



**Reference: HSC (SQSD) 64/16**

**Date of Issue: 28 November 2016**

## **EARLY ALERT SYSTEM**

### **For Action:**

Chief Executives of HSC Trusts  
Chief Executive, HSCB for cascade to:

- *General Medical Practices*
- *Community Pharmacy Practices*
- *General Dental Practitioners*
- *Ophthalmic Practitioners*

Chief Executive NIAS  
Chief Executive RQIA  
Chief Executive PHA  
Chief Executive NIBTS  
Chief Executive NIMDTA  
Chief Executive NIPEC  
Chief Executive BSO

### **For Information:**

Distribution as listed at the end of this Circular.

### **Issue**

This Circular provides updated guidance on the operation of the Early Alert System which is designed to ensure that the Department of Health (DoH) is made aware in a timely fashion of significant events which may require the attention of the Minister, Chief Professional Officers or policy leads.

### **Action**

#### **Chief Executive, HSCB and PHA should:**

- Disseminate this circular to all relevant HSCB/PHA staff for consideration through the normal HSCB/PHA processes for assuring implementation of safety and quality circulars.
- Disseminate this circular to Community Pharmacies, General Medical, General Dental and Ophthalmic Practitioners.

### **Related documents**

HSC (SQSD) 10/10: Establishment of an Early Alert System  
<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2010-10.pdf>

HSC (SQSD) 07/14: Proper use of the Early Alert System  
<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2007-14.pdf>

**Superseded documents:** N/A

**Implementation:** Immediate

DoH Safety and Quality Circulars can be accessed on:  
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars>

## **Chief Executives of HSC Trusts, NIAS, NIBTS, NIPEC and BSO should:**

- Disseminate this circular to all relevant staff.

## **Chief Executive, RQIA should:**

- Disseminate this circular to all relevant independent sector providers.

## **Chief Executive, NIMDTA should:**

- Disseminate this circular to doctors and dentists in training in all relevant specialities.

## **Background**

In June 2010, the process of reporting Early Alerts was introduced. The purpose of this circular is to re-issue the guidance and Early Alert notification to advise staff of the procedures to be followed if an Early Alert is appropriate.

This revised circular will also serve as a reminder to the HSC organisations 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.

You are asked to ensure that this circular is communicated to relevant staff within your organisation.

## **Purpose of the Early Alert System**

The Early Alert System provides a channel which enables Chief Executives and their senior staff (Director level or higher) in HSC organisations 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, and which may require immediate attention by Minister, Chief Professional Officers or policy leads, and/or require urgent regional action by the Department.

## **Criteria for using the Early Alert System**

The established communications protocol between the Department and HSC organisations emphasises the principles of 'no surprises', and an integrated approach to communications. Accordingly, HSC organisations should notify the Department promptly (within 48 hours of the event in question) of any event which has occurred within the services provided or commissioned by their organisation, or relating to Family Practitioner Services, and which meets one or more of the following criteria:

1. *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;*

2. *The HSC organisation 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;*
3. *The HSC organisation 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;*
4. *The event may attract media interest;*
5. *The Police Service of Northern Ireland (PSNI) is involved in the investigation of a death or serious harm that has occurred in the HSC service, where there are concerns that a HSC 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 the 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.*
6. *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;*
  - iii. *allegations that a child accommodated in a children's home has committed a serious offence; and*
  - iv. *any serious complaint about a children's home or persons working there.*
7. *There has been an immediate suspension of staff due to harm to patient/client or a serious breach of statutory duties has occurred.*

Family Practitioner Services should notify the HSC Board about events within the services they provide that meet one or more of these criteria. The HSC Board will then notify the Department.

### **Operational Arrangements**

It is the responsibility of the reporting HSC organisation to ensure that a senior person from the organisation (at Director level or higher) communicates with a senior member of staff in the Department (i.e. the Permanent Secretary, Deputy Secretary, Chief Professional Officer, or Assistant Secretary) regarding the event, and also an equivalent senior executive in the HSC Board, and the Public Health Agency, as appropriate, and any other relevant bodies.

It is the responsibility of the reporting Family Practitioner Service practice to ensure that a senior person from the practice **speaks in person** to the Director of Integrated Care (or deputy) in the HSC Board regarding the event.

The next steps will be agreed during the call and appropriate follow-up action taken by the relevant parties. In **all** cases, however, the reporting organisation must arrange for the content of the initial contact to be recorded on the pro forma attached at **Annex A**, and forwarded, within **24 hours** of notification of the event, to the Department at [earlyalert@health-ni.gov.uk](mailto:earlyalert@health-ni.gov.uk) and the HSC Board at [earlyalert@hscni.net](mailto:earlyalert@hscni.net)

There will be occasions when reporting organisations feel it is appropriate to provide updates on an Early Alert which has already been reported. Given that a passage of time may have elapsed and Ministerial changes, this is good practice. It may be appropriate, therefore, for a senior person from the organisation (at Director level or higher) to communicate with a senior member of staff in the Department (i.e. the Permanent Secretary, Deputy Secretary, Chief Professional Officer, or Assistant Secretary) regarding the update. This is not mandatory but reporting organisations will wish to exercise judgement as to whether there has been a substantive change in the position which would warrant a call.

#### **Enquiries:**

Any enquiries about the content of this circular should be addressed to:

Mr Brian Godfrey  
Safety Strategy Unit  
Department of Health  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ  
**Tel:** 028 9052 3775  
[qualityandsafety@health-ni.gov.uk](mailto:qualityandsafety@health-ni.gov.uk)

Yours sincerely



**Dr Paddy Woods**

#### **Distributed for information to:**

Director of Public Health/Medical Director, PHA  
Director of Nursing, PHA  
Dir of Performance Management & Service Improvement, HSCB  
Dir of Integrated Care, HSCB  
Head of Pharmacy and Medicines Management, HSCB  
Heads of Pharmacy and Medicines Management, HSC Trusts

Safety and Quality Alerts Team, HSC Board  
Governance Leads, HSC Trusts  
Prof. Sam Porter, Head of Nursing & Midwifery, QUB  
Prof. Pascal McKeown, Head of Medical School, QUB  
Prof. Donald Burden, Head of School of Dentistry, QUB  
Professor Carmel Hughes, Head of School of Pharmacy QUB  
Dr Owen Barr, Head of School of Nursing, UU  
Prof. Paul McCarron, Head of Pharmacy School, UU  
Staff Tutor of Nursing, Open University  
Director, Safety Forum  
Lead, NI Medicines Governance Team  
NI Medicines Information Service  
NI Centre for Pharmacy Learning and Development  
Clinical Education Centre  
NI Royal College of Nursing

✘ Initial call made to [ ] (DoH) on [ ] DATE

**Follow-up Pro-forma for Early Alert Communication:**

**Details of Person making Notification:**

Name [ ] Organisation [ ]  
Position [ ] Telephone [ ]

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

- 1. Urgent regional action
- 2. Contacting patients/clients about possible harm
- 3. Press release about harm
- 4. Regional media interest
- 5. Police involvement in investigation
- 6. Events involving children
- 7. Suspension of staff or breach of statutory duty

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.*

[ ]  
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**Appropriate contact within the organisation should further detail be required:**

Name of appropriate contact: [ ]

**Contact details:**

Email address (work or home) .....

Mobile (work or home) ..... Telephone (work or home) .....

Forward pro-forma to the Department at: [earlyalert@health-ni.gov.uk](mailto:earlyalert@health-ni.gov.uk) and the HSC Board at: [earlyalert@hscni.net](mailto:earlyalert@hscni.net)

**FOR COMPLETION BY DoH:**

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....