

Central Alerting System (CAS) Policy

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Central Alerting System (CAS) Policy

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy	January 2012	J Harness
2	Entire document	Updated to reflect current organisational structure.	July 2014	D Bainbridge
3	Entire document	Updated to reflect current organisational structure.	April 2016	K Rossington
4	1 Roles and Responsibilities	Updated Responsibility from Medical Director to Director of Nursing and Operations and reflected this in the Medical Devices Group	May 18	K Rossington
	5	Updated to reflect current Committee names	May 18	K Rossington
	5	Section added for alerts received out of office hours	May 18	K Rossington
	Appendix 1	Out of office hours process added	May 18	K Rossington
	Appendix 4	Minor rewording	May 18	K Rossington
	Appendix 5	Out of office hours procedure	May 18	K Rossington
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Central Alerting System (CAS) Policy

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Lincolnshire Community Health Services Trust

Central Alerting System (CAS) Policy

Policy Statement

Background

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

CAS was established in 2008, replacing the previous Public Health Link (PHL) and Safety Alert Broadcast System (SABS).

Issued alerts are available on the CAS website and include safety alerts, CMO messages, drug alerts, Dear Doctor letters and Medical Device Alerts issued on behalf the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency and the Department of Health.

Statement

The Trust is committed to the delivery of a sustainable and assured process for swift implementation of alerts received through the CAS system.

The process will include the completion of action in accordance with time limits set by individual alerts and a monitoring and reporting regime that would withstand external interrogation.

Roles and Responsibilities

The Chief Executive has ultimate responsibility for the management and distribution of CAS alerts in accordance with this policy.

The strategic responsibility for the CAS system within Lincolnshire Community Health Services Trust is delegated to the Medical Device Safety Officer (MDSO).

Training

General awareness training will be provided through the Quality Governance Meetings and more targeted training will be provided to nominated CAS Leads

Dissemination

Email
Website

1. ROLES AND RESPONSIBILITIES

Chief Executive

The Chief Executive has ultimate responsibility for the management and distribution of CAS alerts in accordance with this policy.

Director of Nursing and Operations

The responsibility for the CAS system is delegated to the Director of Nursing and Operations who is chair of the Medical Devices Group.

The operational responsibility for the distribution of CAS alerts within Lincolnshire Community Health Services Trust is undertaken by the Medical Devices Safety Officer (MDSO), supported by the nominated Corporate CAS administration lead (CCAL).

Head of Clinical Services

The Head of Clinical Services will be responsible for ensuring a robust and sustainable CAS Alert process is in place within their areas of responsibility and that the process would withstand external interrogation.

Nominated CAS Leads

Nominated CAS leads (CASL) will be responsible for receiving alerts and liaising with appropriate colleagues to assess their relevance to their operational area, acting to secure the implementation of relevant alert and reporting compliance status to the CCAL within the stipulated timescale.

Corporate CAS Administration Lead

The Corporate CAS Administration Lead (CCAL) will be responsible for acknowledgement of receipt of a CAS alert; initiating circulation of alerts to nominate CAS leads, setting internal timescales and ensuring the initial and final stages of the process are undertaken and recorded in accordance with the flow chart (Appendix 1); maintaining an up-to-date CAS central spreadsheet; producing reports as required; undertake sample process audits at agreed intervals.

The CCAL will also ensure that all non-compliances are escalated to the Head of Clinical Services / Quality Assurance Manager as appropriate.

Medical Devices Group (MDG)

The MDG, chaired by the Director of Nursing and Operations will be responsible for monitoring the performance of the CAS alert process in respect of CAS alerts which are specific to a medical device. Monitoring will include the outcome of sample audits undertaken by the CCAL and where necessary agree upon the instigation of an appropriate remedial action plan.

2. BACKGROUND

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

CAS was established in 2008, replacing the previous Public Health Link (PHL) and Safety Alert Broadcast System (SABS).

Issued alerts are available on the CAS website and include safety alerts, CMO messages, drug alerts, Dear Doctor letters and Medical Device Alerts issued on behalf the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency and the Department of Health.

3. IMPLEMENTATION

The process for managing alerts within the Trust is divided into five distinct phases described below (also see flow chart Appendix 1).

Phase 1 – Receipt and Assessment

The CCAL will receive the CAS alert via email and acknowledge receipt via the CAS website.

The alert is distributed to the nominated CASLs along with a Response Form (Appendix 2); where appropriate, specialist advice may also be sought by the CCAL eg Procurement, Prescribing, Estates, to support the management of alerts and notifies CAS leads of relevant responses. The CASLs will liaise with their colleagues to assess for applicability to their area of responsibility.

Phase 2 - Circulation of alerts

If alert is not applicable, the CASL will complete the Response Form and return to the CCAL immediately.

If alert is applicable, circulation of alerts will be locally agreed.

Phase 3 – Implementation

The action plan will clearly identify proposed onward circulation and action to ensure compliance.

Nominated CASLs are required to keep an audit trail of action taken, linking with training leads and other expert resources as appropriate to ensure implementation.

Risk in relation to non compliance should be escalated to the service lead. The nominated CASLs will be responsible for reporting implementation progress within the timescale stated on the alert.

CAS alerts identified as at risk of or not implemented within timescale should be considered by the MDSO for inclusion on the Risk Register.

Phase 4 - Reporting

Nominated CASLs will report completion of action plan to the CCAL using the Response Form.

The CCAL will update the CAS website as appropriate.

The CCAL will update a centrally held spreadsheet for reporting and assurance purposes.

Phase 5 – Monitoring and Quality Assurance Process

Implementation will be monitored by the Medical Devices Group via a report produced by the CCAL (Appendix 3). Progress reports will be presented to other Committees as appropriate.

The examination of CAS Alert implementation is monitored by the Medical Devices Committee.

Action Plans arising from National Patient Safety Agency Rapid Response Alerts (NPSA RRR) will be presented to the Safeguarding Patient Safety Committee for ratification.

Alerts Circulated for Noting

Health and Safety alerts with associated Action Plans will be reported to the Health and Safety Committee at a minimum every six months.

Infection Control alerts will be reported to the Infection Control Committee with associated Action Plans at a minimum every six months.

Medicines management alerts will be reported with associated Action Plans to Drug Therapeutic Committee at the next scheduled meeting after receipt of the alert into the organisation.

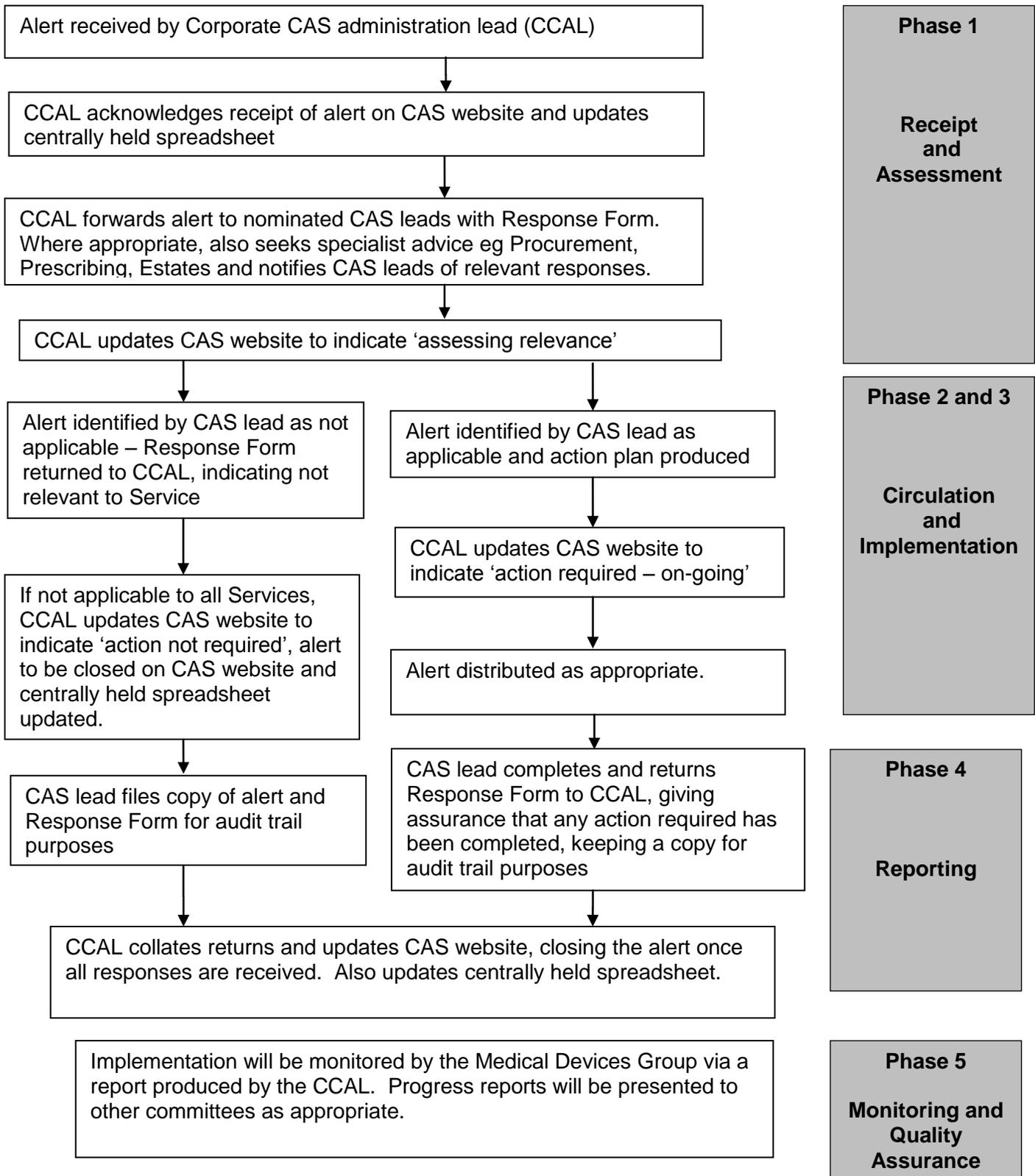
Alerts received out of office hours

The alert will be automatically forwarded to the Operational Centre generic email address. The emails will be monitored on a two hourly basis. On receipt the service adviser will contact the duty Clinical Team Lead (Out of Hours) to review who will then decide on the course of action.

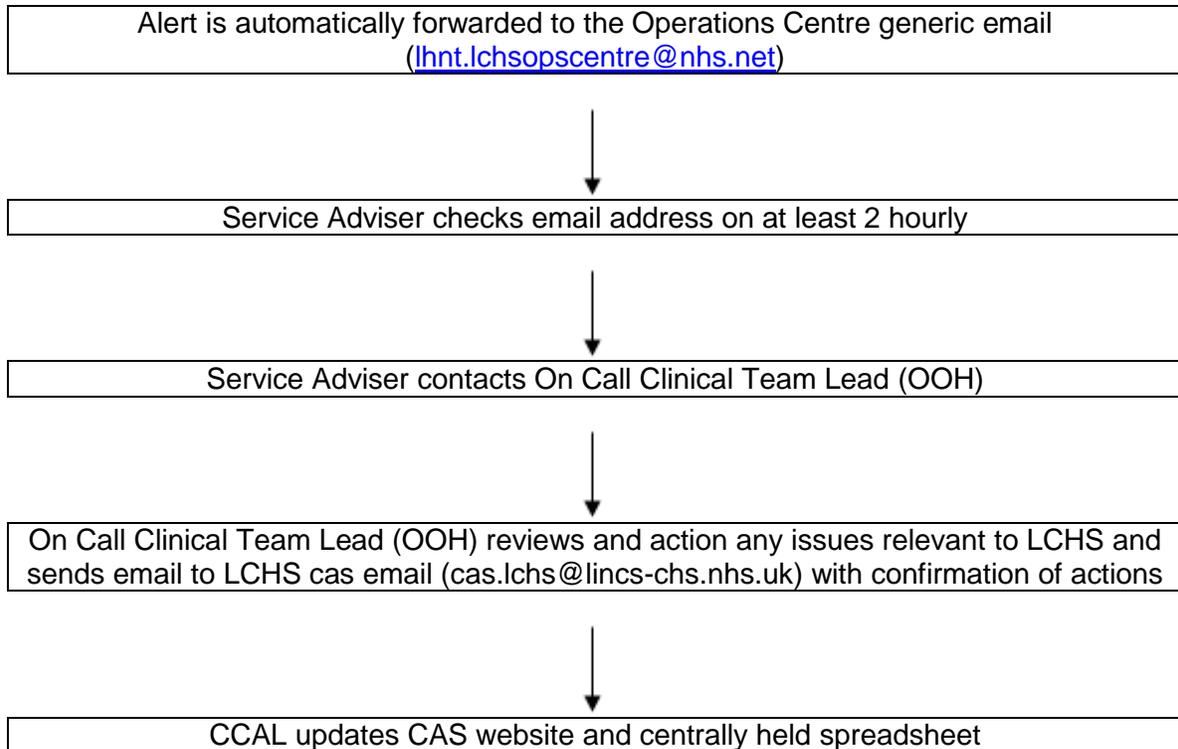
4. TRAINING

General awareness training will be provided through the Quality Governance Groups and more targeted training will be provided to nominated CAS Leads.

CAS Alerts Process (In Hours)



CAS Alerts Process (Out of Office Hours)



CAS Alert Response Form

Administration (CCAL)

Reference:	Response by:
Category:	Date:

Response

To be completed and sent electronically to the CCAL.

Not relevant

- The above alert has been assessed and is not relevant to our Business Unit/Service and no further action is required.

Full name:
Service:
Date return to CCAL:

Relevant

- The above alert has been assessed and is relevant to our Business Unit/Service and an action plan has been completed as shown below.

No	Action	Responsible person	Completion date
1			
2			
3			
4			

10

Full name:
 Service:
 Date return to CCAL:

Appendix 3

Example CAS Report Template

CENTRAL ALERTING SYSTEM (CAS)

Number of alerts received for (dates covered):

Medical Device Alerts	
NPSA Rapid Response Alerts	
NPSA Patient Safety Alerts	
NPSA Safer Practice Notices	
Department of Health Alerts	
TOTAL (1)	

Of these (total 1), (amount 1) were not applicable = (total 2) alerts distributed to relevant staff

Performance

Of the (total 2) alerts, (amount 2) are still open as closing dates not due

= (total 3) alerts received and closed during (dates covered)

Of the (total 3) alerts – (amount 3) was for information only

= (total 4) alerts required responses

Of the (total 4) alerts - response rate from staff within the closing date = ...%

Of the (total 4) alerts – number closed within the closing date = ... %

NPSA Rapid Response Alerts

Alert Number	Title	Status	Action Complete by (Indicated on the Alert)
NPSA/20../RRR...		e.g. AP to be created	
NPSA/20../RRR...		e.g. Not applicable - Closed	

Appendix 4

Monitoring

This table should be used to demonstrate compliance with the policy where applicable and/or how compliance with the policy will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Review CAS Reports	Report to Committee	Corporate CAS administration lead	Quarterly	LCHS Medical Devices Group	LCHS Medical Devices Committee	LCHS Medical Devices Group
Review Policy	Policy to Committee	LCHS Medical Devices Group	2 Years	Effective Practice Assurance Group	LCHS Medical Devices Group	Effective Practice Assurance Group

Operating Instructions for Alerts received out of office hours

Background

The Central Alerting System (CAS) is an established system for distributing centrally a number of different alerts for action within NHS Trusts. The alerts cover Drug Alerts, Chief Medical Officer Alerts, Medical Device Alerts, Field Safety Notices, Dear Doctor letters, Patient Safety Alerts, Estates Alerts and Supply Disruption notices.

The alerts are posted on the CAS website and are sent to a central email for each trust (LCHS has a dedicated CAS email Address which is monitored by the Quality Assurance Managers) and to each Chief Executive and Medical Director.

LCHS has an established system for receiving and actioning the alerts in office hours. The following details urgent alerts received out of office hours. It should be noted that the CAS Team acknowledges that they have not issued any out of hours alerts for a number of years but there is a potential to do this.

Duties

Service Adviser Operation Centre

The LCHS cas email address cas.LCHS@lincs-chs.nhs.uk will automatically forward all emails to the Operations Centre generic email address (lhnt.lchsopscentre@nhs.net).

Only emails received outside of the normal office hours (Monday to Friday 8.00 to 18.00 will need to be reviewed (the rest can be deleted and will be actioned by the Quality Team)

Any emails that may say Reminder in the subject line will not be required to be actioned and will be actioned by the Quality Team within office hours.

Emails will look like this:

From: LCHS Cas (LCHS)
 To: Rossington Keith (LCHS); Vertigan Bev (LCHS); Pearce Lisa (LCHS); Gooch Joanne (LCHS); Thackray Rachel (LCHS)
 Cc:
 Subject: FW: Central Alerting System: Bag Valve Mask (Bvm) Manual Resuscitation System ? Risk Of Damage To Lungs By Del

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Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

Name of Policy/Procedure/Function*	
Central Alerting System (CAS) Policy	
Equality Analysis Carried out by:	Keith Rossington
Date:	8 June 2016
Equality & Human rights Lead:	Rachel Higgins
Director\General Manager:	Lisa Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what its intended outcome is and who the intended beneficiaries are expected to be.	<p>This policy outlines the process for managing all safety alerts received via the Central Alerting System (CAS).</p> <p>The CAS process will include the completion of action in accordance with time limits set by individual alerts and a monitoring and reporting regime that would withstand external interrogation.</p> <p>The policy is designed to ensure the Trust responds quickly and positively to ensure the safety of patients, staff and the public.</p>		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	No		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered ‘Yes’ to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Keith Rossington		
Date:		8 June 2016		