

Cascading Alert Notices Policy

Management of alerts issued via the Central Alerting System,
field safety notices and internal alerts

HPFT Organisational Wide Policy

| | |
|-----------------|-------------------------------------|
| Version | 9 |
| Executive Lead | Executive Director Quality & Safety |
| Lead Author | Compliance and Risk Manager |
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| Ratified By | Safety Committee |
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| Target Audience | All HPFT Staff |

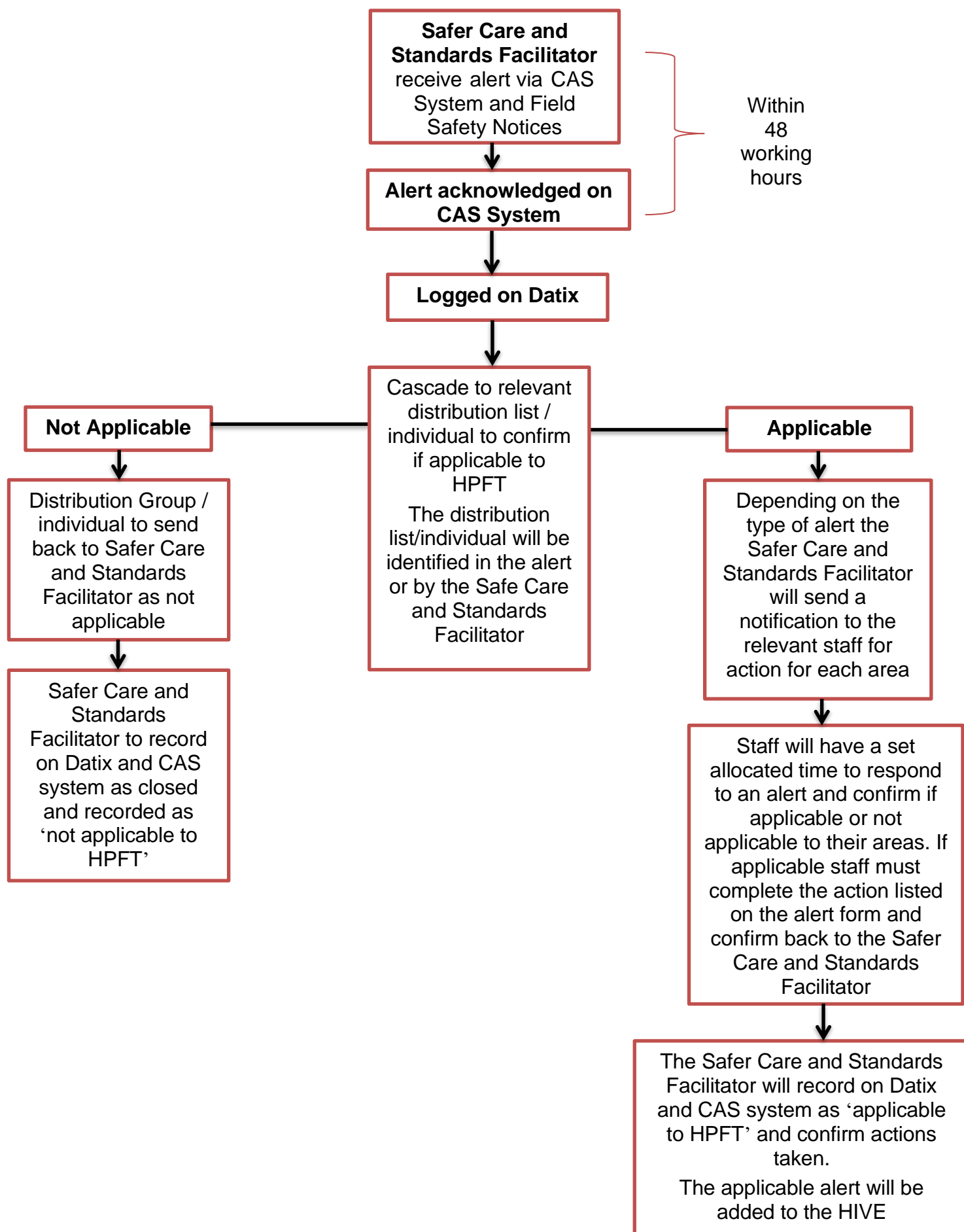
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|--|--|--------------------|-----------------------------|
| Title of document | Cascading Alerts Notices | | |
| Document Type | Organisational Wide Policy | | |
| Ratifying Committee | Safety Committee | | |
| Version | Issue Date | Review Date | Lead Author |
| 9 | 02/09/2020 | 25/08/2023 | Compliance and Risk Manager |
| Staff need to know about this policy because (complete in 50 words) | This policy explains the procedure that needs to be followed by staff if/when they receive a safety alert and the different types of alerts the Trust receives. | | |
| Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share: | <p>If it is indicated that the alert is applicable to the Trust, an email will be sent by the Safer Care and Standards Facilitator to the relevant wards/staff outlining any actions.</p> <p>Appropriate / responsible managers / team leaders must identify if the alert is APPLICABLE or NOT APPLICABLE anywhere within their service/unit/ward, take the appropriate action and update the Safer Care and Standards Facilitator.</p> <p>All CAS alerts are issued with action deadline requirements which relate to the seriousness of the identified safety issue.</p> | | |
| Summary of significant changes from previous version are: | <p>Reviewed and updated following COVID19</p> <p>Updated with Chief Medical Officer alerts</p> <p>Updated with CQC Insight CAS monitoring</p> | | |

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1. Flow Chart – Process for Safety Alerts received via CAS system



2. Introduction

The policy explains the process for the receipt, management and actions for internal and external safety alerts.

3. Definitions

CAS - Central Alert System (CAS) is the nationally agreed route within the NHS by which all safety alerts are disseminated to all NHS organisations:

- NatPSA – National Patient Safety Alert published by NHS England
- MDA – Medical Device Alerts published by the Medicines & Healthcare Products Regulatory Agency
- EFA – Estates and Facilities Alerts published by NHS England / NHS Improvement
- SDA – Supply Disruption Alerts published by the Department of Health and Social Care
- EL – Drug Alert Recall published by the Medicines & Healthcare Products Regulatory Agency
- CEM/CMO – Alerts issued by the Chief Medical Officer / NHS England and NHS Improvement
- FSN – Field Safety Notices

The Trust lead for cascading alerts is the Safer Care and Standards Facilitator and all alerts are logged onto Datix.

NatPSA– Depending on the type of National Patient Safety Alert it will be sent to the relevant staff to identify if the alert is applicable i.e. SBU Heads of Nursing, Deputy Director of Nursing & Quality, Medicines Management Team and/or Deputy Director Safer Care and Standards. Once confirmed if applicable a lead will be identified to carry out the actions needed.

MDA – Medical Device Alerts will be sent to Hertfordshire NHS Procurement, HPFT Senior Procurement Officer and the Medical Device Manager (West Hertfordshire NHS Trust) to identify if the alert is applicable or not. Once confirmed if applicable a lead will be identified to carry out the actions needed.

EFA – Estates and Facilities Alerts will be sent directly the Head of Operations – Estates & Facilities to confirm if applicable or not applicable. Once confirmed if applicable a lead will be identified to carry out the actions needed.

EL / SDA / MSN – Any drug related alerts received through the CAS system the Safer Care and Standards Facilitator will send to the Medicines Management Team to confirm if applicable or not applicable. Once confirmed if applicable a lead will be identified to carry out the actions needed. These alerts are often medication supply alerts.

CEM/CMO – Chief Medical Officer alerts are received via the CAS system and also via national and regional strategic and tactical command process. They often relate to a national NHS major incident (i.e COVID19 pandemic). The Safer Care and Standards Facilitator will liaise with HPFT Tactical command where necessary to ensure the alert is communicated and acted upon. This may involve the medicines management team if drug related.

FSN - Field Safety Notices can be received through different routes e.g. post or email. Any member of staff in receipt of a Field Safety Notice needs to inform the Safer Care and Standards Facilitator. Once the alert is received the Safer Care and Standards Facilitator will sent to the relevant staff to confirm fi the alert is applicable. Once confirmed if applicable a lead will be identified to carry out the actions needed. Consideration will be given to issuing an

Internal Safety Alert following received of a field safety notice, or any other non-classified alert. A field safety notice is issued by the manufacturer of a device.

Internal Alerts – Internal alerts are developed internally following an internal or external incident or non-classified alert. They are developed with the Safer Care and Standards Facilitator.

4. Duties and Responsibilities

Chief Executive

The Chief Executive has overall responsibility for ensuring the Trust complies with safety alerts and ensuring that the necessary management systems are in place to enable the effective management of these alerts.

Exec Director of Quality and Safety

The Executive Director for Quality and Safety has been given delegated authority to ensure the Trust complies with this policy. They will be responsible for those alerts which require changes to nursing practice or impact patient safety, normally NatPSA alerts, this responsibility may be passed to the Deputy Director of Nursing and Quality. Other responsibilities linked to the implementation and monitoring of this policy will be delegated to the Deputy Director of Safer Care and Standards.

Head of Operations – Estates & Facilities

The Head of Operations – Estates and Facilities will be responsible for those alerts (normally Estates and Facilities alerts), which require changes to estate practices throughout the Trust.

Chief Pharmacist

The Chief Pharmacist will be responsible for those alerts (normally drug / medication alerts), which require changes to medication practices throughout the Trust.

Medical Device Manager (West Hertfordshire Hospital NHS Trust - WHHT)

The Trust has a Service Level Agreement with WHHT who oversee HPFT's medical device inventory, maintenance and service requirements. WHHT Clinical Engineering and Estates Department have the overall responsibility for taking action where required for all alerts that fall within their remit, normally medical devices.

Senior Nurse Advisor, Hertfordshire NHS Procurement and the Senior Procurement Officer Hertfordshire Partnership University NHS will be responsible for assisting the Safer Care and Standards Facilitator in identifying whether the Trust has procured a device or equipment that is identified in an alert.

Safer Care and Standards Facilitator

All alerts are received by the Safer Care and Standards Facilitator via the Central Alert System (CAS), a database developed by the Department of Health and NHS Protect.

The Safer Care and Standards Facilitator, upon receiving the alert, will seek advice from the appropriate individual as to how the notice should be dealt with and, if necessary, identify a designated lead or group to address the task and carry out the necessary actions.

The appropriate staff include but are not limited to:

- Estates and Facilities Alerts – Head of Operations – Estates & Facilities
- Drug Alerts – Chief Pharmacist / Deputy Chief Pharmacist / Medication Safety Officer

- Medical Device Alerts – Hertfordshire / HPFT Procurement / WHHT Clinical Engineering
- NatPSA – these will be sent to the individual most appropriate to action the alert
- CEM/CMO – if these alerts are linked to an NHS major incident then they will be sent to the Trust major incident tactical command for review and action.

The Safer Care and Standards Facilitator, on behalf of the Trust will confirm that they have received the alert on the CAS system and that it is being cascaded to all relevant areas within the Trust as appropriate. There are deadline dates on all alerts by which the Trust has to confirm all necessary action has been completed, actions will be followed up and escalated by the Safer Care and Standards Facilitator and a quarterly report completed.

The Safer Care and Standards Facilitator will use DATIX to manage all alerts.

Team Leaders or Deputy Team Leaders Responsibilities

If it is indicated that the alert is applicable to the Trust, an email will be sent by the Safer Care and Standards Facilitator to the relevant wards/staff attaching the safety alert form and outlining any actions necessary.

Team Leaders or an appropriate individual must identify if the Alert is **APPLICABLE** or **NOT APPLICABLE** anywhere within their service/unit and update the Safer Care and Standards Facilitator.

Responsible Committees

The following committees are responsible for reviewing and monitoring alerts which fall under their remit, a quarterly report is provided by the Safer Care and Standards Facilitator which is presented at these committees:

- Medical Devices Committee
- Drugs and Therapeutics Committee
- Health, Safety and Security Committee
- Safety Committee

5. Acknowledgement & Logging

When a new alert is added to the CAS website, an e-mail notification is sent to the HPFT safety alerts email address (hpft.safetyalerts@nhs.net). The Trust has 48 working hours in which to acknowledge receipt of the alerts.

Following the e-mail notification of a new alert, the Safer Care and Standards Facilitator accesses the CAS website, using a dedicated user name and password where the full alert can be viewed and downloaded.

Upon logging into the CAS website the Safer Care and Standards Facilitator acknowledges receipt via the website and saves a copy of the alert onto Datix.

The Safer Care and Standards Facilitator will identify if the alert is applicable by following the process flowchart (**section 1**)

All alerts carry deadlines for completion that depend on the subject of the alert as follows:

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.

Action: used where the recipient is expected to take action on the advice where necessary, to repeat warning on long standing problems, or support or follow-up manufacturer's modifications.

6. Nominated Lead for Alerts

Once identified if an alert is applicable it will have a nominated lead. They are responsible for the implementation of the alert across all appropriate areas of the Trust. They will need to produce a detailed action plan and are required to update the Safer Care and Standards Facilitator throughout the process. The Safer Care and Standards Facilitator will ensure that Datix is kept up to date.

7. Action Deadlines

All CAS alerts are issued with action deadline requirements which relate to the seriousness of the identified safety issue. The Trust is responsible for updating the CAS website in relation to all action deadlines.

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.

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

When an alert exceeds a deadline then the Safety Care and Standards Facilitator will escalate this to the appropriate manager.

8. Use of DATIX

All alerts are stored and updated on Datix, showing clearly whether the alert is applicable or non-applicable to the Trust and any actions that need to be taken. Evidence of actions taken and compliance will be saved on Datix.

9. Process for monitoring compliance with this document

| Key process for which compliance or effectiveness is being monitored | Monitoring method (i.e. audit, report, on-going committee review, survey etc.) | Job title and department of person responsible for leading the monitoring | Frequency of the monitoring activity | Monitoring Committee responsible for receiving the monitoring report/audit results etc. | Committee responsible for ensuring that action plans are completed |
|--|--|---|--------------------------------------|--|--|
| Deadline compliance and implementation | Reports | Safer Care and Standards Facilitator | Quarterly | Health and Safety Committee Medical Devices Committee Safety Committee Drugs and Therapeutics Committee | Health and Safety Committee Medical Devices Committee Safety Committee Drugs and Therapeutics Committee |
| CQC Insight report | Report on alerts still open past deadline | Compliance and Risk Manager | Bi-Monthly | Safety Committee | Safety Committee |

10. Embedding a culture of equality and respect

The Trust promotes fairness and respect in relation to the treatment, care and support of service users, carers and staff.

Respect means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

| | |
|--|--|
| Service user, carer and/or staff access needs (including disability) | The implementation of the safety alerts process will not discriminate against any service users, carer and/or staff access needs. |
| Involvement | The implementation of the safety alerts process will not discriminate against any involvement of service users, carer and/or staff. |
| Relationships & Sexual Orientation | The implementation of the safety alerts process will not discriminate against any relationships to sexual orientation. |
| Culture & Ethnicity | The implementation of the safety alerts process will not discriminate against any culture and ethnicity. |
| Spirituality | The implementation of the safety alerts process will not discriminate against any spirituality. |
| Age | The implementation of the safety alerts process will not discriminate against any age. |
| Gender & Gender Reassignment | The implementation of the safety alerts process will not discriminate against any gender or gender reassignment. |
| Advancing equality of opportunity | The implementation of the safety alerts process will ensure that all service users, carer and staff are treated equally and will be given equal opportunities. |

Part 3 – Document Control & Standards Information

11. Version Control

| Version | Date of Issue | Author | Status | Comment |
|---------|---------------------------------|--------------------------------------|------------|--|
| V6 | January 2010 | Head of Facilities and Maintenance | Superseded | Full review |
| V7 | 17 th January 2014 | Head of Facilities and Maintenance | Superseded | Medical Device Alert Reference Updates |
| V7.1 | 14 th February 2017 | Head of Facilities and Maintenance | Superseded | Medical Device Alert Reference Updates |
| V7.2 | 12 th April 2016 | Head of Facilities and Maintenance | Superseded | Medical Device Alert Reference Updates |
| V8 | 16 th June 2017 | Safer Care and Standards Facilitator | Superseded | |
| V9 | 02 nd September 2020 | Compliance and Risk Manager | Current | Full Review and COVID19 update |

12. Associated Documents

- None

13. Supporting References

- None

14. Consultation

| Job Title of person consulted |
|---|
| Deputy Director Safer Care and Standards |
| Deputy Director Nursing and Quality |
| Health, Safety and Security Lead |
| Chief Pharmacist / Deputy |
| Medication Safety Officer |
| Senior Nurse Advisor, Hertfordshire NHS Procurement |
| Senior Procurement Officer Hertfordshire Partnership University NHS |
| Compliance and Risk Manager |
| Safer Care and Standards Facilitator |
| Head of Operations – Estates & Facilities |

Appendix 1 Internal Safety Alert Template



Safety Alert - HPFT
Form - Template 2020

| | <i>we are...</i> | <i>you feel...</i> |
|-------------------|---------------------|---------------------------|
| Our Values | Welcoming | ✔ Valued as an individual |
| | Kind | ✔ Cared for |
| | Positive | ✔ Supported and included |
| | Respectful | ✔ Listened to and heard |
| | Professional | ✔ Safe and confident |

Our  **values**
 Welcoming Kind Positive Respectful Professional