South Central Ambulance Service
NHS Foundation Trust

CENTRAL ALERTS SYSTEM AND OTHER ALERTS POLICY

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

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1. Introduction

1.1 The Central Alerting System is an electronic, web-based system used by the NHS for the issuing and cascading of various types of alerts, important public health messages and other safety critical information and guidance to NHS Trusts and other Health and Social Care providers. It brings together the Public Health Link (PHL) and the Safety Alert Broadcast System (SABS).

1.2 The National Patient Safety Alerting System (NPSAS) was launched by NHS England in January 2014 to alert NHS Trusts to emerging patient safety risks. The alerts issued by the NPSAS are issued via the Central Alerting System. The NPSAS has a three stage system of alerting consisting of Stage One: Warning; Stage Two: Resource and Stage Three: Directive. Alerts may cover:

- new or under recognised patient safety issues
- widespread, common and challenging patient safety issues
- information about improving systems for clinical governance, reporting and learning.

1.3 The Trust has a duty under the Health and Safety at Work Act 1974 to ensure the safety of it staff and anyone affected by the activities of the Trust; and this applies to the dissemination of information about hazards and issues contained within alerts.

1.4 In addition to this, the Care Quality Commission's core standard C1b states: 'Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.'

1.5 Therefore, each NHS Trust must have a robust and effective system for the receipt, acknowledgement, assessment and, where relevant, the dissemination and completion of the alerts issued by the Central Alerting System, the National Patient Safety Alerting System and alerts issued by other Healthcare organisations.

1.6 This policy sets out the arrangements the Trust has in place for the management of all of the central alerts and other type of alerts that it receives and/or disseminates.

2. Scope

2.1 This policy applies to all Managers and staff who work for the Trust. It also applies to people who carry out work on behalf of the Trust such as Community First Responders and Private Provider organisations.

3. Equality Statement

3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership,

disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.

3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

4.1 The aim of the policy is to detail the arrangements for the receipt, assessment, dissemination and completion of all alerts received from the Central Alerts System, the National Patient Safety Alerting System, NHS Pathways and alerts from other Healthcare organisations and other alerts within the Trust.

4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:

- the receipt, assessment, communication, dissemination and management of all alerts received from the Central Alerts System and any other alerts.
- obtaining responses from managers following the dissemination of central alerts and other alerts
- monitoring the completion of actions stated in the central alert or other type of alert to ensure the safety of all those who deliver and receive services from the Trust
- informing the Central Alerts System of receipt of any alert received from them, advising them whether or not it applies to the Trust; and if it does, the actions taken to comply with the alert; and informing them of the completion of alerts within the designated timeframes.

5. Roles and Responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure the following:

- that there are suitable and sufficient arrangements in place for the receipt, assessment, dissemination and completion of central alerts and other alerts received by Trust.
- there is designated person to fulfil the role of CAS Liaison Officer

• specific groups such as the Patient Safety Group, the Health, Safety and Risk Group and the Equipment, Vehicle Review Group receive information about relevant alerts and the completion of these.

5.2 Chief Executive

5.2.1 The Chief Executive has overall responsibility for the effective implementation of this policy within the Trust and for having suitable and sufficient systems in place for the management of central alerts and other type of alerts received and disseminated by the Trust.

5.3 Executive Director

5.3.1 Executive Directors are responsible for ensuring that this Central Alerts System and other Alerts policy is effectively implemented within their own directorates.

5.4 Director of Patient Care and Service Transformation

5.4.1 On behalf of the Trust Board and the Chief Executive, the Director of Patient Care and Service Transformation has specific responsibility for ensuring that there are effective arrangements in place for the receipt, assessment and, where relevant, the communication, dissemination and completion of alerts.

5.4.2 They also have responsibility for ensuring that there are effective arrangements in place for:

- acknowledging receipt of alerts to the Central Alerts System within the designated timeframes
- informing the Central Alerts System within the designated time frames whether or not an alert is applicable and relevant to the Trust
- addressing and completing alerts within the designated timeframes
- informing the Central Alerts System within the designated timeframes about the actions taken and the completion of a relevant and applicable alert
- addressing and completing Directives received by the National Patient Safety Alerting System
- devising and or/approving Clinical Directorate Alerts
- approving clinical memorandums and SCAScade guidance.

5.5 Medical Director

5.5.1 The Medical Director is responsible for:

- devising and/or approving Clinical Directorate Alerts
- approving clinical memorandums and SCAScade guidance

5.6 Associate Director of Information Management and Technology

5.6.1 The Associate Director of Information Management and Technology is responsible for:

• ensuring that there are arrangements in place for the assessment, dissemination and management of Information technology alerts, Cyber security alerts and Information governance alerts. For further information, please see the Information Management and Technology (IM&T) Security Policy and Alerts Policy.

5.7 Managers and Supervisors

5.7.1. Managers and Supervisors have responsibility for:

- implementing this policy at a local level
- ensuring that all relevant actions stipulated in an alert are communicated to their staff using appropriate methods of communication
- ensuring that all actions are complied with and completed within the designated timeframes stated on the alert
- informing the CAS Liaison Officer that all actions stipulated in the alert have been completed within the designated timeframes
- Providing, upon request, evidence of the actions taken to comply with alerts.

5.8 All staff

5.8.1 Where appropriate, all staff have a responsibility to abide by any actions taken in response to an alert that is relevant to the Trust.

5.8.2 Where necessary, they may also have to take appropriate actions within the required timeframes stipulated in an alert and submit a response to their line manager.

5.9 CAS Liaison Officer (Clinical Risk Assistant)

5.9.1 The role of CAS Liaison Officer will be fulfilled by the Clinical Risk Assistant. The CAS Liaison Officer has responsibility for:

- acknowledging receipt of central alerts to the Central Alerts System within the designated timeframes (two working days from the issue date)
- receiving, assessing, communicating and disseminating central safety alerts (including alerts from the Chief Medical Officer and alerts from the Dear Doctor Letters) and alerts from the National Patient Safety Alerting System (NPSAS) to relevant Managers and staff within the Trust
- informing, within the designated time frames, the Central Alerts System of whether or not an alert is relevant to the Trust
- ensuring that, where necessary, all who have actions for the completion of central safety alerts and NPSAS directives are sent reminders
- monitoring the completion of all actions on relevant central safety alerts and NPSAS directives
- ensuring that the status of all relevant alerts are updated onto the CAS System within the designated timeframes.
- informing the Central Alerts System that all stipulated actions within a relevant alert have been completed within the designated timeframes

- informing the NPSAS that all stipulated actions within a relevant directive have been completed
- ensuring that, when requested, evidence in relation to the actions taken to address alerts and NPSAS directives can be provided.
- maintaining a record of all of the alerts and NPSAS directives received by the Trust via the Central Alerts System and the management of them
- ensuring that an up-to-date distribution list for central safety alerts and NPSAS directives is maintained
- providing details of relevant safety alerts and NPSAS Directives to the Head of Risk and Security via the completed and up-to-date CAS Alerts spreadsheet
- notifying the Central Alert System of any changes of CAS Liaison Officer personnel.

5.9.2 In the absence of the Clinical Risk Assistant, the Head or Risk and Security will fulfil the above responsibilities.

5.10 Medicines and Research Manager

5.10.1 The Medicines and Research Manager has responsibility for:

- receiving and assessing alerts from the Central Alerts System and the CAS Liaison Officer in relation to alerts from the Chief Medical Officer, alerts from Dear Doctor Letters and alerts from the MHRA (Drug Alerts) and the National Patient Safety Alerting System (NPSAS)
- advising the CAS Liaison Officer which of these alerts are relevant to the Trust
- advising the CAS Liaison Officer which Clinical Teams should receive these relevant alerts
- where applicable, actioning and completing alerts and advising the CAS Liaison Officer of the completion of these alerts within the designated timeframes stated on the alerts
- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

5.11 Head of Estates

5.11.1 The Head of Estates is responsible for:

- ensuring that there are arrangements in place for the effective assessment and management of estates and facilities alerts
- identifying which estates and facilities alerts are applicable to the Trust and informing the CAS Liaison Officer of this within the designated timeframes
- ensuring that all of the required actions stipulated within the relevant alert are taken within the designated timeframes so as to ensure compliance with the alert
- informing the CAS Liaison Officer that all of the required actions of an estates and facilities alert are completed within the designated timeframes

- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

5.12 Clinical Equipment and Logistics Manager

5.12.1 The Clinical Equipment and Logistics Manager is responsible for:

- ensuring that there are arrangements are in place for the effective assessment and management of relevant medical device alerts
- identifying which of the medical device alerts are applicable to the Trust and informing the CAS Liaison Officer of this
- ensuring that all of the required actions stipulated within the relevant alert are taken within the designated timeframes so as to ensure compliance with the alert
- informing the CAS Liaison Officer that all of the required actions of a medical device alert are completed within the designated timeframes
- ensuring that, when requested, evidence in relation to the actions taken to address alerts can be provided.

5.13 EOC Clinical Assurance and Training Manager

5.13.1 The EOC Clinical Assurance and Training Manager is responsible for:
• Receiving and assessing alerts from NHS Pathways and disseminating relevant alerts to Managers within the Trust for information or to action.

5.13.2 In the absence of the EOC Clinical Assurance and Training Manager, the Senior EOC Education Manager will fulfil the above responsibility.

5.14 Head of Risk and Security

5.14.1 The Head of Risk and Security will be responsible for:

- providing details of relevant central safety alerts and NPSAS Directives to the Patient Safety Group and where applicable, the Health, Safety and Risk Group and the Equipment, Vehicle Review Group
- providing a report to the Patient Safety Group on the relevant central safety alerts and NPSAS directives received by the Trust and the actions taken
- dealing with the acknowledgement and administration of the alerts when the Clinical Risk Assistant is off
- issuing Health and Safety Notices and Risk Notices (in the absence of the Head of Risk and Security these will be issued by the Non-Clinical Risk Manager).

5.15 Hazardous Area Response Team (HART) Manager

5.15.1 The HART Manager must ensure arrangements are in place for the effective assessment and management of alerts received by the National Ambulance Resilience

Unit (NARU) and for ensuring that all of the required actions stipulated within the relevant alert are taken so as to ensure compliance with the alert.

5.15.2 The HART Manager must share the NARU alert with all relevant staff within HART.

5.16 Consultant Pre-Hospital Care Practitioner

5.16.1 The Consultant Pre-Hospital Care Practitioner is responsible for:

- ensuring that clinical directives, memorandums and SCAScade guidance are disseminated within the Trust and to relevant Private Provider organisations
- obtaining assurance from Trust Managers and Supervisors that they and their staff have complied with Clinical Directives, clinical memorandums and SCAScade guidance
- ensuring that when carrying out the inspections and clinical governance checks on Private Providers a check is carried out to verify that they are complying with the requirements of any applicable central alerts, NPSAS alerts and other alerts and any applicable Clinical Directives, clinical memorandums and SCAScade guidance.

5.17 Recruitment Team Manager

5.17.1 The Recruitment Team Manager is responsible for ensuring:

- that there are arrangements in place for the receipt, assessment and management of the alerts received from the National Clinical Assessment Service about registered health care professionals who performance or conduct potentially poses a risk to patients and possibly staff
- that a list containing the details of the individuals on these alerts is maintained
- that a check is carried out to identify if the names of any applicants for posts with the Trust are on the alerts and/or the said list.
- For further information, please see the Recruitment policy and procedure.

6. Central Alerts System

6.1 The Central Alerts System (CAS) issues various types of alerts to inform, advise and guide so as to ensure the safety of patients, staff or others who may be affected by the activities of NHS Trusts and Healthcare organisations. The types of alerts issued by the CAS consist of:

- Patient Safety Alerts (PSA)
- Medical Device Alerts (MDA)
- Estates and Facilities Alerts (EFA)
- The Medicines and Healthcare products Regulatory Agency (MHRA) – Drug Alerts

- Chief Medical Officer Messaging (CMO)
- National Health Service Blood and Transplant (NHSBT)
- The Department of Health (DH)
- National Institute of Clinical Excellence (NICE)
- Medicines and Healthcare Products Regulatory Agency - Dear Doctor Letter (MHRS DDL)

6.2 Each of these alerts must be assessed to identify whether or not they apply to the Trust; and the Central Alerts System must be advised of this within the designated timescales. If they do apply then they must be disseminated throughout the Trust by the CAS Liaison Officer and the necessary actions must be taken in response to the alert by the recipients.

7. The National Patient Safety Alerting System (NPSAS)

7.1 The National Patient Safety Alerting System (NPSAS) issues patient safety alerts via the Central Alerts System to ensure that emerging patient safety risks are quickly communicated to Trusts. It also acts as an educational and implementation resource and encourages information sharing between organisations. The potential areas addressed by these alerts include but are not limited to:

- alerts for new or under recognised patient safety issues – where there is the potential to cause death or severe harm but which healthcare providers may not have knowledge or experience of the risk
- alerts for widespread, common and challenging patient safety issues, not solved by alerts in isolation
- alerts aimed at improving systems for clinical governance, reporting and learning – these alerts would aim to address significant risk in patient safety management systems.

7.2 The NPSAS has a three stage alert system:

- a stage one alert is a **Warning** – which warns organisations of emerging risk. It can be issued very quickly once a new risk has been identified (by NHS England) to allow rapid dissemination of information.

- a stage two alert is a **Resource** – and may be issued some weeks or months after a stage one alert to help address the risks within this alert and could consist of:

    - the sharing of relevant local information identified by providers
    - the sharing of examples of local good practice
    - access to tools and resources that help providers implement solutions
    - access to learning resources that are relevant to all healthcare workers and can be used as evidence of continuous professional development.

- a stage three alerts is a **Directive** – and upon receipt of this, organisations have to confirm that they have implemented specific actions or solutions to mitigate the risk within the designated timeframes.

8. Other types of Alerts

8.1 Other external types of alerts that can be received by the Trust consist of:

- NHS Pathways Alerts
- NHS Counter Fraud Authority Alerts
- National Ambulance Resilience Unit Alerts

8.2 The alerts received from NHS Pathways will be assessed and, where relevant disseminated throughout the Trust by the EOC Clinical Assurance and Training Manager or the Senior EOC Education Manager.

8.3 The alerts on fraud received from NHS Counter Fraud Authority will be assessed and, where relevant, disseminated throughout the Trust as appropriate.

8.4 The alerts received from the National Ambulance Resilience Unit will be disseminated by the HART Manager.

8.5 Alerts issued by the Trust consist of:

- Clinical directives (mandatory)
- Clinical memorandums (advisory)
- SCAScade (guidance)
- Health and Safety Notices
- Risk Notices

8.6 Once they have been approved by the Director of Patient Care and Service Transformation and/or the Medical Director, the Clinical directives, memorandums and SCAScade guidance will be issued by the Consultant Pre-Hospital Care Practitioner.

8.7 Health and Safety Notices and Risk Notices will be issued by the Head of Risk and Security or the Non-Clinical Risk Manager.

9. Process for receiving, assessing, communicating and disseminating CAS alerts and National Patient Safety Alerting System (NPSAS) alerts

9.1 The CAS Liaison Officer (Clinical Risk Assistant) will receive the alert from the Central Alerts System and within the designated timeframe of 48 hours will, on behalf of the Trust, acknowledge receipt of the alert via the CAS web site.

9.2 The CAS Liaison Officer (Clinical Risk Assistant) will receive the alert or directive from the National Patient Safety Alerting System (NPSAS) and, where appropriate, disseminate it to relevant managers within the Trust.

9.3 Depending on the type of alert, the CAS Liaison Officer will discuss with the relevant Trust lead whether or not the alert applies to the Trust and will inform the Central Alerting System accordingly and, where necessary, the National Patient Safety Alerting System. For instance if it is an Estates and Facilities Alert, the CAS Liaison Officer will discuss the relevance and applicability of the alert to the Trust with the Head of Estates; and if it is a medical device alert, the CAS Liaison Officer will discuss the

relevance and applicability of the alert to the Trust with the Clinical Equipment and Logistics Manager.

9.3 If the alert is deemed as not being relevant to the Trust then the CAS Liaison Officer will inform the Central Alerts System of this and close the alert.

9.4 If the alert is relevant and applicable to the Trust, it will be sent to appropriate operational leads for information and/or action. It is clearly stated on the alert whether or not a response is required. A list of the personnel who should receive the alert is also listed on each alert.

9.5 If the alert requires action to be taken, it will be for the recipient of the alert to complete the actions and notify the CAS Liaison Officer or their deputy of the actions that have been taken and that all actions have been completed within the designated timeframes.

9.6 Once the CAS Liaison Officer has collated all responses to the alert and has reasonable assurance that all necessary actions, as stipulated in the alert, have been taken then they will formally inform the Central Alerts System of this and close the alert. They will do the same with any directive/alerts issued by the National Patient Safety Alerting System (NPSAS).

10. Training

10.1 No training is required for this policy; and any guidance on alerts from the Central Alerts System will be provided by the CAS Liaison Officer to the receiving manager.

11. Equality and Diversity

11.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

12. Monitoring

12.1 The effectiveness of this policy will be monitored and reviewed as indicated on the front sheet – or sooner subject to legislative change.

13. Consultation and Review

13.1 A consultation exercise on the policy will be carried out with the relevant stakeholders.
13.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

14. Implementation (including raising awareness)

14.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters.
14.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

15. References

- Health and Safety at Work Act 1974
- The Care Act 2014
- Department of Health Essential Standards of Quality and Safety
- MHRA, (DB2010 (01) Device Bulletin: Reporting adverse incidents and disseminating medical device alerts
- Care Quality Commission, 2012/13, Core Standards CIB: Safety Notices
- Care Quality Commission, Supporting Note, Safety Alerts
- Care Quality Commission, Using evidence of Outcomes to demonstrate compliance, Guidance for providers, September 2010.
- NHS England: An introduction to the NHS England National Patient Safety Alerting System.

16. Associated documentation

- Risk management strategy
- Health and safety policy and procedure
- Incident reporting policy
- Medicines management policy
- Diagnostic and therapeutic medical devices policy
- Clinical services policy and procedure
- Information Management and Technology (IM&T) Security Policy and Alerts Policy.

Appendix 1: Review Table

A full review has been carried out for this policy. A review table is available on request

Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

A full list of all responsible parties can be made available upon request.

Appendix 3: Equality Impact Assessment Form Section One – Screening

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

The Screening element of the ‘Equality Impact Assessment’ is available on request.

Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result.

A full ‘Equality Impact Assessment’ is available on request.

Appendix 5: Ratification Checklist

Policy Title	Central Alerts System Policy
Author's Name and Job Title	John Dunn, Head of Health and Safety
Review Deadline	29/7/2015
Consultation From – To (dates)	8/7/2015 to 29/7/2015
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	N/A
Equality Impact Assessment completed	Y (9/5/2019).
Name of Accountable Group	Patient Safety Group
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)
All Sections Completed (Y/N)
Monitoring Section Completed (Y/N)
Date of Ratification
Date Policy is Active
Date Next Review Due
Signature of Accountable Group Chair (or Deputy)
Name of Accountable Group
Chair (or Deputy) Director of Patient Care and Service Transformation.