



Procedure for the dissemination of clinical and operational changes to staff

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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 and cascade of essential clinical and operational information to all staff working within SECAMB.
- 1.3. This procedure applies to all SECAMB staff (including Private Ambulance Providers 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, 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.
- 1.7. This procedure relates to essential information required for safe and effective patient care and/or staff safety. This procedure does not relate to routine clinical or operational guidance, which will be disseminated using alternative communications methods.
- 1.8. This procedure replaces the previous Team Briefing Process, with immediate effect.

2 Procedure

- 2.1. The objectives of this procedure are to:
- 2.2. Ensure that SECAMB policies and procedures are adhered to at all times
- 2.3. Give SECAMB employees access to up to date and relevant information that is central to the delivery of high quality and safe clinical care
- 2.4. Ensure that clinical and operational information is disseminated to staff in a timely manner, appropriate to the priority of need
- 2.5. Ensure that appropriate risk assessment of any changes is undertaken in a timely manner
- 2.6. Ensure that SECAMB can give assurance that clinical information with a high level of importance has been received and understood by clinical staff



- 2.7. Ensure that specific lessons learned are disseminated to those who are required to know as a part of their role

3 Responsibilities

- 3.1. The Chief Executive Officer retains overall responsibility for this procedure.
- 3.2. The Medical Director is the Board Level Executive responsible for issuing Clinical Bulletins and the Director of Operations is the Board Level Executive responsible for issuing Operational Bulletins.
- 3.3. These responsibilities will be delegated on a day to day basis to the Deputy Medical Director, Associate Medical Directors, Consultant Clinicians & Chief Pharmacist (Clinical Bulletins) and to the Associate Director of Operations (Operational Bulletins). The author of each Bulletin, as above, will be responsible for providing assurance that, following issue it has had the desired outcome. This assurance can be gained in a number of ways, including utilising a Quality Improvement methodology. They will be also be responsible for ensuring that every Bulletin includes a removal/review date and is reviewed and either withdrawn or incorporated into substantive policy or procedure, as required.
- 3.4. Each member of staff has a responsibility to keep up to date with relevant changes in practice and all Trust staff have a responsibility to be aware of and comply with relevant guidance for NHS employees.
- 3.5. The Communications Team have a responsibility to manage the process and ensure that all Bulletins have been through the approved process, prior to issue.
- 3.6. Operational Managers, specifically OU Managers, Operational Team Leaders, EOC Managers and 111 Managers, have a responsibility to ensure their teams comply with the process and are regularly accessing Bulletins as needed. They are also responsible for ensuring that any Red/Amber Bulletins are noted during Area Governance Meetings. Managers in Support Directorates have a similar responsibility for their teams. All Managers will be responsible for ensuring that Bulletins are removed from local display once the specified removal date is reached.
- 3.7. All Managers will ensure that staff who have been absent from the Trust for any length of time are made aware of any relevant Bulletins that have been issued during their absence on their return.
- 3.8. The Clinical Development Team have a responsibility to manage utilisation of the iCPG App element of the procedure, including issuing Red Clinical Bulletins as needed and auditing the receipt of these as needed.



- 3.9. The Contracts Operations Manager has responsibility for ensuring that all Bulletins are shared as needed with Private Ambulance Providers (PAPs).

4 Identifying information to be communicated via the Bulletin process

- 4.1. The rationale behind the production and distribution of information can come in many forms and degrees of urgency.
- 4.2. The flow-chart included at Appendix A should be used to help decide whether a Bulletin is needed and if so, which Bulletin should be used.
- 4.3. For Amber and Red Clinical and Operational Bulletins, a Quality Impact Assessment (QIA) is mandatory.
- 4.4. For Red Bulletins, the QIA may be undertaken retrospectively, only if there are critical patient safety or colleague safety issues that must be immediately addressed out of office hours. For all other Bulletins, a QIA must be completed and approved prior to dissemination.
- 4.5. Reasons for producing a Clinical 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
 - Updates to current procedures
 - Updates to service policies and procedures
 - Change to clinical practice
 - Updates in relation to use of existing clinical equipment
 - Information on new clinical equipment
 - Issuing of a Patient Safety Alert
- 4.6. Reasons for producing an Operational Bulletin may include but are not restricted to:
- Updates to current procedures
 - Updates to service policies and procedures
 - Information on new equipment
 - Specific learning arising from adverse incidents and lessons learned
- 4.7. All Bulletins must be signed off prior to dissemination by at least one of those named below:
- 4.7.1. Clinical Bulletins – Medical Director, Director of Nursing & Quality, Deputy Medical Director, Assistant Medical Directors, Consultant Clinicians, Chief Pharmacist



- 4.7.2. Operational Bulletins – Director of Operations, Associate Directors of Operations, Regional Operations Managers
- 4.7.3. In addition, any Red Bulletins issued out of hours must be agreed by the on-call Executive Director
- 4.8. All Bulletins must include a full explanation of the rationale behind any changes.

5 Procedure & Definitions

- 5.1 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.
- 5.2 A Bulletin should not normally contradict existing Trust Policy/Procedure however where this is unavoidable, the relevant Policy/Procedure will be updated as soon as possible, and the Bulletin withdrawn. Any Bulletin which contradicts Policy/Procedure will clearly state that this is the case and identify the document(s) contradicted and the sections superseded in the content of the Bulletin.
 - 5.2 The procedure, as outlined at Appendix A, contains four Bulletin options:
 - 5.2.1 Amber Clinical Bulletin – contains routine but essential clinical update information, of which all clinical staff need some awareness. The expectation is that this is read as soon as possible but this does not require formal confirmation of receipt and understanding. These will be published on a standard day to encourage awareness of publication dates e.g. “change Wednesday”.
 - 5.2.2 Red Clinical Bulletin – contains extremely important/immediate patient safety implications of which all clinical staff need to be aware and should only be produced to address an issue assessed to be of significant risk to SECAMB, its staff or patients. Issuing of Red Clinical Bulletins should be infrequent but carries the utmost importance and confirmation of receipt and understanding of these bulletins may be deemed mandatory depending on the contents. This may be recorded electronically, via the iCPG app or by a physical signature if required.
 - 5.2.3 Amber Operational Bulletin – contains routine but essential operational information, of which all operational staff need some awareness. The expectation is that this is read as soon as possible but this does not require formal confirmation of receipt and understanding.



These will be published on a standard day to encourage awareness of publication dates.

5.2.4 Red Operational Bulletin – contains extremely important/immediate operational implications of which all operational staff need to be aware and should only be produced to address an issue assessed to be of significant risk to SECAMB, its staff or patients.

5.3 Alongside this procedure, the Trust will also receive other urgent and routine alerts, including JRCLALC guideline updates in iCPG.

6 Widening dissemination

6.1 Alongside the development of any clinical or operational bulletins, consideration should also be given to utilising broader internal communication mechanisms to support communication and understanding. This could include on-going or follow-up communication.

6.2 Advice can be sought from the Corporate Communications Team at comms@secamb.nhs.uk as needed.

7 Expiry dates

7.1 Each bulletin must include an expiry or review date at the time of issue.

7.2 The Corporate Communications Team have responsibility for ensuring that expired bulletins are removed from the Intranet and Content Locker. They will also have responsibility for reminding the original authors when a bulletin is due for review.

7.3 The original author(s) has responsibility for advising whether the Bulletin should be withdrawn from circulation or whether existing Trust



policy/procedure should be updated to include the information in the Bulletin.

8 Monitoring

8.1 Compliance with the procedure will be monitored in a number of ways:

- Specific feedback obtained through the Quality Assurance Visit programme as well as any local compliance or assurance processes in place
- Feedback from Managers & Team Leaders following discussions with their staff
- Evidence of receipt & reading of iCPG bulletins
- Quarterly Pulse Surveys
- Annual NHS Staff Survey

7.2 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.

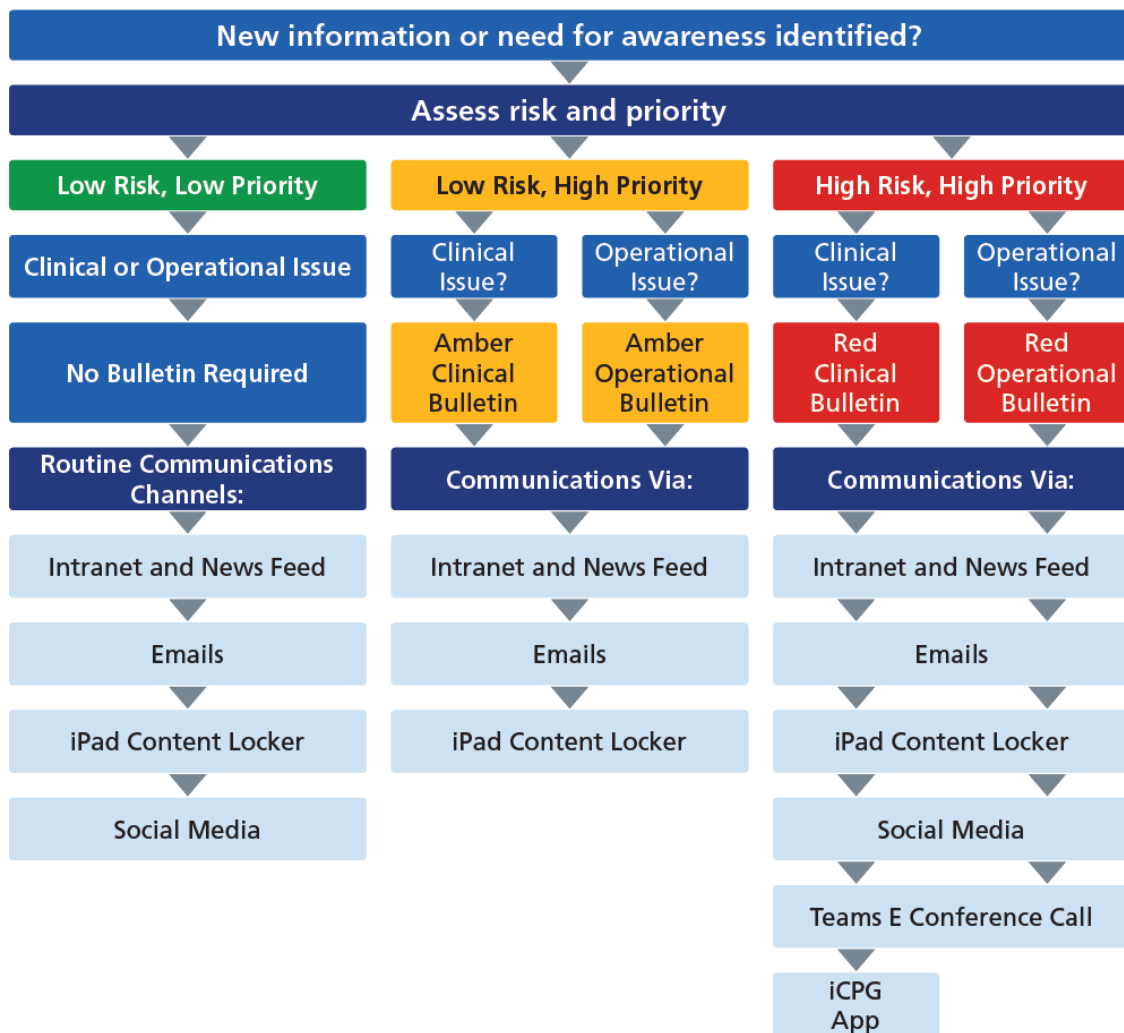


Appendix A: Bulletin Approval flowchart



Information Bulletin Cascade Process

Flowchart for Operational or Clinical Communications





Appendix B – Bulletin templates

Clinical Red Bulletin

Serial: CXXX
Version: 1.0
Date Issued: DDMMYYYY
Effective From: DDMMYYYY

Clinical Bulletin: Urgent

Bulletin Subject

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

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.

Quality impact assessment summary
A Quality Impact Assessment (QIA) and/or Risk Assessment should be considered for all bulletins.

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.

All bulletins are available on The Zone and in your trust iPad content locker. Page 1 of 2

Operational Red Bulletin

Serial: OXXX
Version: 1.0
Date Issued: DDMMYYYY
Effective From: DDMMYYYY

Operational Bulletin: Urgent

Bulletin Subject

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

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.

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Clinical Amber Bulletin

Serial: CXXX
Version: 1.0
Date Issued: DDMMYYYY
Effective From: DDMMYYYY

Clinical Bulletin

Bulletin Subject

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

Headline action
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Links to trust-wide learning and other actions
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Operational Amber Bulletin

Serial: OXXX
Version: 1.0
Date Issued: DDMMYYYY
Effective From: DDMMYYYY

Operational Bulletin

Bulletin Subject

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

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.

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