



Western Health
and Social Care Trust

WESTERN HEALTH AND SOCIAL CARE TRUST

Title:	Reporting of Early Alerts for the attention of the Department of Health (DoH)		
Author(s)	Regional Working Group on Adverse Incidents		
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CONTENTS

1.0	INTRODUCTION/PURPOSE OF POLICY.....	4
2.0	SCOPE OF POLICY.....	4
3.0	ROLES AND RESPONSIBILITIES.....	4
4.0	KEY POLICY PRINCIPLES.....	5
5.0	IMPLEMENTATION OF POLICY.....	6
6.0	MONITORING.....	6
7.0	EVIDENCE BASE/REFERENCES.....	6
8.0	CONSULTATION PROCESS.....	6
9.0	APPENDICES/ATTACHMENTS.....	6
10.0	EQUALITY STATEMENT.....	7

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

The Early Alert System was introduced on 1 June 2010 to coincide with the transfer of responsibility for the Serious Adverse Incident system from the Department of Health (formerly known as the Department of Health, Social Services & Public Safety) to the Health & Social Care Board (HSCB) / Public Health Agency (PHA). The early alert arrangements require Chief Executives and their senior staff in Health & Social Care (HSC) to notify the Department in a prompt and timely way of events or incidents which have occurred in the services provided or commissioned by their organisations, which may require urgent attention by the Minister, Chief Professionals or policy leads, and/or require urgent regional action by the Department. The Western Trust recognises its responsibility in relation to compliance with the regional guidance

1.2 Purpose

The purpose of this policy is to provide specific guidance on the arrangements which have been in effect from 1 June 2010 (and subsequent updates) to ensure that the Department (and thus the Minister) receive prompt and timely details of events (these may include potential serious adverse incidents), which may require urgent attention or possible action by the Department including those of media interest.

2.0 SCOPE OF THE POLICY

2.1 This policy is applicable to incidents within all service areas within the Trust.

3.0 ROLES/RESPONSIBILITIES

3.1 Chief Executive: is responsible for ensuring that a system is in place to notify the Department of Health and Trust Board in a prompt and timely way of events or incidents which have occurred in the services provided or commissioned by their organisations, which may require urgent attention by the Minister, Chief Professionals or policy leads, and/or require urgent regional action by the Department.

3.2 Medical Director: is responsible for overseeing the Policy and the system for prompt reporting to the Department and its implementation.

3.3 Trust Board / Non-Executive Directors: - will consider Early Alerts received and seek assurance on follow up action required

3.4 Directors: are responsible for making a decision as to whether an incident meets the criteria for an Early Alert and if so to make contact with the relevant senior member of staff at Department level by telephone. They are

responsible for agreeing with the Department any follow-up action as required.

Directors are responsible for ensuring the initial telephone contact is followed up in writing (using the pro forma at Appendix 1) within the timescales set out by the Department.

- 3.5 Assistant Directors:** are responsible for ensuring that incidents which may fall within the criteria for Early Alerts within their areas of responsibility are reported to the relevant Director as a matter of urgency to allow for a decision by their respective Director as to the merits of reporting to the Department. In addition, they may also have to make the telephone call to the Department in the event the Director is not available.
- 3.6 Senior Managers:** are responsible for making staff aware of this policy and ensuring discussion with the Assistant Director of any incident which may fall within the criteria for reporting as an Early Alert.
- 3.7 Risk Management Department:** is responsible for co-ordinating and submitting the early alert notifications to the Department of Health, H&SCB and others as required.
- 3.8 Staff:** are responsible for making themselves aware of, and adhering to, the content of this policy.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

4.1.1 Department of Health (DOH) – Department of Health (previously known as the Department of Health, Social Services and Public Safety [DHSSPS]). Also referred to as the ‘Department’.

4.1.2 Early Alert: an incident or an event which meets the criteria as set out in Appendix one paragraph 2.0 of this policy, has occurred in the services provided or commissioned by the organisation and which may require immediate attention by the Minister, Chief Professional Officers or policy leads and/or requires urgent regional action by the Department.

4.2 Policy Principles

4.2.1 The Early Alert system (see Appendix 2) provides a channel which enables the Chief Executive and senior staff (Director level) to notify the Department, in a prompt and timely manner, of events or incidents which have occurred in any service provided by the Trust and which may require immediate attention by the Minister, Chief Professional Officers or policy leads and/or require urgent regional action by the Department.

4.2.2 It is important to note that this reporting system is intended to complement, not replace, existing channels of communication, both formal and informal.

4.2.3 Whilst it is likely that some of the notifications reported as Early Alerts will also require to be managed as serious adverse incidents (see Policy and Procedure for the Reporting of Serious Adverse Incidents to the Health & Social Care Board, November 2016) many serious adverse incidents will NOT require to be reported through the Early Alert channel.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy is relevant to all levels of staff within the Trust but particularly Senior Managers, Assistant Directors and Directors within the organisation.

5.2 Resources

The **Medical** Directorate is responsible for the delivery of awareness sessions in the application of this policy, as and when required.

5.3 Exceptions

This policy applies to all service areas within the Trust and there are no exceptions to its application

6.0 MONITORING

6.1 An audit of the policy will be undertaken post implementation, if required, to ensure adherence to the principles and procedures outlined in this policy document. Changes will be made to the policy, as required.

7.0 EVIDENCE BASE / REFERENCES

- Policy Circular HSC (SQSD) 64/16 – Early Alert System dated 28 November 2016
- Policy Circular HSC (SQSD) 10/2010 – Establishing an Early Alert System dated 28 May 2010
- Policy Circular HSC (SQSD) 5/19 – Early Alert System dated 27 February 2019
- Policy Circular HSC (SQSD) 5/19 – Early Alert System Updated Letter 12 November 2020 (COVID19 Incidents)

8.0 CONSULTATION PROCESS

- Via the Regional Working Group consultee list.

9.0 APPENDICES / ATTACHMENTS

- Appendix 1 – Process for the Reporting of Early Alerts to the Department of Health
- Appendix 2 – Department Officer Contact List – February 2019
- Appendix 3 – Follow-up Pro forma for Early Alert Communication



- Appendix 4 – Process Flowchart for the Reporting of Early Alerts

10.0 EQUALITY STATEMENT

10.1 In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact.

SIGNATORIES

_____ Date: _____

Process for the Reporting of Early Alerts to the Department of Health (the Department)

1.0 Introduction

The purpose of this guidance is to make staff aware of the arrangements which should be followed to ensure that the Department (and thus the Minister) receive prompt and timely details of events (these may include potential serious adverse incidents), which may require urgent attention or possible action by the Department including those of media interest.

2.0 Criteria for Reporting an Incident as an Early Alert

2.1 The established communications protocol between the Department and HSC organisations emphasises the principles of 'no surprises', and an integrated approach to communications. Accordingly, the Trust is required to notify the Department promptly (**within 48 hours of the event**) of any event which has occurred within services provided or commissioned by the Trust which meets one or more of the following criteria:

- a) Urgent regional action may be required by the Department, for example, where a risk has been identified which could potentially impact on the wider HSC service or systems;
- b) The Trust is going to contact a number of patients or clients about harm or possible harm that has occurred as a result of the care they received. Typically, this does not include contacting an individual patient or client unless one of the other criteria is also met;
- c) The Trust is going to issue a press release about harm or potential harm to patients or clients. This may relate to an individual patient or client;
- d) The event may attract media interest;
- e) The PSNI is involved in the investigation of a death or serious harm that has occurred in the Trust's Services, where there are concerns that a Trust service or practice issue (whether by omission or commission) may have contributed to or caused the death of a patient or client. This does not include any deaths routinely referred to the Coroner, unless:
 - (i) There has been an event which has caused harm to a patient or client and which has given rise to a coroner's investigation; or
 - (ii) Evidence comes to light during the Coroner's investigation or inquest which suggests possible harm was caused to a patient or client as a result of the treatment or care they received; or
 - (iii) The Coroner's inquest is likely to attract media interest.
- f) The following should always be notified:

- (i) The death of, or significant harm to, a child and abuse or neglect are known or suspected to be a factor;
 - (ii) The death of, or significant harm to, a Looked After Child or a child on the Child Protection Register or a young person in receipt of leaving and after care services;
 - (iii) Allegations that a child accommodated in a children's home has committed a serious offence; and
 - (iv) Any serious complaint about children's home or person(s) working there.
- g) There has been an immediate suspension of staff due to harm to patient/client or a serious breach of statutory duties has occurred.

3.0 Operational Arrangements

- 3.1 The Assistant Director should advise the relevant Director as soon as they are made aware of the incident having occurred within their area of responsibility.
- 3.2 The Director should consider the incident description against the criteria set out for reporting under the Early Alert system and make an assessment as to whether it is reportable.
- 3.3 The Director (or nominee) should communicate by telephone with the senior member of staff in the Department (ie the Permanent Secretary, Deputy Secretary, Chief Professional Officer or Assistant Secretary) and also an equivalent senior executive in the HSC Board, and the Public Health Agency, as appropriate and any other relevant bodies regarding the event.
- 3.4 Appendix 2 provides the contact details of a range of senior Departmental staff together with an indication of their respective areas of responsibility. The senior officers are not listed in order of contact. Should a senior officer with responsibility for an area associated with an event not be available, please proceed to contact any senior officer on the list. The list of names is up to date as at February 2019 but contact details should not change even if individual staff members do.
- 3.5 The next steps should be agreed during the call and appropriate follow-up action taken by the relevant parties.
- 3.6 The Director (or nominee) will arrange for the follow-up pro forma to be fully completed (to include names of person(s) affected where applicable) as soon as possible after the event but no later than 24 hours from the original telephone report (Appendix 1) and forwarded to the Risk Management Department by email marked 'important' for processing to the adverse incident email address Adverse.Incidents@westerntrust.hscni.net
- 3.7 The **Risk Management Department** will insert the appropriate reference number, anonymise the content and issue to the Department and HSCB early alerts mailbox within 24 hours of the initial telephone notification at 3.3. At **no time** should the completed proforma be forwarded to the Department



or HSCB by anyone other than via the Risk Management Department adverse incidents email address

- 3.8 The report will be issued simultaneously by the Risk Management Department via the Adverse Incident email address to Directors, Non-Executive Directors, the relevant Assistant Director, Head of Quality and Safety, Corporate Risk Manager, Head of Communications, Office of the Chief Executive and any other relevant officers as deemed appropriate as
- 3.9 An update and decision on whether the file can be closed or further follow up is required must be provided to the Risk Management Department Adverse.Incidents@westerntrust.hscni.net 4 weeks after the reporting date. This update will be provided to the HSCB and/or Department by the Risk Management Department via the adverse incident email address.
- 3.10 There may be occasions when Directors feel it is appropriate to provide updates to the Department on an Early Alert which has already been reported, and where there has been a considerable passage of time since the initial report, with possible Ministerial changes. It may be appropriate, therefore, for the Director (or nominee) to communicate with a senior member of staff in the Department of Health (ie the Permanent Secretary, Deputy Secretary, Chief Professional officer or Assistant Secretary) regarding the update. This is not mandatory, however it is considered to be good practice. Any telephone update should be advised to the Risk Management Department to allow for a written update to be provided also. Any such update will also be provided to the HSCB.
- 3.11 It is the responsibility of the Trust to comply with any other possible requirements to report or investigate the event being reported in line with any other relevant applicable guidance or protocols [eg Police Service for Northern Ireland (PSNI), Health & Safety Executive (HSE (NI)), Professional Regulatory Bodies, the Coroner etc. This should include compliance with GDPR requirements for information contained in the Early Alert proforma and the mandatory requirement to notify the Information Commissioner's Office (ICO) about any reportable personal data breaches. The information contained in the proforma should relate only to the key issue and it should not contain any personal data.

**Early Alert System
Departmental (DoH) Officer Contact List
(November 2020)**

Healthcare Policy Group

- **Deputy Secretary**
Jackie Johnston - 028 9052 3724
- **Primary Care/ Out of Hours Services**
Chris Matthews - 028 9052 2123
- **Secondary Care**
Ryan Wilson – 0289052 0265
- **Workforce Policy/ Human Resources**
Preeti Miller - 0289052 0504

Resources and Performance Management Group

- **Deputy Secretary**
Deborah McNeilly – 028 9052 2667
- **Capital Development**
Andrew Dawson 028 9052 2388
- **Information Breaches/ Data Protection**
La'Verne Montgomery – 028 9052 0501
- **Finance Director**
Brigitte Worth – 028 9052 3184

Social Services Policy Group

- **Chief Social Services Officer**
Sean Holland – 028 9052 0561
- **Child Protection/ Looked After Children (LAC)**
Eilis McDaniel – 028 9052 3263
- **Mental Health/ Learning Disability/ Elderly & Community Care**
Mark Lee – 028 9052 0724
- **Social Services**
Jackie McIlroy – 028 9052 0704



Chief Medical Officer Group

- **Chief Medical Officer**
Dr Michael McBride – 028 9052 0563
- **Deputy Chief Medical Officers**
Dr Naresh Chada – 028 9052 2049
Dr Lourda Geoghegan 028 9052 8173
- **Population Health**
Liz Redmond – 028 9052 2045
- **Chief Dental Officer**
Simon Reid – 028 9052 2940
- **Acting Chief Pharmaceutical Officer**
Cathy Harrison – 028 9052 3236
- **Senior Medical Officers**
Dr Carol Beattie – 028 9052 0717
Dr Naresh Chada – 028 9052 2049
Dr Gillian Armstrong – 028 9052 8386 – Healthcare-Associated Infections (HCAI – both confirmed and unconfirmed)

Chief Nursing Officer

- **Chief Nursing Officer**
Charlotte McArdle – 028 9052 0562
- **Deputy Chief Nursing Officer**
Heather Finlay – 028 9052 0007

Trust Reference

Initial call made to (DHSSPS) on (DATE)

Follow-up Proforma for Early Alert Communication:

Details of Person making Notification:

Name Organisation

Position Telephone

Criteria (from para 1.3) under which event is being notified (tick as appropriate)

- | | |
|---|--------------------------|
| 1. <i>urgent regional action</i> | <input type="checkbox"/> |
| 2. <i>contacting patients/clients about possible harm</i> | <input type="checkbox"/> |
| 3. <i>press release about harm</i> | <input type="checkbox"/> |
| 4. <i>regional media interest</i> | <input type="checkbox"/> |
| 5. <i>police involvement in investigation</i> | <input type="checkbox"/> |
| 6. <i>events involving children/young people in care or receiving after care support</i> | <input type="checkbox"/> |
| 7. <i>suspension of staff or breach of statutory duty</i> | <input type="checkbox"/> |

Brief summary of event being communicated: **If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child – Looked After or on CPR – please confirm report has been forwarded to Chair of Regional CPC.*

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact

Contact details: Telephone (work or home) _____

Mobile (work or home) _____

Email address (work or home) _____

Forward pro forma to **[insert relevant contact details]**



FOR COMPLETION BY DHSSPS:

Early Alert Communication received
by:

Office:

Forwarded for consideration and appropriate
action to:

Date:

Detail of follow-up action (if
applicable):