

EAST LANCASHIRE HOSPITALS NHS TRUST

**GUIDELINES FOR
DE-BRIEFING MAJOR INCIDENTS**

JUNE 2013

Note: these guidelines have been developed from the Lancashire Resilience Forum General Purposes Group, Guidelines for De-Briefing Incidents.

bettertogether

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EAST LANCASHIRE HOSPITALS NHS TRUST
GUIDELINES FOR DE-BRIEFING MAJOR INCIDENTS

- The Emergency Planning Officer will examine daily On Call Manager logs in order to identify incidents, which may require further investigation for de-briefing
- Any Silver Command member may bring to the attention of the Emergency Planning Officer any incident that they feel may require a de-brief
- The Emergency Planning Officer or nominee will co-ordinate the dissemination of this information to members of Silver and Bronze Command and liaise with the Silver Commander
- The Silver Commander will make the necessary administrative arrangements, including a minute taker for the de-brief
- Silver Commander or nominee will be the chairperson for the debrief
- There should be a three (3) week time limit for in-house de-briefing
- A draft de-brief report/minutes will be produced by Silver Command with an action summary and circulated within two (2) weeks of the de-brief to all participating members for observations. Circulation will normally be by e-mail
- Participating members should take no longer than one (1) week to lodge observations on the draft with the Silver Command
- This report/minutes will be forwarded to the Chairperson (Silver Commander or nominee) of the de-brief for final approval prior to circulation
- This report should be included in the Serious Untoward Incidents Report, liaise with the Governance Unit for assistance.

CHAIRPERSON CHECKLIST

INCIDENT TITLE.....

PRELIMINARIES

Have you:

- Reviewed the incident from papers supplied by Silver Command
- Amended this checklist if necessary
- Discussed your requirements with the minute taker. Are de-brief forms out on the tables with agenda
- Nominated a person to make a summary of actions (may be minute taker). This will be read out at the end of the de-brief

Welcome everyone to the (*Venue*)

House keeping

- Alarms
- Toilets
- Refreshments
- Smoking
- Breaks
- Mobiles

Introductions

By all – including role within the incident

Purpose of De-briefing

- Review processes, procedures and structures not about individual
- Identify good practice and areas for future development
- Honest open and no finger pointing
- Not intended to compromise any on-going investigation – we will respect an individuals' wish to decline to comments if that will compromise any investigative issues
- Investigative issues are not listed for de-brief

Reporting

- Some of you may have already had your departmental de-briefs and already considering your own actions
- Outline the de-brief process

Format of the De-brief

- Not 'structured de-briefing'
- Aim for at least three examples of good practice and three learning points from each person
- Your de-brief forms are on the desk. Please fill them in either now or send them back to the chairperson
- As actions are identified (*Name*) will record them
- We have an agenda but inevitably we will stray and jump about but as a checklist it will be useful

STARTING THE DE-BRIEF

1. General Overview of Incident

- a) By Chairperson

2. Initial Notification

- a) How did we all find out? Was it timely?
- b) Did we tell who needed to know?
- c) Were there 'information only' messages?

3. Mobilisation

- a) Were plans utilised?
- b) Are there gaps in the plans?
- c) Actions by departments?
- d) Was there specialist input required?

4. Liaison

- a) Basic liaison structures put in place? Did it work?
- b) Did we start talking to each other?

5. Police Co-ordination – was it?

- a) Clear
- b) Pro-active
- c) Decisive
- d) Inclusive

6. Media / Public relations issues

- a) Media interest – local/national
- b) Media management
- c) Response agencies media co-ordination
- d) Media Briefing Centres

7. Resourcing

- a) Personnel
- b) Equipment

8. Welfare

- a) Response Personnel
- b) Health and Safety

9. Business Continuity


- a) Able to maintain core services
- b) Impact on core business

10. Recovery issues

- a) What longer term issues are/need to be addressed?
- i. Clinical and Non Clinical Supplies
- ii. Essential Supplies
- iii. Staff
- iv. Utilities
- v. Hospital Services

11. Areas for Improvement (to be taken forward)

- a) Each Department

- 
- b) Actions – to whom
 - c) AOB

12. Summary

- a) By Chairperson

13. Closing

- a) By Chairperson

DE-BRIEF FEEDBACK

INCIDENT.....

Date

Thank you for taking part in this de-brief. The aim of the de-brief is to highlight and reinforce good practice and to identify areas in which we may be able to improve our response and enhance our planning.

The actions arising from this de-brief will be monitored and tracked to conclusion by the Emergency Preparedness Group. This will ensure that lessons are fully taken account of and fed back to prepare our response in the future.

Many issues will have been discussed during the de-brief but this form gives you an opportunity to list the **three** most important issues that relate to you and your organisation, both positive and areas for improvement.

We respect that some people may wish to remain anonymous in their response.

Having completed the form, can you leave it in the tray provided

Thank you.

| |
|-----------------------|
| Three Positive Points |
|-----------------------|



Three Areas for Improvement

Name
(optional).....

Position
(optional).....

Department (optional).....

Thank you for taking the time to complete this form