



## Bulletin Procedure

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## 1 Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (SECAMB) has a responsibility, and a legal duty, to ensure the safe and effective delivery of care to those whom we serve.
- 1.2. This procedure describes the management, process and cascade of essential clinical and operational bulletins to all staff working within SECAMB.
- 1.3. This procedure applies to all SECAMB staff, volunteers and students (including contractors working on behalf of the Trust) but specifically as follows:
- 1.4. **Clinical Bulletins** – apply to all grades of clinical staff, including those working in the Emergency Operations Centres (EOCs) and NHS 111.
- 1.5. **Operational Bulletins** – apply to all operational staff, students and volunteers responding on behalf of the trust, as well as staff working in Support Directorates as appropriate and depending on the issue in question.
- 1.6. The staff group covered will be specified clearly on every Bulletin, and on the communication being sent out.
- 1.7. This procedure is to be used to advise of important information required for safe and effective patient care and/or staff safety.
- 1.8. A bulletin must not override any Policy or Procedure.
- 1.9. During a Business Continuity Incident, Critical Incident, Major incident the trust may need to revert to following relevant incident policies and procedures.

## 2 Identifying information to be communicated via the Bulletin process.

- 2.1. Examples for producing a Bulletin may include but are not restricted to:
  - Changes to national clinical guidance from JRCALC, NICE and NSFs
  - Specific learning arising from adverse incidents and lessons learned.
  - Change to clinical practice.



- Updates in relation to use of existing clinical equipment
- Information on new clinical equipment
- Issuing of a Patient Safety Alert
- Information on new equipment
- Specific learning arising from adverse incidents and lessons learned.

- 2.2. The rationale behind the production and distribution of information can come in many forms and degrees of urgency.
- 2.3. When creating a bulletin, you should detail clearly in your communication with the relevant body for approval the rationale for issuing the bulletin and why other communication channels are not appropriate.
- 2.4. All Bulletins must include a full explanation of the rationale behind any changes.

### **3 Responsibilities**

- 3.1. The Director of Corporate Governance / Company Secretary has overall responsibility for ensuring the effective implementation of this procedure.
- 3.2. Senior Manager Group (SMG) will have day to day responsibility of managing this procedure to ensure that bulletins are approved and disseminated. SMG will receive assurance and governance that bulletins are read and understood, to be agreed with the author.
- 3.3. Prior to the Bulletin being communicated they will agree the date the bulletin can be archived. Nominally, this will be 8 weeks after circulation.
- 3.4. The author of each bulletin will be responsible for seeking assurance that, following issue, it has had the desired outcome.
- 3.5. It is the responsibility of the author to ensure that all relevant parties are made aware of the bulletin.
- 3.6. Line Managers have the responsibility for ensuring that the relevant people are aware of any published bulletin through appropriate channels. This includes briefing colleagues with bulletins issued in their absence from the Trust. They also have a responsibility for ensuring their teams comply with the process and are regularly accessing Bulletins as required for their role. Managers in support directorates have a similar responsibility for their teams.
- 3.7. All managers will be responsible for ensuring that Bulletins are removed from local display once the specified removal date is reached.



- 3.8. Colleagues have a responsibility to keep up to date with relevant changes in practice and to be aware of and comply with relevant guidance for NHS employees.
- 3.9. The Corporate Governance Team have a responsibility to manage the process and ensure that all bulletins have been through the approval process, prior to issue.

## **4 Procedure**

- 4.1. Give SECamb employees access to up to date and relevant changes that is central to the delivery of high quality and safe clinical care where other methods of communication are not deemed appropriate. Ensure that important clinical and operational changes are disseminated to staff in a timely manner, appropriate to the priority of need. Ensure that appropriate risk assessment of any changes is undertaken in a timely manner.
- 4.2. Ensure that SECamb can give assurance that clinical information with a high level of importance has been received and understood by clinical staff.
- 4.3. Only the given and approved templates ([found at Appendix B](#)) should be used to develop Bulletins. This is to ensure a standard and consistent format is utilised.
- 4.4. Alongside the development of any bulletin, consideration should also be given to utilising broader internal communication mechanisms to support communication and understanding. This could include ongoing or follow-up communication.
- 4.5. Advice can be sought from the Communications Team at [comms@secamb.nhs.uk](mailto:comms@secamb.nhs.uk) as needed.
- 4.6. The definition of a bulletins is detailed below.
  - 4.6.1. Operational Bulletin: Impact is on our staff.
  - 4.6.2. Clinical Bulletin: Impact is on our patients.

## **5 Create a new bulletin (within core business hours)**

- 5.1. The Corporate Governance Team will support authors in the process for developing a bulletin. Contact [corpgovmeetings@secamb.nhs.uk](mailto:corpgovmeetings@secamb.nhs.uk) if you



need support at any stage. You should get in touch at the earliest opportunity to avoid slowing down the progress of your document.

- 5.2. Use the correct template for the bulletin to be drafted.
- 5.3. Send the draft bulletin to [corpgovmeetings@secamb.nhs.uk](mailto:corpgovmeetings@secamb.nhs.uk) for Senior Manager Group (SMG) approval.
- 5.4. If the bulletin cannot wait to the next scheduled meeting of SMG, then it can review virtually.
- 5.5. SMG will use the consideration/approval checklist ([Appendix C](#))
- 5.6. Before SMG approval, all Bulletins must be signed off prior to dissemination by at least one of those named below:
- 5.7. Clinical Bulletins – Chief Paramedic Officer, Chief Medical Officer, Director of Nursing & Quality, Deputy Medical Director, Assistant Medical Directors, Consultant Clinicians, Chief Pharmacist.
- 5.8. Operational Bulletins – Director of Operations, Deputy Director of Operations, Associate Directors of Operations, Strategic Commander
- 5.9. A RED bulletin is defined as: a critical situation that requires immediate attention affecting patient or staff safety.
- 5.10. An Amber bulletin is defined as: An important amendment to practice or for important information to be shared staff wide.

## **6 Creation of a new bulletin (outside of core business hours)**

- 6.1. The trust acknowledges there may be occasions that are needed to disseminate changes outside of “core working hours”.
- 6.2. If it is agreed by the Strategic Commander on Call that an urgent bulletin needs to be issued immediately, this can be done by issuing the approved draft to the on-call communications manager for dissemination.
- 6.3. The governance route will apply to this retrospectively where it will go to SMG for retrospective approval.



## **7 Expiry Dates and Archive**

- 7.1. Each bulletin must include an expiry or review date at the time of issue.
- 7.2. The Corporate Governance Team have responsibility for ensuring that expired bulletins are archived.
- 7.3. Bulletins will be removed from circulation after eight weeks, unless advised by SMG.
- 7.4. The author will have responsibility to ensure the bulletin is withdrawn at the appropriate time and all effected colleagues are made aware.

## **8 Monitoring**

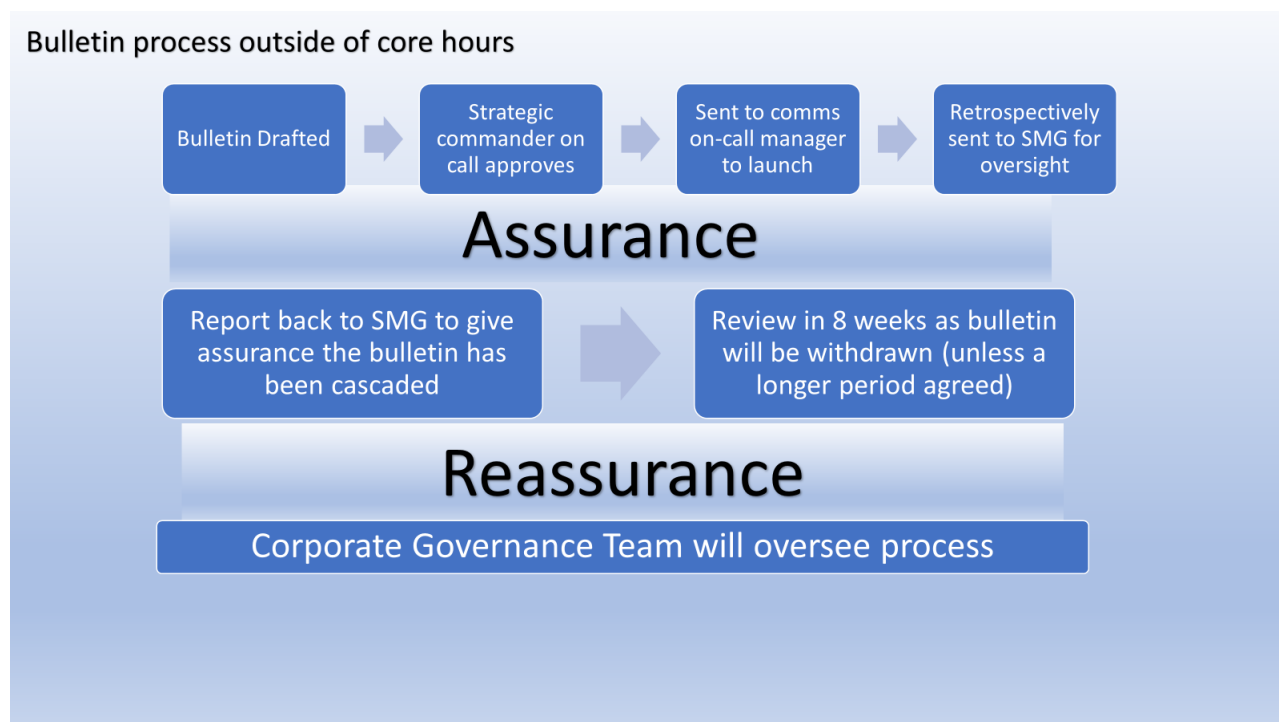
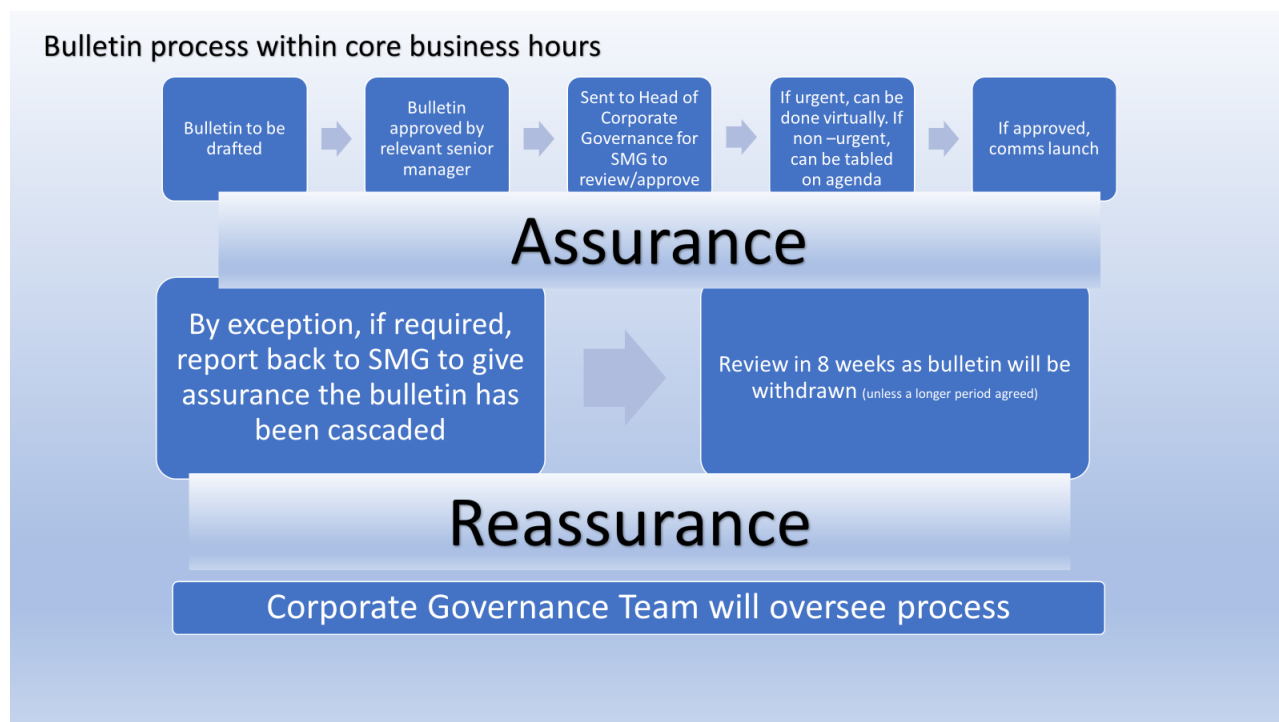
- 8.1. Compliance with the procedure will be monitored in a number of ways:
  - 8.1.1. Specific feedback obtained through the Quality Assurance Visit programme as well as any local compliance or assurance processes in place
  - 8.1.2. Feedback from Managers & Team Leaders following discussions with their staff
  - 8.1.3. This procedure will be reviewed at least every three years using the Policy for Policies; or earlier if required due to any significant issues identified through the monitoring process.
- 8.2. This procedure will be reviewed at least every three years using the Policy for Policies; or earlier if required due to any significant issues identified through the monitoring process.

## **9 Associated Documentation**

- 9.1. The procedure links to:
  - [Policy for the Implementation of New Guidelines](#)
  - [Policy on Policies](#)
  - [EPRR policies](#)



## Appendix A: Bulletin Approval flowchart









## Appendix B: Templates

### Clinical Bulletin: Urgent



#### Bulletin Subject

**Written By:** Editor Name, title  
**Authorised By:** Executive Name, title  
**Contact:** secamb.email@secamb.nhs.uk  
**Review Date:** DD/MM/YYYY  
**Applies To:** All staff | Frontline A&E | EOC staff | CFRs | NHS 111 | Private providers

#### Management Group Review:

#### Headline action

This is a brief description of **all action(s) to be taken** by staff to whom the bulletin applies.

#### Links to trust-wide learning and other actions

This section outlines learning and actions across other departments within the trust.

#### Evidence

This contains information surrounding the rationale and evidence behind the issuing of the instruction.

#### Other information

This section may provide a background of related changes externally, or in other areas of the trust.

#### Key points

- This section lists key actions and risks.
- Key points may be used to exclude specific staff subgroups from certain actions (e.g. this bulletin does not apply to Operational Team Leaders who are on duty as an operational commander).

#### How to use this template:

- Complete the header sections
- Change "bulletin subject" to the relevant title
- Complete the sections below the subject
- The "contact" field is the email address of the manager to be contacted with further questions.
- Delete (as appropriate) the staff groups who the bulletin does not apply to. You may need to specify a custom group of staff.
- Complete the headline action and further sections, deleting the placeholder text. If you have no information for a section (e.g. Risk Assessment) then delete the heading. You may wish to add additional headings as required.



## Clinical Bulletin



### Bulletin Subject

**Written By:** Editor Name, title  
**Authorised By:** Executive Name, title  
**Contact:** secamb.email@secamb.nhs.uk  
**Review Date:** DD/MM/YYYY  
**Applies To:** All staff | Frontline A&E | EOC staff | CFRs | NHS 111 | Private providers

#### Management Group Review:

#### Headline action

This is a brief description of **all action(s) to be taken** by staff to whom the bulletin applies.

#### Links to trust-wide learning and other actions

This section outlines learning and actions across other departments within the trust.

#### Clinical Evidence

This contains information surrounding the rationale and evidence behind the issuing of the instruction.

#### Other information

This section may provide a background of related changes externally, or in other areas of the trust.

#### Key points

- This section lists key actions and risks.
- Key points may be used to exclude specific staff subgroups from certain actions (e.g. this bulletin does not apply to Operational Team Leaders who are on duty as an operational commander).
- **How to use this template:**
  - Complete the header sections
  - Change "bulletin subject" to the relevant title
  - Complete the sections below the subject
  - The "contact" field is the email address of the manager to be contacted with further questions.
  - Delete (as appropriate) the staff groups who the bulletin does not apply to. You may need to specify a custom group of staff.
  - Complete the headline action and further sections, deleting the placeholder text. If you have no information for a section (e.g. Risk Assessment) then delete the heading. You may wish to add additional headings as required.
  - Distribute the document as per the "procedure for the dissemination of clinical and operational changes to staff".
  - To maintain consistency across bulletins, please do not change any formatting above "headline action".



## Operational Bulletin: Urgent



### Bulletin Subject

**Written By:** Editor Name, title  
**Authorised By:** Executive Name, title  
**Contact:** secamb.email@secamb.nhs.uk  
**Review Date:** DD/MM/YYYY  
**Applies To:** All staff | Frontline A&E | EOC staff | CFRs | NHS 111 | Private providers

#### Management Group Review:

#### Headline action

This is a brief description of **all action(s) to be taken** by staff to whom the bulletin applies.

#### Links to trust-wide learning and other actions

This section outlines learning and actions across other departments within the trust.

#### Evidence

This contains information surrounding the rationale and evidence behind the issuing of the instruction.

#### Other information

This section may provide a background of related changes externally, or in other areas of the trust.

#### Key points

- This section lists key actions and risks.
- Key points may be used to exclude specific staff subgroups from certain actions (e.g. this bulletin does not apply to Operational Team Leaders who are on duty as an operational commander).

#### How to use this template:

- Complete the header sections
- Change "bulletin subject" to the relevant title
- Complete the sections below the subject
- The "contact" field is the email address of the manager to be contacted with further questions.
- Delete (as appropriate) the staff groups who the bulletin does not apply to. You may need to specify a custom group of staff.
- Complete the headline action and further sections, deleting the placeholder text. If you have no information for a section (e.g. Risk Assessment) then delete the heading. You may wish to add additional headings as required.
- Distribute the document as per the "procedure for the dissemination of clinical and operational changes to staff".
- To maintain consistency across bulletins, please do not change any formatting above "headline action".



## Operational Bulletin



### Bulletin Subject

**Written By:** Editor Name, title  
**Authorised By:** Executive Name, title  
**Contact:** secamb.email@secamb.nhs.uk  
**Review Date:** DD/MM/YYYY  
**Applies To:** All staff | Frontline A&E | EOC staff | CFRs | NHS 111 | Private providers

#### Management Group Review:

#### Headline action

This is a brief description of **all action(s) to be taken** by staff to whom the bulletin applies.

#### Links to trust-wide learning and other actions

This section outlines learning and actions across other departments within the trust.

#### Evidence

This contains information surrounding the rationale and evidence behind the issuing of the instruction.

#### Other information

This section may provide a background of related changes externally, or in other areas of the trust.

#### Key points

- This section lists key actions and risks.
- Key points may be used to exclude specific staff subgroups from certain actions (e.g. this bulletin does not apply to Operational Team Leaders who are on duty as an operational commander).

#### How to use this template:

- Complete the header sections
- Change "bulletin subject" to the relevant title
- Complete the sections below the subject
- The "contact" field is the email address of the manager to be contacted with further questions.
- Delete (as appropriate) the staff groups who the bulletin does not apply to. You may need to specify a custom group of staff.



## Appendix C: Bulletin's Checklist

(for SMG to consider when approving bulletins)

Does the bulletin change a policy or procedure. If YES, do not proceed. <i>A bulletin will not amend any trust policy/procedure unless in business continuity.</i>	
Is the bulletin necessary? Would another forms of comms be better?	
Ensure that the author has identified the correct staff groups (Field Operations/EOC/Volunteers/CCP/APP/Corporate Services).	
Does the bulletin change or modify clinical practice? If so, is there support from Consultant Paramedics or Professional Practice Group?	
Is there an Education, Training or Development Need?	
Does the bulletin signpost correctly to further reading/material or a single point of contact for advice?	
Does the bulletin impact upon other service lines i.e. intended or unintended consequences?	
Is there a plan for mid-long-term solution in line with policy/procedure?	
Is the responsible executive, correct?	
Is 8 weeks reasonable for this bulletin?	
Does SMG require any additional assurances?	
What level of assurance does SMG require (from the authors) that the cascade of the bulletin has been successful / when by?	