Trust-wide Document

Great Western Hospitals NHS Foundation Trust

Central Alerting System (CAS) Management Policy

Document No	I&CC - 00020	**Version No**	1.0
Approved by	Policy Governance Group	**Date Approved**	23/06/2021
Ratified by	Trust Equipment Group	**Date Ratified**	21/07/2021
Date implemented (made live for use)	26/07/2021	**Next Review Date**	21/07/2024
Status	LIVE		
Target Audience- who does the document apply to and who should be using it. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All employees that are involved in CAS alerts		
Special Cases	None.		
Accountable Director	Medical Director		
Author/originator – Any Comments on this document should be addressed to the author	Trust Equipment Manager		
Division and Department	Integrated and Community Care - Trust Equipment Department		
Implementation Lead	Trust Equipment Manager		
If developed in partnership with another agency ratification details of the relevant agency			
Regulatory Position	Failure to sign-off CAS alerts within the designated deadlines will be identified and published by NHS England. Compliance with CAS deadlines will form part of the Care Quality Commissions (CQC) (Ref 7) and be a Key Performance Indicator within the Clinical Commissioning Group (CCG) quality measures.		
Review period. This document will be fully reviewed in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

1 Introduction & Purpose

1.1 Introduction & Purpose

The Central Alerting System (CAS) (Ref 1) is a web-based system for issuing patient safety alerts and other safety critical guidance to the National Health Service (NHS) and other health and social care providers.

CAS is a key means to communicate important safety information to the NHS, requiring action to address risks to patient safety.

The purpose of this document is to set out the Great Western Hospitals NHS Foundation Trust (the Trust) arrangements for the timely compliance with CAS notices. This includes agreed procedures for the dissemination of alerts, and implementation and monitoring of action plans to achieve compliance.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

%	Per cent
AMD	Associate Medical Director
CAS	Central Alerting System
CAS Liaison Officer	The Trust Equipment Manager is the CAS Liaison Officer, the Deputy Trust Equipment Manager is the Deputy CAS Liaison Officer
CCG	Clinical Commissioning Group not mentioned in text ? needed
CMOCMO	Chief Medical Officer
CQC	Care Quality Commission
DD	Divisional Director
DDoN	Divisional Director Of Nursing
DHSC	Department of Health and Social Care
DIN	Dangerous Incident Notification
EFA	Estates and Facilities Alert
EIA	Equality Impact Assessment
MHRA	Medicines and Healthcare products Regulatory Agency
NEDeR	National Equipment Defect Report
NHS	National Health Service
NHSI	NHS Improvement
NPSAS	National Patient Safety Alerting System
NRLS	National Reporting and Learning System Not mentioned in text ? needed
PHL	Public Health Link Not mentioned in text ?> needed
PQC	Patient Quality Committee
PSA	Patient Safety Alert
SABS	Safety Alert Broadcast System Not mentioned in text ? needed
SDA	Supply Disruption Alerts (SDA)
SOP	Suspension of Operational Practice

2 Main Document Requirements

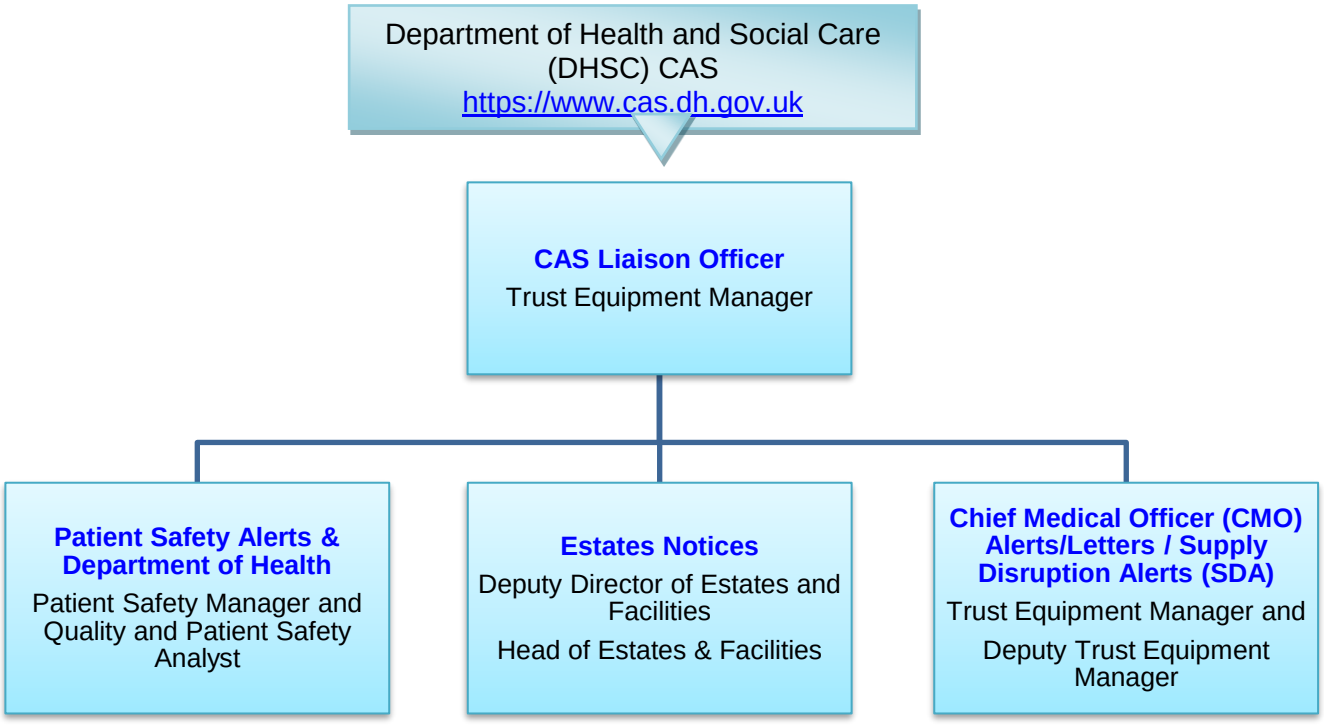
CAS is a web based system for issuing safety alerts and other critical guidance to NHS organisations. The system can be accessed via https://www.cas.mhra.gov.uk/Home.aspx

Non-emergency alerts – issued on behalf of NHS Improvement and Department of Health Estates and Facilities, have set deadlines for acknowledgement and completion of actions. NHS foundation 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. The Trust's nominated CAS Liaison Officer is responsible for cascading such alerts to the relevant groups and individuals and managing the response.

Emergency alerts – are currently sent by the following originators – Medicines and Healthcare products Regulatory Agency (MHRA) Drug Alerts, MHRA Dear Doctor Letter and Chief Medical Officer (CMO) Messaging. Drug alerts are sent direct to the Pharmacy. Although these alerts do have deadlines, these relate to how quickly the information contained should be cascaded onwards and do not require a response. Emergency alerts are also sent to all Medical Directors and Chief Executives of NHS Foundation Trusts.

2.1 Identification and Dissemination

CAS alerts are received and distributed at the Trust via an electronic email address system at gwh.cas@nhs.net. Automatic rules then forward alerts to the appropriate staff in applicable departments to action:



Each department then accesses the CAS website to update the alerts as they progress. Refer to the Trust Equipment work instruction: Receipt and Distribution of CAS (Central Alerting System) Notices (Ref 3) for further information.

2.2 Medical and Healthcare Products Regulatory Agency

The MHRA is responsible for the regulation of medicines and medical devices and equipment used in healthcare and the investigation of harmful incidents.

As well as its own inspection teams and proactive monitoring, the MHRA relies on manufacturers, healthcare professionals and the public to report defects, side effects and misleading information.

The process for dissemination of MHRA Alerts is defined in the Medical Equipment Management Policy (Ref 2).

2.3 Patient Safety Alerting System

Through the analysis of reports of patient safety incidents, and safety information from other sources, NHS Improvement develops advice for the NHS that can help ensure the safety of service users. Alerts cover a wide range of topics from vaccines to service user identification. Alerts are issued in up to three states, each denoted by a letter (W, Re and D). Due to the content of these alerts they are sent to members of the Patient Safety Group for discussion and to allocate the most appropriate person to lead the work.

2.3.1 Stage One Alert: Warning (W)

Stage 1 Alert: Warning (W) – this stage warns organisations of emerging risk. It can be issued very quickly once a new risk has been identified to allow rapid dissemination of information. Organisations are asked to share learning from their investigations and locally developed good practice.

2.3.2 Stage Two Alert: Resource (Re)

Stage 2 Alert: Resource (Re) – this alert may be issued weeks or months after a stage one alert, it could consist of; sharing of relevant local information, sharing examples of good local practice, access to tools and resources that help providers implement solutions to stage one alerts and access to learning resources that are relevant to all healthcare workers.

2.3.3 Stage Three Alert: Directive (D)

Stage 3 Alert: Directive (D) – this alert requires organisations to confirm that they have implemented specific solutions or actions to mitigate the risk. A checklist of actions is issued to be completed and signed-off in a set timeframe.
The process for dissemination of NPSAS alerts is shown in a flowchart in Appendix B.

2.4 Department of Health Estates Alerts and Notices

The Department of Health issues Estates and Facilities Alert (EFA) or bulletins through the CAS system based on information provided by users and manufacturers.

Developed by the Department of Health Estates and Facilities Department to assist in providing a safe environment and reducing risk to people who use our services; visitors and staff, by managing the risk relating to non-medical equipment, engineering plant installed services and building fabric. EFNs are colour coded and prioritised as follows:

Red – Suspension of Operational Practice (SOP): for immediate action.

Amber – Dangerous Incident Notification (DIN): for information and action as required.

Green – National Equipment Defect Report (NEDeR) – for information.

The process for dissemination and closure of EFA and EFN alerts is managed by the Estates and Facilities Management Department.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
100% compliance within CAS deadlines	Reported to Patient Quality Committee (PQC) meeting by exception	CAS Liaison Officer	Monthly	Patient Quality Committee (PQC)	Exceptions followed up by PQC actions

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.4 The Medical Director

The Medical Director is the Executive lead for notices received via the CAS system; the responsibilities of the Medical Director are as follows:

- Ensure a system is in place to enable the Trust to achieve compliance with notices received via the CAS system;
- Ensure processes are in place to assure Trust Board of the efficacy of that system;

- Ensure that all relevant correspondence received concerning notices received via the CAS system is forwarded to the CAS Liaison Officer.

4.5 CAS Liaison Officer

The Trust Equipment Manager is the Trust CAS Liaison Officer:

- To be the named contact in the Trust for managing alerts and feeding back to CAS as required.
- Identify the responsible employees for assessing the relevance of the alert and forwarding as appropriate;
- To monitor and update the CAS website, ensuring that actions are logged and implemented within agreed timeframes.
- To appoint an appropriately trained Deputy CAS Liaison to assume these duties in their absence.

4.6 Patient Safety Manager

The Patient Safety Manager is responsible for managing and monitoring the process for implementation of NHS Improvement (NHS)I alerts from the CAS system:

- Implementation and monitoring of an effective system within the Clinical Risk team to receive, disseminate and monitor NHSI alerts;
- Identification of Trust lead and Dissemination of alert;
- To receive and monitor action plans in relation to NHSI alerts;
- To disseminate communications from NHS Improvement Patient safety domain, not received via the CAS system.

4.7 Trust Equipment Manager

The Trust Equipment Manager is the nominated CAS Liaison Officer, responsible for:

- Distributing, managing and monitoring medical device alerts from the CAS system.
- Appointing a deputy CAS Liaison officer (the Deputy Trust Equipment Manager) to act in their absence
- Reporting new CAS alerts relating to medical equipment at the weekly Minor Equipment Group meetings and the outcome at monthly Health and Safety Working Group.
- Maintaining a record of responses and actions carried out as a result of CAS alerts.
- Updating, amending and closing medical device alerts on the CAS website.

4.8 Head of Estates and Facilities

The Head of Estates & Facilities is the nominated Estates CAS lead responsible for:

- Distributing, managing and monitoring EFA and EFN from the CAS system.
- Appointing a deputy to act in their absence
- Reporting the status of Estates alerts by exception at the monthly Health and Safety Working Group.
- Maintaining a record of responses and actions carried out as a result of EFA and EFN.
- Updating, amending and closing Estates alerts on the CAS website

4.9 The Patient Quality Committee

The Patient Quality Committee (PQC) monitors the status of CAS alerts by exception at monthly meetings.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref.	Document Title	Document Location
1	CAS Central Alerting System help page	https://www.cas.mhra.gov.uk
2	Medical Equipment Management Policy	T:Drive/Trust-wide Documents
3	3ACE-006 Receipt and Distribution of CAS Notices	Trust Equipment Dept. Intranet
4	MHRA Medicines and Healthcare Products Regulatory Agency	https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency
5	NHS Improvement	https://improvement.nhs.uk
6	DHSC Department of Health and Social Care	https://www.gov.uk/government/organisations/department-of-health-and-social-care
7	CQC Care Quality Commission	www.cqc.org.uk

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department *Do not include names of individuals.*	Date Consultee Agreed Document Contents
Divisional Director for Integrated & Community Care or Deputy	June 2021
Medical Director or Deputy	June 2021
Chief Nurse or Deputy	June 2021
Director of Estates & Facilities or Deputy	June 2021
Clinical Risk Manager or Deputy	June 2021
Deputy Trust Equipment Manager	June 2021
Lead Nurse Infection Prevention & Control or Deputy	June 2021

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? **Central Alerting System (CAS) Management Policy**		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? **The purpose of this document is to set out the Great Western Hospitals NHS Foundation Trust (the Trust) arrangements for the timely compliance with CAS notices. This includes agreed procedures for the dissemination of Patient Safety and MHRA alerts, and implementation and monitoring of action plans to achieve compliance.**		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Stewart Thompson
Date completed	14/06/2021
Job Title	Trust Equipment Manager

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

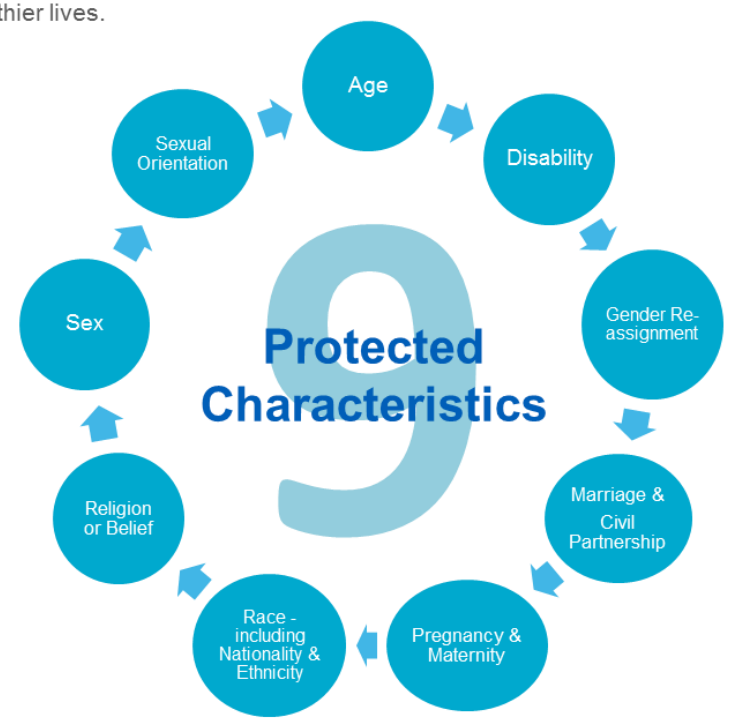
If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Appendix B –Patient Safety Alert Flowchart