NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE NON-CLINICAL DOCUMENT

Standard Operating Procedure for the Management of the Central Alert System (CAS)

Policy Number:	**HS6**
Scope of this Document:	**All Staff**
Recommending Committee:	**N/A**
Approving Committee:	**Patient Safety Committee**
Date Ratified:	**March 2019**
Next Review Date (by):	**March 2022**
Version Number:	**Version 4**
Lead Executive Director:	**Medical Director**
Lead Author(s):	**Director of Patient Safety**

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Version 4 – March 2019

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Standard Operating Procedure for the Management of the Central Alert System (CAS)

Further information about this document:

Document name	**Standard Operating Procedure for the Management of the Central Alert System (CAS)**
Document summary	This document provides a definition of CAS alerts; when and by whom they should be distributed and actioned.
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	Health, Safety and Welfare SA07 Risk Management Policy & Strategy SA02
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Approved	2015 Version 1	October 2015
Approved	2016 Version 2	October 2016
Approved	2018 Version 3	January 2018
Ratified	2019 Version 4	March 2019

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

1. PURPOSE AND RATIONALE

1.1 As part of managing the health, safety and welfare of everyone who the Trust interacts with Mersey Care NHS Foundation Trust is required to control risks and take action to prevent harm, and incidents from happening, improve best practices in clinical areas and ensure the safety of service users, staff and third parties.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The Central Alerting System (CAS) is a web-based system used for issuing patient safety alerts and other safety critical guidance to the NHS and other health and social care providers. It brings together the Public Health Link (PHL) and the Safety Alert Broadcast System (SABS). Safety alerts, emergency alerts, drug alerts, Dear Doctor letters and medical device alerts will be sent through the organisation's Risk Management System (RMS)on behalf of the:

- Medicines and Healthcare Products Regulatory Agency (MHRA),
- National Patient Safety Agency (NPSA),
- Department of Health.

2.2 CAS is flexible enough however to bring in new 'originating bodies' as the need arises.

2.3 CAS is a key means to communicate important safety information to the NHS, requiring action to address risks to patient safety. There is a distinction between the two types of alerts sent via CAS:

- **Non-emergency alerts** – issued on behalf of MHRA Medical Devices, the NPSA and the Department of Health Estates and Facilities, they have set deadlines for acknowledgment and completion of actions. NHS Trusts are required to submit responses on the action they have taken on alerts and are monitored on their compliance with completing such alerts within agreed deadlines.

- **Emergency alerts** - are sent by the following originators – MHRA Drug Alerts, MHRA Dear Doctor Letter and CMO Messaging. Although these alerts do have deadlines, these relate to how quickly the information contained should be cascaded onwards and do not require a response. They are also sent to all Medical Directors and Chief Executives of NHS Trusts.

2.4 The purpose of this guideline is to set out the Trust process for cascading and implementing and reporting progress in relation to identified CAS alerts, thus ensuring continual improvement in the quality of services provided against Trust's guidelines, Polices and statutory requirements.

3. SCOPE

3.1 This guideline is a **Trust-wide** document and it applies equally to all members of staff, either permanent or temporary and to those working within, or for, the trust under contracted services.

4. ABBREVIATIONS

CAS	Central Alerting System
CASLO	Central Alerting System Liaison Officer
MDSO	Medical Devices Safety Officer
MHRA	Medicines and Healthcare Products Regulatory Agency
MSO	Medication Safety Officer
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
PHL	Public Health Link
RMS	Risk Management System
SABS	Safety Alert Broadcast System

5. DUTIES & RESPONSIBILITIES

5.1 **Chief Executive** - has overall responsibility for ensuring effective arrangements for dissemination, action and review of CAS Alerts.

5.2 **Director of Patient Safety** – as chair of the Patient Safety Committee, they will have the responsibility of monitoring the effectiveness of the implementation of the CAS procedure and adherence to national guidelines. The Director of Patient Safety will receive monthly updates from the CASLO including:

a) Newly issued alerts
b) Open alert progress
c) Alert closures

5.3 **CAS Liaison Officer (CASLO)**

The CAS Liaison Officer is accountable for ensuring the arrangements are in place on behalf of the Chief Executive. Responsibilities include:

- Receiving alerts via CAS on behalf of the Trust.
- Maintaining a central record of alerts via the RMS.
- Distributing alerts to the MSO / MDSO/ divisional clinical leads and other key staff as appropriate.
- Alerting the care managers / clinical leads with reminder notifications where necessary.
- Maintaining records confirming actions.
- Providing a monthly summary of alerts, opened and closed, to the Patient safety Committee.
- Updating the status of alerts within the Trust to the CAS system.
- Providing support and guidance to staff regarding alerts.
- Notifying CAS of any changes to the CAS Liaison Officer.
- Providing training regarding alert processes for relevant members of staff.

- Maintaining an up to date distribution list
- Formulating and reviewing guidance for the alert process.

5.4 **Medical Devices Safety Officer (MDSO)**

Responsibilities include:

- Active membership of the National Medical Devices Safety Network;
- improve reporting of and learning from medical devices incidents in the organisation;
- manage medical device incident reporting in the organisation, review all medical devices incident reports to ensure data quality for local and national learning, where necessary investigate and get additional information from reporters;
- make sure that medical device incidents are sent to the NRLS as soon as possible and a least every week;
- receive and respond to requests for more information from the Patient Safety Domain in NHS England and the MHRA about medical device incident reports;
- work as a member of the medical devices safety group;
- act as an additional senior point of contact for manufacturers and support local actions on Field Safety Notices; and,

5.5 **Medication Safety Officer (MSO)**

Responsibilities include:

- Active membership of the National Medication Safety Officer Network;
- Improving reporting and learning of medication error incidents in the organisation;
- Managing medication incident reporting in the organisation. This may entail reviewing all medication incident reports to ensure data quality for local and national learning and where necessary to investigate and find additional information from reporters.
- Receiving and responding to requests for more information about medication error incident reports from the Patient Safety Domain in NHS England and the MHRA;
- Work as a member of the organisation's Drugs and Therapeutics Committee and support the dissemination of medication safety communications from NHS England and the MHRA throughout the organisation.

5.6 **All Senior Managers / Divisional Risk & Adverse Incidents Leads**

Responsibilities include:

- Responding to alerts in a timely manner.
- Maintaining a robust system for distribution of alerts to appropriate teams.
- Maintaining records confirming distribution.
- Maintaining records of actions taken within teams.
- Providing confirmation of actions taken to CAS Liaison Officer.
- Providing the CAS Liaison Officer with confirmation of completed actions on the system.

5.7 **Service managers / Team leaders / Ward Managers**

Responsibilities include:

- Responding to alerts in a timely manner.

- Ensuring actions are taken within area of responsibility to enable compliance with the alert.
- Ensure that they have systems for deputisation or cover when they are on leave.
- Providing documented evidence of actions taken, if requested, to senior managers and risk leads.
- Ensuring dissemination of information within alerts to relevant personnel within the department using appropriate methods of communication.
- Providing a timely response for each alert received in the department.
- Maintaining a "library" of alerts, allowing staff easy reference.
- Support any review process performed to assess compliance with the CAS process.

5.8 **All staff and contractors (including Locums, Temporary Staff and Bank Staff)** – are required to be familiar with the Trust's sharing and evidencing system and take responsibility when conducting their duties in accordance with the principles laid out in Trust's policies and procedures.

6. ALERT CATEGORIES

6.1 For non-emergency alerts, there are a number of categories that an alert might fall into, depending on its nature and urgency. The following outlines the categories found in alerts, which require a response:

a) **Immediate Action:** Used in cases where there is a risk of death or serious injury and where the recipient is expected to take immediate action on the advice.

b) **Action:** Used where the recipient is expected to take action on the advice, where it is necessary to repeat warnings on long-standing problems, or to support or follow-up manufacturers' field modifications.

c) **Update:** Used to update the recipient about previously reported incidents or series of incidents, possibly on a topical or device group basis, and where further follow-up safety information is judged beneficial.

d) **Information Request:** Used to alert users about a specific issue that may become a problem and where we are requesting feedback. These alerts may be sent out with additional questions to be completed.

6.2 Other alerts will have these categories:

a) **Immediate:** Cascade within 6 hours. To be used infrequently in exceptional cases where potentially serious health risks are implicated.

b) **Urgent:** Cascade within 24 hours. The most common category.

c) **Non-urgent:** Cascade within 48 hours.

d) **For information:** This is used in circumstances where there is no need to cascade the information and only those who receive the message directly need to be aware of its contents.

7. ACTION DEADLINES

7.1 All non-emergency CAS alerts are issued with action deadline requirements which relate to the seriousness of the identified safety issue. The CAS Liaison Officer is responsible for updating the CAS website in relation to all action deadlines. Further details of the actions deadlines:

a) **Deadline: Action underway**: at the time of acknowledgment of the alert the Trust registers that it is assessing relevance, after it has been established the Trust is responsible for the issues raised. Deadlines are set by the Department of Health for this part of the process.

b) **Deadline: Action completed**: the date the Department of Health requires the Trust to have had completed any necessary action.

8. STEP BY STEP PROCESS (Flowchart in Appendix A)

8.1 The following process applies for non emergency alerts.

Step 1: Acknowledgement of the alert receipt

- The CAS Liaison Officer will acknowledge the alert within the prescribed timeframe of 48 hours.

Step 2: Assessing relevance to the organisation

- The CAS Liaison Officer will share the alert with other key contacts (see paragraph 8.2)
- Key contacts will assess the relevance of the alert to the organisation based on its category and their expertise.
- Key contacts will confirm whether the alert is relevant to the organisation.

Step 3: Action Underway

- If the alert is relevant to the organisation, the CAS Liaison Officer will forward the alert to either the specific department managers or nominated risk leads, as appropriate to the alert requirements, for their action.
- Recipients will complete actions within the alert deadlines and send their response to CASLO.

Step 4: Action Complete

- The CAS Liaison Officer will ensure that actions for the alert requirements are completed within the alert deadlines and will collate information from responses.
- Collated information will be uploaded on the CAS website as evidence.

8.2 **Key contact filter**

a) Medical Devices Safety Officer (MDSO) for Medical Device Alerts.
b) Estates & Facilities Managers for Estates & Facilities Alerts.
c) Medication Safety Officer for Medication Safety Alerts.
d) Director of Patient Safety for Patient Safety Alerts.
e) Relevant Executives, specialists/leads will be consulted when required.

9. TRAINING

The effectiveness of this procedure and the general level of compliance with its requirements will be monitored by the CASLO. Training requirements and levels of compliance will form part of the Trusts normal performance monitoring arrangements.

10. CONSULTATION

The following Trust representatives have been consulted in the development of this standard operating procedure:

a) Director of Patient Safety

b) Head of Risk and EPRR (CASLO)

c) Patient Safety Committee

11. MONITORING

11.1 Characteristics of the Trust Central Alerts System and Process will be monitored and analysed where appropriate. Findings will be reported to the Patient Safety Committee on a monthly basis.

11.2 Monitored information includes:

a) Timeliness of acknowledgment, issuing and auctioning of the alerts.

b) Number of CAS that have invoked a formal response.

c) Number of actions completed.

11.3 The CAS Liaison Officer will produce monthly audits of responses for the Patient Safety Committee to provide organisational assurance that all actions where appropriate have been mobilised are on track within timeframes.

12. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: HS6 Central Alerting System
Area covered: TRUST-WIDE NON CLINICAL POLICY DOCUMENT

What are the intended outcomes of this work? These alerts are paramount to maintaining the health and safety and welfare of everyone who the Trust interacts with. To do this we need to think about what might cause harm to people and or the environment and to consider the procedures in place to provide this protection.
Who will be affected? Staff, Patients, Service Users, Visitors, Contractors.

Evidence
What evidence have you considered? **The Procedures**
Disability inc. learning disability **Risk assessments will consider a range of vulnerable groups including those who have disabilities.**
Sex **No issues identified within discussions.**
Race No issues identified within discussions.
Age Risk assessments will consider a range of vulnerable groups including younger/older people.
Gender reassignment (including transgender) **No issues identified within discussions.**
Sexual orientation No issues identified within discussions.
Religion or belief **No issues identified within discussions.**
Pregnancy and maternity **Risk assessments will consider a range of vulnerable people including pregnant women/new mothers.**
Carers **Will be covered by the procedures above when vising the Trust buildings.**
Other identified groups **No issues identified within discussions.**
Cross cutting **All groups of people will be subject to health and safety and protection.**

Human Rights	**Is there an impact?** **How this right could be protected?**
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	**Human Rights Based Approach Supported.** **The above procedures aim to maintain the**

	health and safety (including life) of all people using /working/visiting the Trust premises
Right of freedom from inhuman and degrading treatment (Article 3)	**No issues identified within discussions.**
Right to liberty (Article 5)	**No issues identified within discussions.**
Right to a fair trial (Article 6)	**No issues identified within discussions.**
Right to private and family life (Article 8)	**No issues identified within discussions.**
Right of freedom of religion or belief (Article 9)	**No issues identified within discussions.**
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	**No issues identified within discussions.**
Right freedom from discrimination (Article 14)	**No issues identified within discussions.**

Engagement and involvement N/A

Summary of Analysis

Eliminate discrimination, harassment and victimisation
The procedures above all relate to health and safety of all people using/ visiting/working the Trust.
Pregnant women/ mothers of new born babies
People with Disabilities
Younger /older people are identified as vulnerable groups within the procedures.

Advance equality of opportunity
No issues identified within discussions.

Promote good relations between groups
No issues identified within discussions.

What is the overall impact?
No negative/adverse impact detected.

Addressing the impact on equalities
No impact on equality groups.

Action planning for improvement
Not required.

For the record **Name of persons who carried out this assessment** **Burt Burtun** **Christiana Vasiliou**
Date assessment completed: 09 November 2015 **Reviewed: 06 September 2016** **Reviewed: 5 January 2018**
Name of responsible Director: Executive Director of Finance
Date assessment was signed: January 2018

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			

Appendix A – Process flowchart