

## Safety Alert Policy

(Distribution, implementation and monitoring of safety alerts)

June 2022

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<b>Approved By</b>	NHSGGC Health and Safety Forum
<b>Date Approved</b>	June 2022
<b>Review Date</b>	3 years from approval
<b>Version</b>	V4
<b>Replaces Version</b>	December 2017 (Version 3)

	<b>Contents</b>	<b>Page No.</b>
<b>1.</b>	<b>Introduction</b>	<b>3</b>
<b>2.</b>	<b>The Scope of the Policy</b>	<b>4</b>
<b>3.</b>	<b>Safety Alert Principles</b> 3.1 External Information 3.2 Internal Information	<b>4</b>
<b>4.</b>	<b>Responsibilities</b> 4.1 Director of Human Resources and Organisational Development 4.2 Directors and Chief Officers 4.3 Nominated Contacts 4.4 NHS Incidents and Alerts Safety Officers (IASO) and the Central Distribution and Return Point (CDRP) 4.5 Technical and Specialist Managers	<b>6</b>
<b>5.</b>	<b>Storage and Retention of Safety Alerts</b>	<b>8</b>
<b>6.</b>	<b>Monitoring and Review</b>	<b>8</b>
<b>7.</b>	<b>Staff Awareness and Training</b>	<b>9</b>
<b>8.</b>	<b>Bibliography</b>	<b>9</b>
<b>9.</b>	<b>Additional Guidance</b>	<b>9</b>
<b>10.</b>	<b>Appendices</b>	
	<b>Appendix 1 – Alerts Process flowchart - Overview</b>	<b>10</b>
	<b>Appendix 2 – List of Hyperlinks</b>	<b>11</b>

## 1. Introduction

- 1.1 NHS Greater Glasgow and Clyde (NHSGGC) will take all reasonable steps to minimise any risk that patients, staff and other persons may be exposed to as a result of the organisation's undertakings.
- 1.2 This policy sets out the guiding principles to promote patient and staff safety where information identifying potential risk is received by NHSGGC from external bodies or agencies and communicated within the Board. In addition, when information regarding potential risk is identified from within the organisation it will be communicated within NHSGGC and shared with external agencies and the wider NHS Scotland.

The most common types of alerts and notices are as follows:

Alert Name	Source	Content
<b>Estates and Facilities Alerts</b>	From Health Facilities Scotland (HFS)	Important safety advice on estates and facilities equipment
<b>National Patient Safety Alerts</b>	From Medicines & Healthcare Regulatory Agency (MHRA). Received Via HFS	Published only for the most serious issues that will impact on patient safety. Replaces Medical Device Alerts.
<b>Device Safety Information</b>	From MHRA. Received via HFS	Sent to organisations such as professional bodies or charities directly to inform them of new information relevant to their area of expertise and interest. Normally for healthcare professionals but may sometimes be directly relevant to patients
<b>Information Messages</b>	From HFS	Draws attention to information which may be relevant to the safety of equipment and facilities
<b>Hazard notifications</b>	From HFS	Important and urgent safety advice on equipment
<b>Field Safety Notices</b>	From Manufacturers	Alerts issued directly from manufacturers of medical devices regarding a safety related issue
<b>Internal Safety Advice Notices</b>	From Clinical Risk, H&S, etc.	Important safety advice learned from incidents that have occurred within NHSGGC

For the purpose of this policy, all such documents will be referred to as Safety Alerts

- 1.3. The principles and processes set out within this policy are in keeping with [Chief Executives Letter CEL 43 \(2009\) Safety of Health, Social Care, Estates and Facilities Equipment](#). In particular the NHS Incidents and Alerts Safety Officers for NHSGGC is the Head of Health and Safety, or nominated Deputy during periods of absence.

In exceptional circumstances where the Safety Alerts only refers to equipment or activities related to a specific single service then only that service will receive notification, for example, the Central Decontamination Unit.

## **2. The scope of the policy**

This policy and supporting procedures applies to all staff working within all areas of NHSGGC.

Current procedures will continue to be deployed by Health & Social Care Partnerships in which Primary Care contractors receive copies of Safety Alerts from their respective Nominated Contacts. Responsibility for action resides with these Primary Care contractors and will not form part of the monitoring arrangements in this policy.

Current procedures will be maintained within the Estates and Facilities Directorate to ensure providers and maintenance contractors for PFI facilities will receive links to relevant Safety Alerts. Responsibility for action will remain with the parties concerned and will not form part of the monitoring of this policy, though may be part of the established monitoring arrangements between NHSGGC and the PFI providers.

## **3 Safety Alert principles**

NHSGGC has a duty to disseminate Safety Alerts information throughout the Board services and to ensure that appropriate action is taken in order to minimise risk to staff and patients. This is shown in the flowchart of the process (found in appendix 1: Alerts Process flowchart - Overview). Additional guidance surrounding the process is available on the Safety Alerts Process and returns page on StaffNet ([Link](#))

The Director of Human Resources and Organisational Development, with responsibility for Health and Safety, will ensure a suitable Policy and procedures are in place.

The Central Distribution and Return Point (CDRP), managed by the Health & Safety service will email out Safety Alerts to the relevant identified nominated contacts. The Safety Alerts will also be posted on StaffNet for viewing.

On receipt of the Safety Alert, the nominated contacts will cascade within their respective service, and then collate responses before coordinating a return for their area of responsibility.

A quarterly report will be generated and included as part of the Health & Safety Storyboard. The full report will be available quarterly to Directors and Chief Officers on StaffNet ([Link](#)).

Technical and specialist managers (see Section 4.4) will support the process when required by providing guidance and instruction. This information will be e-mailed directly to nominated contacts with the Safety Alerts and published on StaffNet.

Depending on the nature and content of the Safety Alerts, a co-ordinated approach may be required to provide advice and appropriate documentation, such as organisational action (rather than local action) taken, or provision of risk assessments, etc., throughout the organisation. Examples of this have included instances in which medical physics have a plan in place to update software of medical equipment, but end users still require to be updated of the issue and

how to avoid it on current software. In this situation, the CDRP will involve relevant specialist advisory services within the organisation prior to issue.

**All staff have a duty to read the Safety Alerts they receive and implement measures identified.**

### 3.1 External Alerts

This refers to safety information coming into the organisation, for example from Health Facilities Scotland.

Any member of staff independently receiving any type of 'Safety Alert', such as a manufacturer's Field Safety Notice, should forward the notice to the Health and Safety Service Manager, and seek appropriate advice.

### 3.2 Internal Alerts

This refers to information which has become known within NHSGGC as a result of local incidents and near misses:

All staff must use the Board's incident reporting systems to report incidents or near misses (DATIX) involving:

- Medical equipment and supplies. This includes medical devices, laboratory equipment and medical supplies and / or:
- Estates equipment, including engineering plant, installed services, piped medical gas and gas scavenging system, buildings, building fabrics and vehicles.

NHS Greater Glasgow and Clyde has a duty to review incidents or near misses as described above.

- Where appropriate, such incidents or near misses will be reported to the Scottish Healthcare Supplies Incident Reporting and Investigation Centre (IRIC) in the format required by Chief Executives Letter CEL 43 (2009) *Safety of Health, Social Care, Estates and Facilities Equipment*. The relevant technical and specialist managers will report to the IRIC, and will inform the Health and Safety Service Manager. Where appropriate, an Internal Safety Advice Notice will be prepared for formal distribution and appropriate action throughout the organisation.

Creation of an Internal Safety Alerts Notice (ISAN) must be on the agreed template ([link](#)) and the final version sent to [HealthAndSafety.Alerts@ggc.scot.nhs.uk](mailto:HealthAndSafety.Alerts@ggc.scot.nhs.uk) in the first instance.

The turnaround for distribution of all alerts is two working days (Monday to Friday). For Internal Alerts and in exceptional circumstances where a more urgent turnaround is required; the latest an alert can be received for distribution that day is 12:00 p.m. Any alerts received after this time will be issued on the following working day.

## 4 Responsibilities

### 4.1 Director of Human Resources and Organisational Development

To establish and maintain a system to ensure that;

- On receipt of all Safety Alert information, NHSGGC will have an established system, to ensure that:
  - Safety Alerts received from Health Facilities Scotland, are forwarded to the Central Distribution and Return Point, for distribution throughout NHSGGC
  - The system will ensure adequate procedures are in place for monitoring and support of the Policy.
  - The system will be designed to ensure that contingency arrangements are in place, in the event that the normal recipient is unable to receive the notices, such as any form or absence or leave.

### 4.2 Directors & Chief Officers

Directors and Chief Officers are responsible for Health and Safety within their area of responsibility and this includes:

- Ensuring appropriate action is taken on receipt of safety alerts.
- Ensuring procedures are in place for responding to safety alerts.
- Ensuring that any change in nominated recipients be alerted to the CDRP and acknowledgement of change received, this should include known long term absence.

Support will be provided as detailed in this Policy through specialist advisors (identified at section 4.5)

### 4.3 Nominated Contacts

All Nominated Contacts have a key role in ensuring the appropriate dissemination of Safety Alerts and appropriate action within their areas of responsibility. They must assure the organisation of the robustness of the local procedures in place.

Nominated contacts will receive Safety Alerts by e-mail, cascade within their own service, and collate actions taken. Where the nominated contact is unable or believes it would be inappropriate to implement certain actions, this should be recorded in the online response survey. Completion of this survey for each alert received must be within one calendar month.

**It is essential to the efficient function of the system that Nominated Contacts are the only persons to complete and submit the Safety Alert response survey, and only for instances that they have received the email alert from the Health & Safety Service. When disseminating the Safety Alert further within their area of responsibility, they remove the survey link, which will be within the original email.**

**Please note that for alerts received even if there is nothing to report, a 'Nothing to Report' should still be returned.**

#### **4.4 NHS Incidents and Alerts Safety Officers (IASO) and the Central Distribution and Return Point (CDRP)**

The IASO (Head of Health and Safety and nominated deputies) will receive a copy of safety alerts directly from:

- External sources including Health Facilities Scotland, individual Manufacturers/ Suppliers
- Internal departments that have created an Internal Safety Advice Notice, or wish specific external alerts to be distributed.

A process is in place, including covering for leave, for incoming alerts to be forwarded from IASO to the CDRP.

Upon receipt the CDRP has two working days to process alerts, where applicable, obtaining input from advisory departments e.g. Clinical Physics, etc. Alerts will be distributed to relevant nominated contacts.

Thereafter, the IASO will ensure the following actions will be undertaken:

- Delivery receipts will be monitored monthly for instances in which the recipient of alerts is likely to be on long term leave (responses stating out of office; undeliverable to mailbox being full, etc.). The service will then be contacted asking for an alternative contact to be nominated.
- Record results of audits undertaken in respect of specific Safety Alerts.
- Compile quarterly assurance report which will be:
  - Distributed at Director and Chief Officer level,
  - Cascaded to relevant committees
  - Posted on Staffnet, and
  - Submitted to the NHS GGC Risk Management Steering Group and the Health and Safety Forum

#### **4.5 Technical and Specialist Managers**

Technical and specialist managers (e.g. Clinical Risk Managers, Clinical Physics, Health and Safety Managers, Moving and Handling Service Lead, & Fire Officers) will receive all notices for information.

Technical & Specialist managers will have a responsibility:

- 1 To provide appropriate guidance or instruction, such as reports or position statements, for nominated contacts, in relation to the content of applicable Safety Alerts received within seven working days. Any such guidance or instruction should be copied to the Head of Clinical Governance and Health and Safety Service Manager.

In relation to this:

- Assess if technical action is required in accordance with the notice.
- Ensure that action is taken within a relevant timescale to ensure the safety of patients and staff.
- Prepare and issue reports or position statements to the nominated contacts within seven days of receiving the notices.

- Forward such reports to the Nominated Equipment Co-ordinator which will be placed on StaffNet for information, within seven days of receiving the notices.
  - Participate in any co-coordinated responses that are required, as identified by the Health and Safety Service Manager, or Head of Clinical Governance.
- 2 To distribute, where appropriate, relevant notices to staff within their area as a nominated contact and to send back return response forms to the CDRP accordingly within one calendar month.

**Please note that even if there is nothing to report for an alert that you have received, a 'Nothing to Report' should still be forwarded.**

## **5 Storage and Retention of Safety Alerts**

A maximum of 5 years' alerts, supporting technical guidance and instruction will be available on StaffNet.

A list of all Safety Alerts and hazard notifications is available on the Health Facilities Scotland website:

<https://www.nss.nhs.scot/publications/>

Similarly for Medical Device alerts on the MHRA website:

[https://www.gov.uk/drug-device-alerts?alert\\_type%5B%5D=devices](https://www.gov.uk/drug-device-alerts?alert_type%5B%5D=devices)

The CDRP will store the original Safety Alerts and all responses from nominated contacts.

## **6 Monitoring and review**

NHSGGC requires assurance that the duty of care is satisfied in respect of the dissemination of Safety Alerts, action taken and monitoring of the process. A quarterly report provided by the Central distribution and Return Point to the Incidents and Alerts Safety Officers should show the status of Safety Alerts issued within the quarter. The NHS GGC Risk Management Steering Group will be regularly updated on the application of this Policy and any issues of corporate significance. The Policy will be reviewed every three years. Responsibility for reviewing the Policy lies with the Director of Human Resources and Organisational Development, with delegation to the Head of Health and Safety for updating as required.

The procedures will be audited in line with organisational requirements, and the results will be presented to the NHSGGC Risk Management Steering Group and the NHSGGC Health and Safety Forum. Responsibility for undertaking this audit lies with the Health and Safety Service Manager.

NHSGGC has a duty to conduct periodic reviews of Safety Alerts, regarding the ongoing implementation of measures introduced in the past. The Risk Management Steering Group will monitor/review the quarterly assurance reports to identify any notices of corporate significance / long term relevance that may need to be reflected in the NHS GGC Corporate Risk Register.



## 7 Staff awareness and information

### Nominated Contacts

Guidance notes will be issued to new nominated contacts which explains their role in this process, instruction on what information they will be receiving from CDRP and how the response system works.

These documents will also be available to current nominated contacts on request.

### All other staff

Awareness of the Safety Alert Policy will be raised with staff during the induction process. All managers have a responsibility to inform staff, through local induction, of how and where to access the notices relevant to their area of work.

New starts, bank staff, locum staff and staff returning from any form of leave **must** be made aware of the Safety Alerts which may affect them or the patients in their care.

## 8 Bibliography

- NHS Quality Improvement Scotland Report on alerts/notices received by NHSScotland: Meeting with NHS Boards (October 2005)
- Scottish Government Health Dept: Chief Executives Letter CEL 43 (2009) *Safety of Health, Social Care, Estates and Facilities Equipment*
- Addendum to CEL43 Nov 2013: *Extension of procedures to all contractors and private or independent service providers*

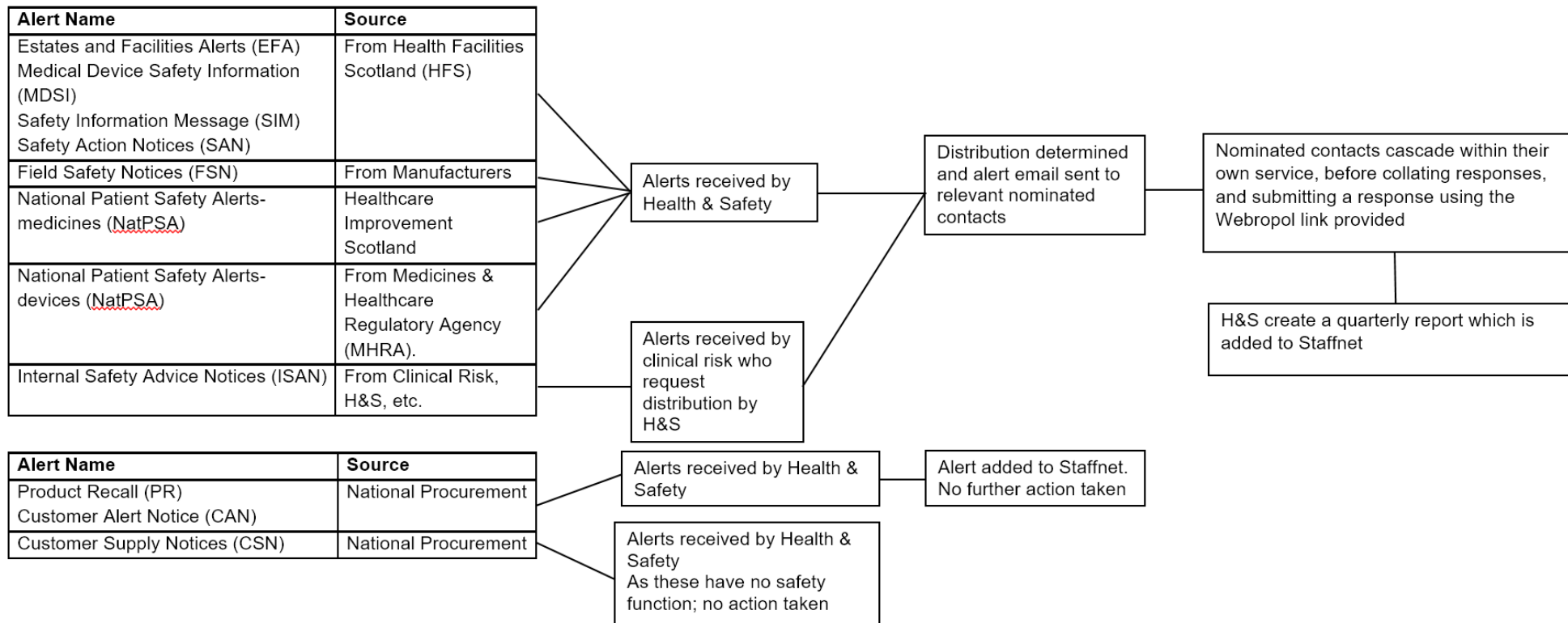
## 9 Additional Guidance

The health and safety department have created a number of additional guidance documents detailing different sections of the process of alerts distribution.

Document Number	Topic	Relevant to
1	Creating an Internal Safety Alert Notice	All Departments
2	Explanation of emails issued	Nominated Contacts
3	Explanation of Webropol response form	Nominated Contacts
4	Internal Health & Safety Arrangements	Internal Only
5	Alert types and distribution methods	All departments

These documents can be obtained at the Safety Alert process page in the Health & Safety Staffnet site ([link](#))

## Appendix 1 – Alerts Process flowchart: Overview



## Appendix 2 – List of Hyperlinks

Chief Executive CEL 43 Letter

[Chief Executives Letter CEL 43 \(2009\) \*Safety of Health, Social Care, Estates and Facilities Equipment\*](#)

Safety Alert Process Guidance page

[http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Pages/HSC\\_MDAResponses\\_KW\\_090318.aspx](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Pages/HSC_MDAResponses_KW_090318.aspx)

Internal Safety Alerts Notice (ISAN) Creation Guidance

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Corporate%20Health%20and%20Safety/Documents/New%20Alerts%20Process/SAN2021%20Guidance%20-%20Creation.docx>

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