

Policies, Procedures, Guidelines and Protocols

Document Details		
Title	Managing National Patient Safety Alerts Procedure	
Trust Ref No	2253-81911	
Local Ref (optional)		
Main points the document covers	The National Patient Safety Alerting Committee have developed and agreed common standards and thresholds for National Patient Safety Alerts to align all organisations that issue national alerts. A new consistent format for National Patient Safety Alerts has also been agreed by the committee.	
Who is the document aimed at?	All Executives, Directors, Managers and all staff	
Owner	Health and Safety Advisor	
Approval process		
Who has been consulted in the development of this policy ?	Health and Safety Working Group Health and Safety Committee	
Approved by (Committee/Director)	Shelley Ramtuhul	
Approval Date	26/04/2023	
Initial Equality Impact Screening		
Full Equality Impact Assessment		
Lead Director	Shelley Ramtuhul	
Category	Health and Safety	
Sub Category		
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Distribution		
Who the policy will be distributed to	All Managers	
Method	Via safety alert and published on the Intranet	
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Required by CQC		
Other		
Amendments History		
No	Date	Amendment
1	March 2023	New procedure

Procedure for Managing National Patient Safety Alerts

1.0 Introduction

The National Patient Safety Alerting Committee have developed and agreed common standards and thresholds for National Patient Safety Alerts to align all organisations that issue national alerts. A new consistent format for National Patient Safety Alerts has also been agreed by the committee.

The Trust is committed to managing all safety alerts in a timely and efficient manner.

2.0 Alert Background

Safety alerts originate from the Central Alerting System (CAS) <https://www.cas.mhra.gov.uk/Home.aspx> and are received by the Trust via the 'MDSO' mailbox.

'Medicines Recalls' and 'Medicines Notifications' alerts are sent directly to the MDSO mailbox and to the Medicines Safety Officer and are separate from the CAS system.

The MDSO mailbox is monitored by the CAS Liaison Officer (Health and Safety Advisor) and the Health and Safety Manager.

3.0 Procedure

1. Alert Received
2. Alert and proforma forwarded to Designated Executive / Patient Safety Specialist
3. Designated Executive / Patient Safety Specialist instruct CAS Officer to "Acknowledge" Alert on National System.
4. Designated Executive / Patient Safety Specialist responsible for assessing alert relevance.
5. **If not relevant to the Trust** – proforma is returned, to CAS Officer from Designated Executive, completed with electronic noting the alert is not relevant to the Trust. CAS Officer updates National System recording "Assessed not relevant to organisations services".
6. **If YES relevant to the Trust** – Designated Executive informs CAS officer to update National System as "Assessed relevant to organisations services".
 - Designated Executive / Patient Safety Specialist determines whether alert is straight forward or complex.
7. **Straight forward alert** - This means that the alert may be actioned by a single agreed senior leader e.g., pharmacy removing a drug from pharmacy.
8. **Complex Alert** - This means that the Designated Executive / Patient Safety Specialist nominates a senior clinical leader relevant to the alert to coordinate delivery across all the directorates/divisions e.g., a coordinated change across the whole organisation.

9. Plan to implement alert actions - *How this is managed will vary due to the difference in organisation type. However, there is an expectation that NatSPAs are discussed on relevant committees where the appropriate executive sits on/chairs.
10. **Actions completed – YES:** Executive Lead confirms all alert actions have been completed and instructs CAS Officer to record/update National System as “Action Completed” and issues back the CAS Officer the completed proforma and action plan.
11. **Actions completed – NO –** Regular updates required to Designated Executive, and if any actions unable to be completed, Designated Executive escalates to Alert Issuer.

4.0 Breach of Deadline

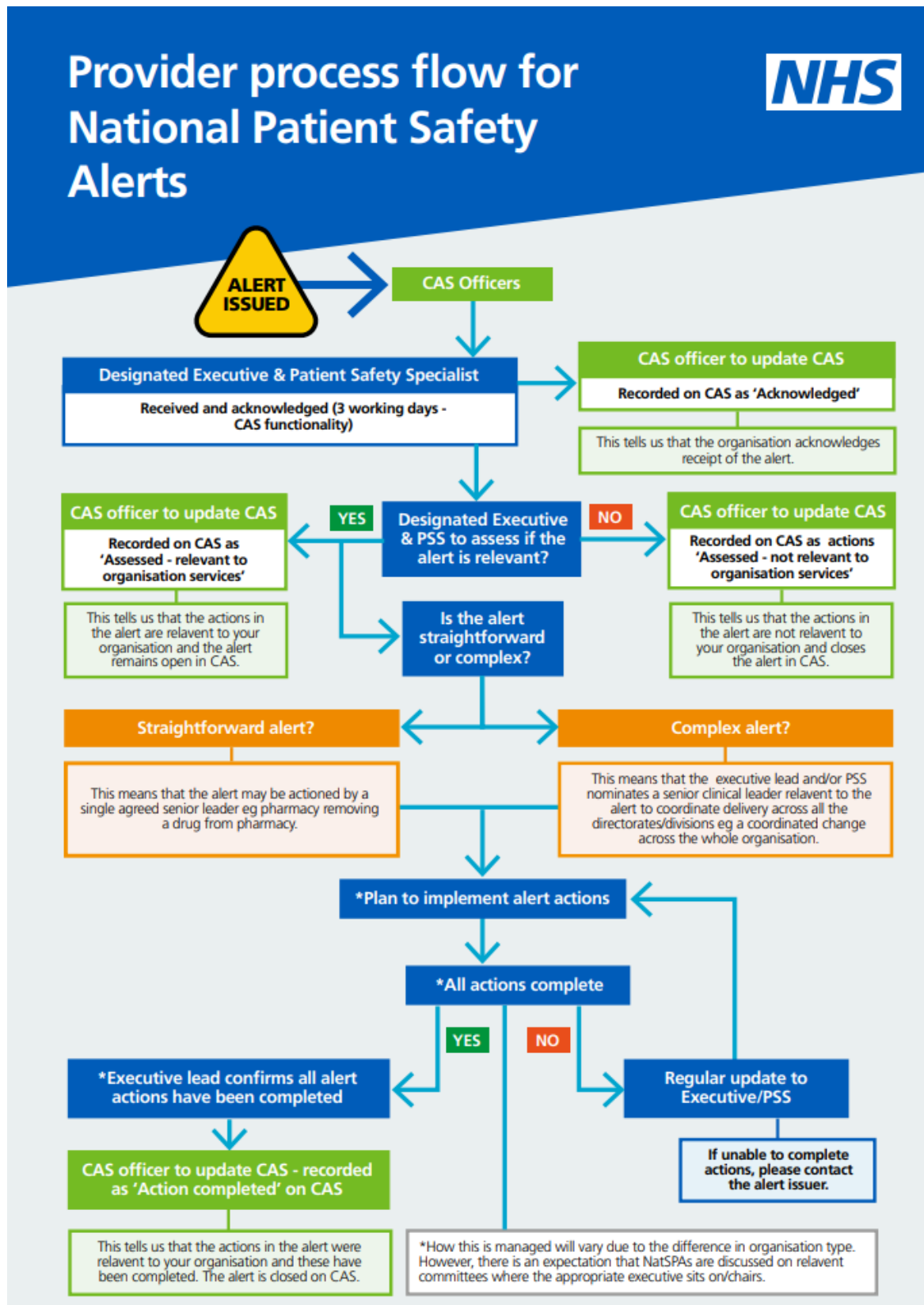
If progress is delayed and it looks likely that the deadline date will be breached, the issue will be escalated to the Director of Governance.

5.0 Monitoring

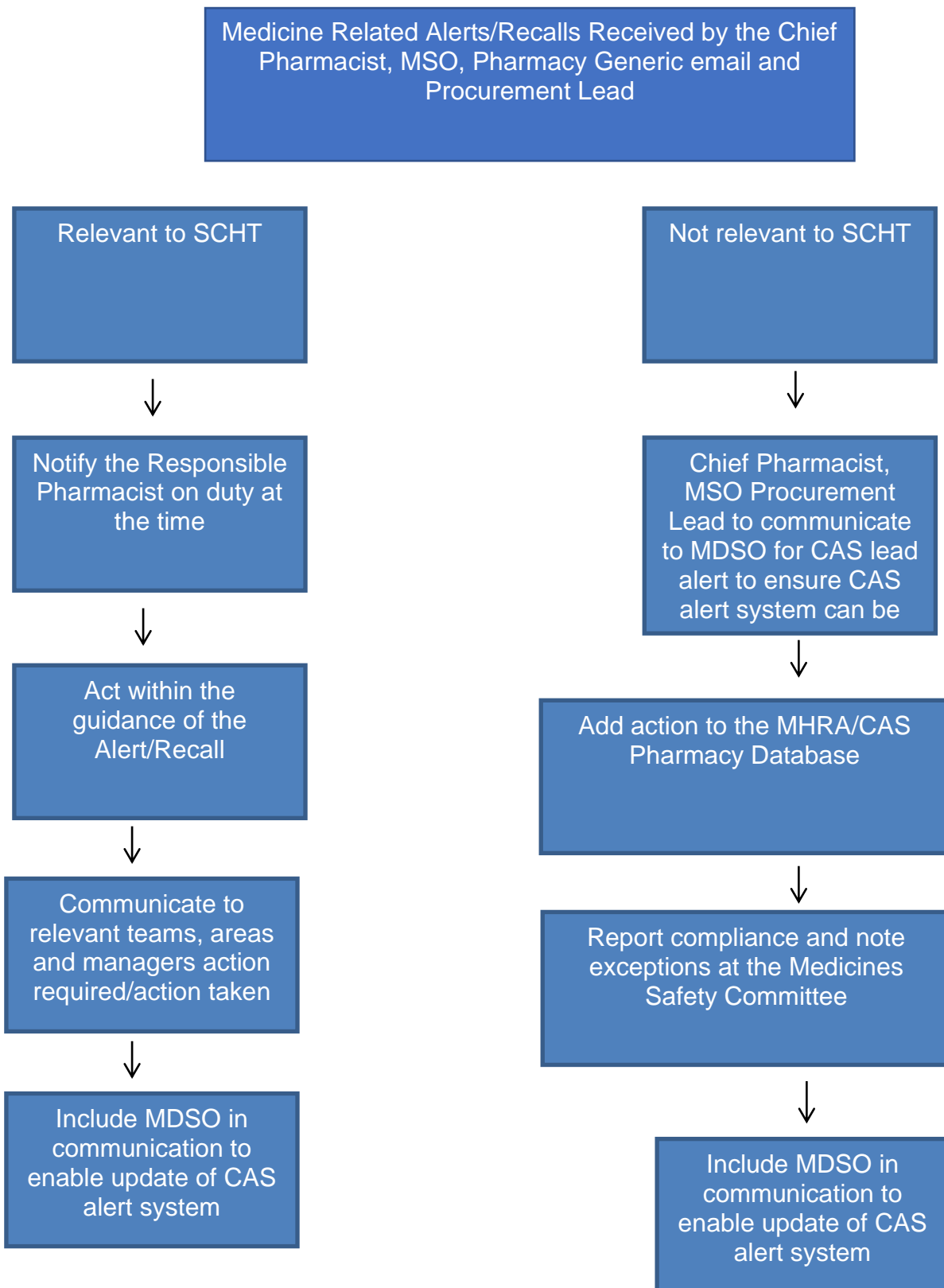
The CAS compliance process will be overseen and monitored by the Health and Safety Committee with progress reported to Quality and Safety Committee by means of a Chair’s Report.

The CAS tracker evidence spreadsheet is updated at all stages of the alert, from receipt to final sign-off.

National Patient Safety Alert Process Flowchart



Medicines Related Alert/Recall Process



CAS Alert Management Pro-forma

Alert Title & Reference number:	
Date Alert Received: Date Alert Distributed:	
Designated Executive / Patient Safety Specialist Lead – Name and Job Title:	
Instruction to CAS Officer to acknowledge Alert on system:	
Action Start Deadline: Action Completion Deadline:	
Alert Status: Assessed – Relevant to organisation’s services: Assessed – Not relevant to organisation’s services:	
Is alert complex OR straightforward: Designated Executive / Patient Safety Specialist Lead to confirm:	
If Alert Not Relevant: Designated Executive / Patient Safety Specialist Lead Authorisation to Sign-Off Alert to CAS Officer:	
Action Compliance Lead & Monitoring Committee:	
If Alert Relevant, please complete all section below: Action Plan: Populated: Returned to MDSO Mailbox: Progress Update: frequency to be agreed with CAS Liaison Officer: Date 1: Date 2: Final Update:	
Alert Sign-Off Requirements: 1. Copy of Monitoring Committee Minutes 2. Copy of, or link to, any new/revised policy or procedure 3. Designated Executive / Patient Safety Specialist Lead Sign-Off Authorisation	
H&S Team Use Only: Acknowledgement Date: Initial Proforma Receipt Date: Alert Sign-Off Date:	

