Leicestershire Partnership NHS Trust

Alerts Management Policy

(Central Alerting System (CAS) and

LPT Internal Alerts (LPTIA))

This policy sets out the Trust's effective, systematic, and auditable approach to the distribution and action requirements of alerts, which have been issued either via the Central Alerting System (CAS) or internally.

Key words: Alerts, CAS, Learning, Incidents

Version: 9

Approved by: Patient Safety Improvement Group (PSIG)

Ratified By: Quality Forum

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Review date: 1June 2027

Expiry date: 31st December 2027

Type of Policy: clinical and non-clinical

Contents

Policy On A Page

SUMMARY & AIM

What is this policy for?

To describe the Trust's effective, systematic, and auditable approach to the distribution and action requirements of alerts, which have been issued either via the Central Alerting System (CAS) or internally described as LPT Internal Alerts (LPTIA).

KEY REQUIREMENTS

What do I need to follow?

The request from colleagues with designated responsibility to cascade information related to any national or local patient safety alerts, and other central alerts that can affect our patients and to:

- Review.
- Take action, where appropriate.
- Contribute and reply to a response within agreed timescale.

Raise alerts to any concerns identified related to clinical products, medical devices equipment, medication, or estate and facilities that you may consider a safety risk to our patients and staff.

TARGET AUDIENCE

Who is involved with this policy?

Applies to all staff working for, or in partnership with, Leicestershire Partnership NHS Trust.

TRAINING

What training is there for this policy?

There is no required or bespoke training that covers all alerts however, there is basic learning via short video in relation to national patient safety alerts are identified and the process for sharing for local action, review, and expected response by NHS Trusts.

1.0 Quick look summary

The aim of central alerts and national patient safety alerts is to keep patients and staff safe and to identify where there maybe risks in the wider system related to medical devices, medication, procured single and multiple use equipment, NHS estates and more recently emerging Information Technology risks.

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, emergency alerts, drug alerts, Dear Doctor letters and medical device alerts on behalf of various agencies including to the NHS and others, including independent providers of health and social care. Alerts and safety notices are received from agencies including the following:

- Medicines and Healthcare Products Regulatory Agency (MHRA)
- NHS England (NHSE)
- DH Estates and Facilities

Useful links include:

- National Patient Safety Alerts
- Department of Health and Social Care
- Medicines and Healthcare products Regulatory Agency
- NHS England
- UKHSA

CAS is a key means to communicate important safety information to the NHS, requiring action to address risks to patient safety. There is a distinction between the two types of alerts sent via CAS – those that require an external response (on the CAS website) and those that do not.

Alerts issued on behalf of MHRA Medical Devices, NHS England, and DH Estates & Facilities, have set deadlines for acknowledgement and completion of actions. NHS 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.

MHRA Drug Alerts and Chief Medical Officer (CMO) messaging do not require an external response. These are managed via the alerts process in the same way.

The Trust's nominated CAS Liaison Officer is responsible for acknowledging, disseminating, closing off safety alerts and providing feedback to relevant committees within designated timescales.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
2	February 2012	Updated to reflect Divisions inclusion of Security Alerts
3	March 2012	Responsibilities expanded, UHL's role in Drug alerts specified.
4	March 2014	Overall review incorporating response to NHS England's introduction of the National patient Safety Alerting System.
5	August 2016	Revised in line with the new guidance from DoH. The policy now reflects that Health and Safety Committee receives estates and Medical Devices Alerts.
6	January 2019	Patient safety alert process updated to clarify referral to Lead Nurses or Specialist nurse as appropriate revised governance process. Internal alert proforma included in appendices for clarification. Drugs alert process updated to reflect use of Ulysses alerts module.
7	April 2021	Significant amendments to the whole Policy to reflect changes to operational practices, governance, and responsibilities
8	December 2023	Review of Policy & Reflection on its implementation based on moving from risk team to patient safety team
9	September 2024	Updated Procurement Team Involvement and addressed layout/grammar, format, amended HoPs location, transferred onto new template

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1.2 Key individuals involved in developing and consulting on the document.

Key individuals involved in developing the revised document September 2024

Name	Designation
Sue Arnold	Lead Nurse Corporate Patient Safety
Tracy Ward	Head of Patient Safety

Circulated to the following for comment as December 2023 – complete review

Name	Designation
Trust Policy Expert Group	Members of Patient Safety Improvement Group (PSIG)
Kate Dyer	Acting Director of Corporate Governance
Anthony Oxley	Head of Pharmacy
Andrew Moonesinghe	Pharmacy Services Manager
Samantha Roost	Acting Head of Health Safety and Risk
Maureen Poyzer	Health & Safety Compliance Officer
Helen Walton	Head of Facilities
Anne Scott	Director of Nursing, AHP's and Quality
Richard Brown	Associate Director of Estates and Facilities
Deanne Rennie	Associate Director of Nursing, AHPs and Quality
Matthew Buxton	Medical Devices Coordinator

Circulated to the following for information only – September 2024

WAR	Core Group
Trust Policy Expert Group	Members of PSIG

1.3 Governance

- **Level 2 or 3 approving delivery group** – Quality Forum
- **Level 1 Committee to ratify policy** – PSIG

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender),

gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- Be competent to take the decision.
- Have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Policy Specific Definitions that apply to this Policy

Alert	Communication, normally related to safety, which must be distributed to appropriate personnel. Some alerts may require acknowledgment or actions to take place within a defined timescale.
CAS	Central Alerting System
CASLO	Central Alerting System Liaison Officer – an Officer of the Trust designated as the lead contact with the Department of Health for receiving and responding to CAS alerts.
CMO	Chief Medical Officer
DH	Department of Health
LPTIA	Internal Alert, created and issued from within the Trust
MDA	Medical Device Alert, issued by the Medicines and Healthcare Products Regulatory Agency
MHRA	Medicines and Healthcare Products Regulatory Agency
NPSA	National Patient Safety Alert
PSIG	Patient Safety Improvement Group
WAR	Weekly Alerts Review Group

2.0 Purpose and Introduction and Why we need this policy

This policy explains the Trust's effective, systematic, and auditable approach to the distribution and action requirements of alerts, which have been issued either via the Central Alerting System (CAS) or internally.

This policy details the processes required for the management of alerts issued via CAS and alerts identified within the Trust (Internal Alerts). This is a Trust-wide policy which applies to all areas. It does not replace the duty and professional accountability of staff to report any adverse incidents with a medical device, hazardous product, or unsafe procedure.

National Patient Safety Alerts typically require action to be centrally coordinated on behalf of the whole organisation, rather than by multiple individual teams or directorates, as had often been the case for previous alerts.

The Central Alerting System (CAS) is a web-based system for issuing patient safety alerts and other safety critical guidance to the NHS and other health and social care providers. Safety alerts, emergency alerts, drug alerts, Dear Doctor letters and medical device alerts are received via the CAS website on behalf of various agencies including:

- Medicines and Healthcare Products Regulatory Agency (MHRA)
- NHS England and NHS (NHSE)
- DH Estates and Facilities

CAS is a key means to communicate important safety information to the NHS, requiring action to address risks to patient safety. There is a distinction between the two types of alerts sent via CAS – those that require an external response (on the CAS website) and those that do not.

Alerts issued on behalf of MHRA Medical Devices, NHS England and DH Estates & Facilities, have set deadlines for acknowledgement and completion of actions. NHS 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.

Additional Alerts are also received into the Trust through our clinical equipment procurement team from NHS Supply Chain Important Customer Notices (ICNs) on a weekly basis; these may or may not also be included in CAS Alerts depending on the reason for notification.

MHRA Drug Alerts and CMO Messaging do not require an external response. These are managed via the alerts process in the same way.

The Trust's nominated CAS Liaison Officer is responsible for acknowledging, disseminating, closing off safety alerts and providing feedback to relevant committees within designated timescales.

Background

To give staff the context of the variation and type of National Patient Safety Alerts issued nationally by NHS England patient safety team since 1 November 2019 please see below (not all have been relevant to care provision delivered in LPT however a response has been given following review to all by our trust:

2023

- Identified safety risks with the Euroking maternity information system – 7 December 2023
- Use of oxygen cylinders where patients do not have access to medical gas pipeline system – 10 January 2023

2022

- Inadvertent oral administration of potassium permanganate – 5 April 2022

2021

- Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures – 25 August 2021
- Elimination of bottles of liquefied phenol 80% – 25 August 2021
- Inappropriate anticoagulation of patients with a mechanical heart valve – 14 July 2021
- Eliminating the risk of inadvertent connection to medical air via a flowmeter – 16 June 2021
- Urgent assessment/treatment following ingestion of 'super strong' magnets – 19 May 2021

2020

- Deterioration due to rapid offload of pleural effusion fluid from chest drains – 1 December 2020
- Foreign body aspiration during intubation, advanced airway management or ventilation – 1 September 2020
- Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults – 13 August 2020
- Risk of death from unintended administration of sodium nitrite – 6 August 2020
- Blood control safety cannula and needle thoracostomy for tension pneumothorax – 2 April 2020
- Interruption of high flow nasal oxygen during transfer – 1 April 2020
- Ligature and ligature point risk assessment tools and policies – 3 March 2020

2019

- Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices – 13 December 2019
- Risk of death and severe harm from ingesting superabsorbent polymer gel granules – 29 November 2019
- Depleted batteries in intraosseous injectors– 5 November 2019

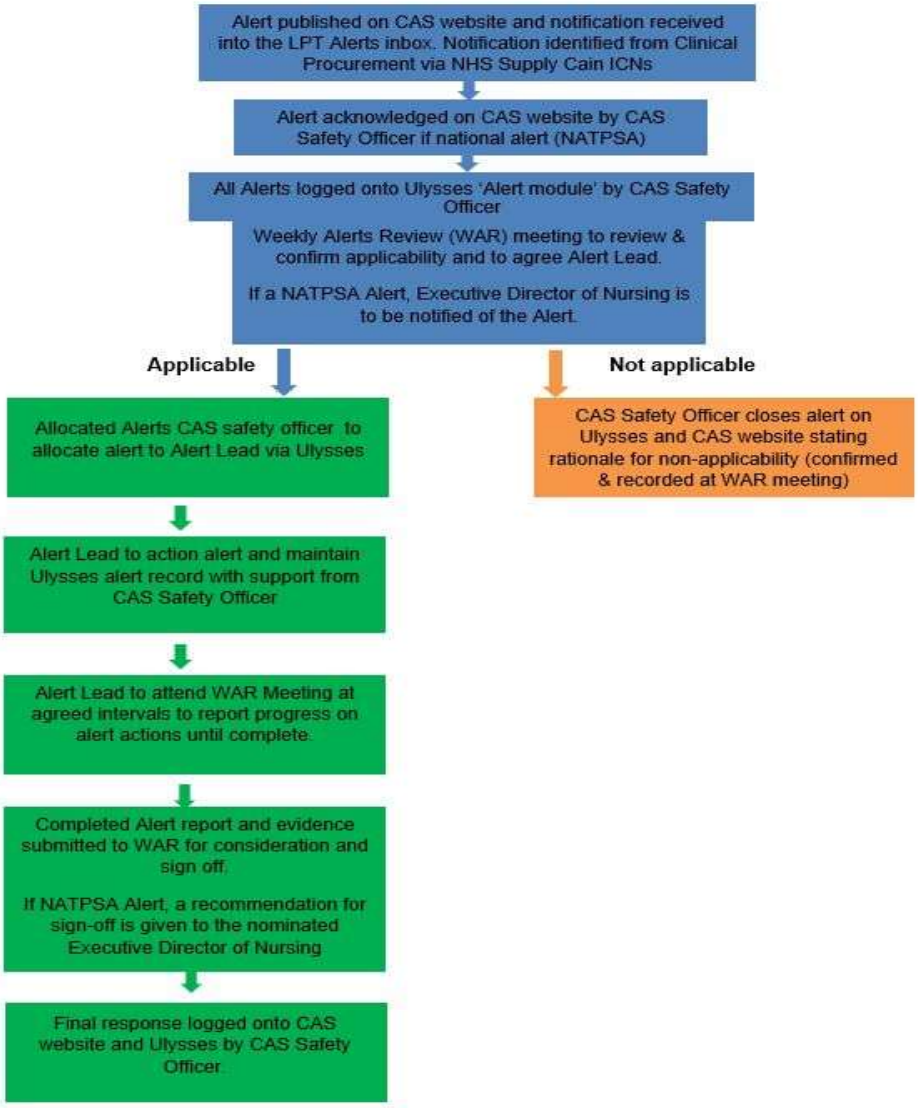
3.0 Aims of the policy/Requirements.

It is the Trust's intention that there is a robust system for disseminating and providing feedback on the implementation of the Safety Alerts, issued by the MHRA, DHSC, NHS England and DHEF. This procedure will ensure that the Trust has:

- Clearly defined alert communications system for distributing alerts and obtaining responses from identified key leads.
- System for monitoring that actions identified in the alerts have been taken, to ensure the safety of all those who deliver and receive services from the Trust.
- Relies on key teams to contribute the Alerts process at LPT to keep our patient safe.

All the above is described in a simple process flowchart below.

Flowchart to describe process for managing internal and external Alerts received by LPT



Additional information

Documents to be used to record actions and notification is described in the policies appendices.

Duties (Roles and responsibilities) and an out of hours process for managing Alerts for Director on call is described in 'duties within the organisation.'

Definition of Accountability related to 'Complex and straightforward Alerts' as defined by NHSE.

Each National Patient Safety Alert is designated as either 'complex' or 'straightforward', and providers are required to take a different response to each:

- 'Complex' alerts require actions that cannot be delivered by any single directorate or professional group/team within an organisation and will require the organisation's executive leader (at LPT the Director of Nursing/Allied Health Professionals) to nominate a senior clinical leader relevant to the alert to coordinate review, response. Learning and safety actions as required.

- 'Straightforward' alerts may be actioned on behalf of the whole organisation by agreed senior leaders (for example, an agreement that the chief pharmacist will ensure all stocks throughout the organisation are checked for a National Patient Safety Alert requiring removal of a specific drug batch), or may be directed at a specific senior leader relevant to the alert (for example, the head of audiology was identified in a recently issued alert relating to hearing aids).

4.0 Duties within the Organisation

Quality Forum

The committee, through its chair, will seek assurance from the Patient Safety Improvement Group (PSIG) that all alerts are appropriately managed in an effective and timely manner.

Patient Safety Improvement Group (PSIG)

The Patient Safety Improvement Group (PSIG) receives the monthly Alerts Report, and the chair is responsible for assuring that all alerts are appropriately managed in an effective and timely manner.

PSIG will recommend that where appropriate, existing policies are reviewed by the relevant corporate governance group should any new evidence from any alerts be identified, or, where necessary, recommend the creation of new policies. PSIG will request assurance that reviews have been completed and amendments made as required.

Corporate Governance Groups

Where appropriate other corporate governance groups, e.g. Health and Safety Committee and Medicines Management Group, will receive alerts relevant to their agenda and the chair is responsible for ensuring that they are managed in an effective and timely manner.

Weekly Alerts Review (WAR)

The Weekly Alerts Review Group (appendix 2) is a sub-group of PSIG. Key identified staff meet weekly to review the new and ongoing alerts and will authorise the allocation of these to individuals and/or groups for action. WAR will consider and agree all alerts which have been issued by the National Team generated internally or via professional networks. The group will also confirm, and challenge action taken in respect of individual alerts as well as recommending closure to the executive lead and when agreed ensuring closure on both Ulysses and the CAS website when actions have been satisfactorily completed.

Executive Director of Nursing, AHP's and Quality

The Director of Nursing, AHP's and Quality holds executive responsibility for the oversight of the alerts management process, alert compliance, implementation and sign off within the Trust.

CAS Safety Officer

The nominated CAS Safety Officer (CASSO). receives the CAS alerts and internal alerts where appropriate. The CAS Safety Officer ensures that Ulysses and the CAS website are updated and the Executive lead, Head of Patient Safety / Lead Nurse are updated within the required timeframes as instructed by WAR.

Alert Leads

An Alert Lead for each alert will be identified by the Weekly Alerts Review. They are responsible for ensuring that they engage with appropriate individuals teams and agreeing the relevant actions are taken and that the alert is ready to be signed off within the necessary timescale.

The Alert Lead is responsible for completing the alert report in Ulysses with support from the CAS Safety Officer identifying current practice, any gaps in practice, action

required, and action taken. This will be subject to presentation and scrutiny at the Weekly Alerts Review at agreed intervals when the Alert Lead would report progress on alert actions.

The Alert Lead for a multi-faceted alert will be determined by the type of alert issued. As above this individual is responsible for ensuring that action is taken within the necessary timescale but is not responsible for undertaking the action themselves if this is outside of their sphere of responsibility.

Key Leads

Trust Lead Pharmacist (nominated Medication Safety Officer) has responsibility for:

Assessing and sharing (through generic ALERTS email account) relevance of all drug alerts, i.e., this maybe include from external sources such as companies.

Maintaining an up-to-date list of pharmacy leads and nominated deputies.

Agreeing actions and Distributing any relevant local actions

Maintaining records confirming sharing and completed action plans.

Providing summary of actions taken including attaching evidence to the Ulysses system (support is available).

Providing reports to the Medicines Management Committee when appropriate i.e., when complex action plans are required.

Medical Devices Service Manager (nominated Medical Devices Safety Officer (MDSO)) is responsible for:

Sharing any Alerts shared with designated MDSO or the Medical Devices Team, i.e., this maybe include from external sources such as companies through the generic ALERTS email account.

Assessing the relevance of alerts in relation to medical devices.

Agreeing actions to be taken and managing/overseeing the actions

Escalating issues to the Medical Devices Group.

Maintaining records confirming dissemination of alerts/actions and completed action plans.

Providing a summary of actions taken, including attaching evidence to be uploaded to the Ulysses system (support is available).

Director of Estates or nominated deputy (Director of Estates, Facilities and Capital Development)

Assessing relevance of all Estates related alerts, i.e., this maybe include from external sources such as companies and sharing through the generic ALERTS email account.

Distributing alerts to contractors as appropriate.

Maintaining records confirming dissemination and completed action plans.

Providing summary of actions taken, including attaching evidence to be uploaded to Ulysses system (support is available).

EPRR Officer or Designated Deputy

- Assessing relevance of any alerts received through non-NHS Alert systems, i.e., this maybe include from external sources such as companies/other NHS trusts and sharing through the generic ALERTS email account.
- Distributing alerts as appropriate.
- Maintaining records confirming dissemination and completed action plans.
- Providing summary of actions taken, including attaching evidence to be uploaded to Ulysses system (support is available).

Clinical Procurement Officers

Provide expert advice to support procurement Alerts and are a key contributor to WAR meeting in relation to NHS procured single and multiple clinical equipment purchased for patient care at LPT.

Share the national NHS Supply Chain Important Customer Notices (ICNs)

Sharing any Alerts shared with the Clinical Procurement Team, i.e., this maybe include from external sources such as companies through the generic ALERTS email account.

Deputy Directors of Nursing / Deputy Medical Directors

Provide expert advice to support Medical Device Lead / Medication Lead / Estates lead / Service directors as required.

Lead on complex patient safety alerts as directed by WAR the Medical Devices Committee or Executive Director Lead.

Professional Lead for Allied Health Professionals

Provide expert advice to support Medical Device Lead / Medication Lead / Estates lead / Service directors as required.

Lead on complex patient safety alerts as directed by WAR Medical Devices Committee or Executive Director Lead.

All Operational Staff

If, following the implementation of alert, information needs to be shared to identified staff, this will be done so via the most appropriate method of communication. All staff who receive information are responsible for ensuring they understand and apply to their practice.

Operational Directorate Managers/ Clinical Directors

Operational Directorate Managers/ Clinical Directors have responsibility to ensure arrangements are in place for the dissemination, action, and implementation of actions required for each Alert within directorates as directed by key leads. Operational Directorate Managers / Clinical Directors must provide timely updates to individual alert action plans and maintain a record of implementation and report back to the key specialist lead.

Team leaders / Ward Managers / Matrons

Team leaders, ward managers and matrons are responsible for:

Checking equipment as directed by the actions required.

Implementing changes in practice as directed by the safety alert.

Ensuring that actions are followed up in a timely manner.

Reporting back to service director and contributing to recording of actions

Out of normal working Hours response to Alerts

Whilst it is rare to receive a patient safety alert out of hours for immediate action the Trust is required to have processes in place to facilitate the distribution and action of patient safety alerts. Such alerts will normally relate to Class 1 Drug Recalls. The national CAS Team will email any out of hour's alerts to the Director on Call. In turn the Director on Call will contact the on-call pharmacist in the first instance who will identify whether an alert applies to the Trust. The on-call pharmacist can request help from the director on-call if required.

Other LPT Stakeholders

Leicester, Leicestershire, and Rutland (LLR) Integrated Care Board and associated specialist commissioners

May require confirmation and evidence of actions related to National patient safety alerts as part of quality monitoring.

Care Quality Commission (CQC)

CQC inspection/review and request for intelligence may focus on implementation of National Patient Safety Alerts, with the potential for regulatory actions should they identify any non-compliance or gaps in the Trust's assurance process.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

There will be an internal annual audit of identified previously published alerts (internal and external) to assess ongoing compliance with actions and timeframes.

The Chair of PSIG (HoPs) will be responsible for finalising the full list of alerts to be audited, overseeing the audits, and reporting the results to the Quality Forum.	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Identified published Alerts, both internal and external	Annual audit	Internal annual audit	PSIG	Quality Forum

7.0 References and Bibliography

NHSE - Our National Patient Safety Alerts
https://www.england.nhs.uk/patient-safety/patient-safety-insight/patient-safety-alerts/

Medicines and Healthcare Products Regulatory Agency (MHRA) (website resources)

NHS Improvement: Estates & Facilities Alert NHSI/2018/001 - Reporting of Defects and Failures and disseminating Estates and Facilities Alerts (January 2018)

East London NHS Foundation Trust (2022) 'Managing Safety Alerts Procedure'
https://www.elft.nhs.uk/sites/default/files/2023-7/central_alert_system_procedure.pdf

NHS Supply Chain – Important Customer Notices (ICNs)
https://www.supplychain.nhs.uk/product-information/customer-notices/

Central Alerting System (CAS)
https://www.cas.mhra.gov.uk/Home.aspx

Related LPT Policies (to be found on the public website)

Medical Device Management Policy

Incident Reporting and Management Policy

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendices

Appendix 1 - Internal Alert Pro-Forma

Leicestershire Partnership NHS NHS Trust	
LPT Internal Alert - xxxxxx	
Issue:	
Date issued:	
Action Complete by Deadline:	
Required Actions:	

Appendix 2 - Post-implementation Alert Review Report

Leicestershire Partnership NHS Trust

NHS Central Alerting System (CAS)

Post-implementation Review Report

Alert reference number

Title of alert

Date alert issued:

Introduction

The purpose of this review was to examine practice within the Trust in relation to this CAS alert, to assess the level of compliance with the requirements of the alert and where necessary to identify actions for improvement.

Alert summary

Insert Summary of alert as described in CAS alert:

Improvement Actions

Where the review has identified compliance gaps, improvement actions should be identified and detailed here:

Conclusions

Include a summary of findings.

Actions Required (as reported on CAS)

Action(s)
List actions here which are published in alert complete with target date (in line with alert completion date)

Owner:

Target Date:

Completed Date:

Summary of action taken:

Appendix 3 - Weekly Alerts Review (WAR) Group Terms of Reference 2024/25

Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust

Weekly Alerts Review (WAR) Group Terms of Reference 2024/25

Version	2024/25 v2
Executive Lead	Director of Nursing & Allied Health Professionals (AKA Chief Nurse)
Approving Level 1 Group	Patient Safety Improvement Group (PSIG)
Date Approved	Patient Safety Improvement Group (PSIG) (Oct 2024)
Review Date	Annual Review October 2025

Purpose of Group

1.1 The purpose of the Group is to monitor the application of the Trust's Alerts Policy in relation to the management of alerts as a subgroup of the Patient Safety and Improvement Group (PSIG).

1.2 To review new and ongoing alerts and authorise the allocation of these to individuals and/or Groups for action.

1.3 To authorise and agree the generation and dissemination of internal alerts as well as alerts received via professional networks.

1.4 To approve the action plan and receive assurance from the nominated Alert Lead in relation to the management of individual alerts.

1.5 To agree and recommend closure on both Ulysses and the Central Alerting System (CAS) website when actions have been satisfactorily completed and Executive lead has agreed.

1.6 Once each month the Group will also review the newly published NICE guidance to support with ensuring onward appropriate oversight and management.

Clinical Focus and Engagement

1.7 The Trust considers clinical engagement and involvement in Board decisions to be an essential element of its governance arrangements and as such the Trust's integrated governance approach aims to mainstream clinical governance into all planning, decision-making and monitoring activity undertaken by the Board.

Authority

The Group is authorised by PSIG to conduct its activities in accordance with its terms of reference.

The Group is authorised by PSIG to seek any information it requires from any employee of the Trust to perform its duties.

The Group will monitor the application of the Trust's Alerts Policy in relation to the management of alerts.

The Group will monitor the management of alerts and the way these are disseminated and actioned.

The Group is to provide assurance on the effectiveness of the Trust's Alerts Policy ensuring there is a consistent approach on the management of alerts throughout the Trust.

Membership

The membership of the Group is listed in Appendix 1

Only members of the Group have the right to attend Group meetings. However, other individuals and officers of the Trust may be invited to attend for all or part of any meeting as deemed appropriate.

Membership of the Group will be reviewed and agreed annually with the parent Group- PSIG.

Chair of this Group will be Head of Patient Safety. In the event of the Chair not being available, the Lead Nurse for Corporate Patient Safety will deputise. In the absence of both, the remaining members present shall elect one of themselves to chair the meeting.

Other staff of the Trust will be invited to attend for all or part of the meeting.

Secretary

The designated CAS Alerts Officer and Chief Nurse Office Administration Team will act as secretary of the Group.

Quorum

The quorum necessary for the transaction of business shall be 5 members of the core Group. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group.

Any meetings that are not quorate will continue and any decisions made will be ratified by those absent within 10 days of the meeting. A record of these agreements made to be held by the secretary of the meeting.

Frequency of Meetings

The Group shall normally meet weekly but not less than 12 times a year and at such other times as the Chair of the Group shall require at the exigency of the business. The meeting length is planned for 30minutes designated at 0830hrs every Thursday and is conducted by MS Teams; meetings may be stepped down if there is no business to discuss.

Members will be expected to attend at least three-quarters (75%) of all meetings.

If required due to an urgent 'alert' being received, extraordinary meetings can be called, or actions can be agreed via email.

Agenda/Notice of Meetings

Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with an agenda of items to be discussed, shall be available online via the secure link in the MS teams invite to each member of the Group, and any other person required to attend, no later than 2 working days before the date of the meeting. Supporting papers shall be shared electronic link to Group members and to other attendees as appropriate, at the same time.

The meeting information/report will contain information about alerts issued within the last seven days, alerts due to be closed within the next fourteen days as well as alerts that have breached deadlines.

Record of Meetings

The secretary shall record the proceedings and resolutions of all Group meetings, including the names of those present and in attendance.

The record of Group meetings shall be available to all members of the Group and once agreed at the following weeks meeting, agreed, and taken as final by the secretary of the PSIG.

The meeting is held via MS Teams and will be recorded to assist administration.

Duties

The Group shall:

Pay Due Regard to Equality in all of its decisions. All reports include a Due Regard question. In order to ensure that the group fulfils its statutory obligations it will use the Public Sector Equality Duty checklist attached at Appendix 2 in its decision-making processes for agenda items.

The Group will monitor the application of the Trust's Alerts Policy in relation to the management of alerts.

The Group will monitor the management of alerts and the way these are disseminated and actioned.

To provide assurance on the effectiveness of the Trust's Alerts Policy ensuring there is a consistent approach on the management of alerts throughout the Trust.

To receive a weekly report of all new and outstanding alerts and advise on any actions required to progress these.

Reporting Responsibilities:

The Group shall make whatever recommendations to the PSIG it deems appropriate on any area within its remit where action or improvement is needed.

The Chair will be responsible for the direction of any recommendations and for reporting to the Patient Safety Improvement Group (PSIG), determining any issues for escalation and action as appropriate.

The Group shall produce a Highlight report for the PSIG after each meeting that will give a level of assurance for key agenda items received.

The Group shall produce for the PSIG an annual report on the work it has undertaken during the year.

Annual Review

The Group shall, at least once a year, review its own performance, constitution, and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the PSIG for approval.

Risk Responsibility

The risk areas the Group has special responsibility for will be those that fall within the remit of this Group.

Where any risks need escalation, the Group will do so through its Highlight report.

(TOR) – 1 - Membership of the Group

Head of Patient Safety

Lead Nurse - Corporate Patient Safety Team

Deputy Heads of Nursing from each directorate

Trust Quality & Governance Lead

Health and Safety Team Representative

Trust Head of Pharmacy and Medicines Safety Officer

Trust Lead for National Institute of clinical excellence (NICE) - related to published guidance and quality standards.

Estates and Facilities Lead Representative

Trust Clinical Procurement Lead Representative

Trust Medical Device Lead or Deputy as required based on Alerts/response required.

Trust EPRR Lead as required based on Alerts/response required.

Invited ‘Subject’ experts in relation to the nature of the Alert.

Representative from each of clinical directorates CHS, DMH, FYPC/LDA Clinical Governance Team – as required.

(TOR) - 2 - Public Sector Equality Duty check List

The Group should assure itself that for relevant agenda items the following checklist questions have been addressed in full (and where appropriate a “Due Regard” assessment has been carried out:

1. (a) Who will be affected by this decision? What information is there about its likely effects on them?

(b) Have you consulted with people who might be affected?

(c) Could this decision affect some groups of people more than others? In particular, is it likely to have a disproportionately bad effect on some groups?

(d) Could the proposal be amended to avoid or reduce this disproportionate effect?

2. Could the decision be seen as favouring a particular group or denying opportunities to another? Might it cause tensions or resentment between people? How could this be addressed?

3. Does this decision offer an opportunity to promote equality? Does it offer an opportunity to promote good relations between different groups of people?

4. Accessible environments

(a) Physical access: will the decision affect how and when different groups of people are able to use a room or building? Has the Group taken advice on improving access for disabled people?

(b) Access to information (E.g. Large Print, Digital/electronic, BSL, Non-English translations etc): does the decision involve communication or publication of information? Has the Group taken advice on producing accessible formats?

5. Decisions should be reviewed to see what effects they have actually had. Do you need to make arrangements now so that information will be available for this review?

Note: **Groups** refers to those protected under the Equality Act 2010 (age, disability, gender reassignment, Race, religion or belief, maternity or pregnancy, marriage or civil partnership, sexual orientation or sex).

(TOR) - 3 - Public Sector Equality Duty check List

The Group should assure itself that for relevant agenda items the following checklist questions have been addressed in full (and where appropriate a “Due Regard” assessment has been carried out:

1. (a) Who will be affected by this decision? What information is there about its likely effects on them?

(b) Have you consulted with people who might be affected?

(c) Could this decision affect some groups of people more than others? In particular, is it likely to have a disproportionately bad effect on some groups?

(d) Could the proposal be amended to avoid or reduce this disproportionate effect?

2. Could the decision be seen as favouring a particular group or denying opportunities to another? Might it cause tensions or resentment between people? How could this be addressed?

3. Does this decision offer an opportunity to promote equality? Does it offer an opportunity to promote good relations between different groups of people?

4. Accessible environments

(a) Physical access: will the decision affect how and when different groups of people are able to use a room or building? Has the Group taken advice on improving access for disabled people?

(b) Access to information (E.g., Large Print, Digital/electronic, BSL, Non-English translations etc): does the decision involve communication or publication of information? Has the Group taken advice on producing accessible formats?

5. Decisions should be reviewed to see what effects they have had. Do you need to make arrangements now so that information will be available for this review?

Note: **Groups** refers to those protected under the Equality Act 2010 (age, disability, gender reassignment, Race, religion or belief, maternity or pregnancy, marriage or civil partnership, sexual orientation or sex).

Appendix 4 - Training Needs Analysis

Training topic:	CAS Alerts – National and Local	
Type of training: (see study leave policy)	Not Required for role	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	None	
Regularity of Update requirement:	None	
Who is responsible for delivery of this training?	Online NHSE for optional information No formal training is required to support the implementation of this policy however, Video resources can be found on the NHS England website to support staff understanding	
Have resources been identified?	https://www.england.nhs.uk/patient-safety/patient-safety-insight/patient-safety-alerts/	
Has a training plan been agreed?	Not applicable	
Where will completion of this training be recorded?	Other (please specify) NHSE – insights websites related to safety alerts	
How is this training going to be monitored?	Not applicable	
Signed by Learning and Development Approval name and date	Not applicable	Date: 20/08/2024

Appendix 5 - The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families, and their carers	☒
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☒
Support and value its staff	☒
Work together with others to ensure a seamless service for patients	☒
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	x☐

Appendix 6 - Due Regard Screening Template

Section 1			
Name of activity/proposal	Alerts Management Policy		
Date Screening commenced	29/08/2024		
Directorate / Service carrying out the assessment	Corporate Patient Safety Team – Enabling		
Name and role of person undertaking this Due Regard (Equality Analysis)	Sue Arnold – Lead Nurse Patient Safety		
Give an overview of the aims, objectives, and purpose of the proposal:			
AIMS: This policy aims to provide a framework for the management of all Patient Safety Alerts; national and local.			
OBJECTIVES: The objective of the policy is to ensure continuous improvement of patient, visitors, and staff safety by complying with the requirements of all alerts in an effective and timely manner.			
Section 2			
Protected Characteristic	Neutral impact on all the protected characteristics.		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes	No		
High risk: Complete a full EIA starting click here to proceed to Part B	**Low risk**: Go to Section 4.		
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Neutral impact on protected characteristics and improvements to existing alerts process.			
Signed by reviewer/assessor	S Arnold	Date	29/08/2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Tracy Ward	Date	11/09/2024

Appendix 7 - Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	**Alerts Management Policy (Central Alerting System (CAS) and LPT Internal Alerts (LPTIA))**		
Completed by:	**Sue Arnold**		
Job title	**Lead Nurse Corporate Patient Safety**		**Date 29/08/2024**
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No	
2. Will the process described in the document compel individuals to provide information about them? This is information more than what is required to carry out the process described within the document.		No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		No	

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	Not applicable	
Date of approval	Not applicable	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust