrals, cases or incidents, written by hand or typed, must be avoided. If any hard copy notes are produced, they must be retained securely and then disposed of as per Trust process within the Trust via the confidential waste



South East Coast Ambulance Service **NHS**

Under no circumstances must confidential information be disposed of outside of the Trust environment.

- Any commercially sensitive / Trust information which the individual may obtain must be handled sensitively and securely.
- Hard copy guidance or instructions on system access must be securely held, not shared and must be securely disposed of through Trust approved disposal methods if necessary.
- Duties must be conducted in a safe environment and in a confidential setting whereby patient information remains visibly and audibly secure and confidential.
- Duties must not be conducted in an environment which is in a 'common / shared area', for example a kitchen or living room. If you reside within a property which has shared tenants, the same principles apply.
- The property must be secure from intruders.
- Trust documentation and equipment must be secure at all times from unauthorised parties, including friends, family and co-residents.
- Equipment and documentation must be secure during transit.
- Information governance risks must be accepted and controlled on an individual basis.
- Any unattended devices which carry sensitive information must be locked when not in use.
- Usernames and passwords must be secure and not be obtainable by unauthorised persons.
- Policies and procedures relating to information governance must be closely followed, including Information Governance Policy.
- Any breaches of information governance, including failure to adhere to the contents of the Clinical Call Handler Agile Working Individual Confidentiality Agreement, must be reported to the relevant duty manager and on Datix via a DIF1 at the earliest opportunity.
- Failure to adhere to the contents of the Clinical Call Handler Agile Working Individual Confidentiality Agreement could result in legal or disciplinary action.

I understand that I am bound by a duty of confidentiality and agree to adhere to the above conditions and my personal responsibilities to comply with the requirements of Data Protection Legislation with effect from the date of signing.

Name of Individual:	
Address:	
Contact Number:	
Name of Company/Organisation:	
Signature:	
Date of Signing:	

Name of Trust Authorising Manager:	
Job Title:	
Contact Number:	
Reason for this Agreement:	
End date of this Agreement:	