PART C

Recovery

Return, Debriefing & Reports

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RECOVERY

1.1 GENERAL INFORMATION

Following the response phase of a major or critical incident there will need to be a full review, detailed de-brief and evaluation of what worked well and what requires revision prior to any other incident response.

It should be recognised that staff may have been working under considerable pressure caring for severely injured and dying patients and will need to recover before they can return to full efficiency. Also members of staff may have been affected by the incident, either directly or through family and friends. Welfare support should be considered where appropriate. This support should have been provided during the main response phase and must be considered to be a continuation of that process.

1.2 RECOVERY WORKING GROUP

A Hospital Recovery Working Group must be established as a priority by the Trust Silver Team during the initial stages (1-2 hours) of any serious incident. A senior manager or clinician should be assigned to coordinate all recovery activities using this Framework section as reference. A 'Recovery Information Pack' is available in the Trust incident rooms and via the Trust Intranet.

1.3 'NEW NORMALITY'

An important consideration for all levels of management is that following any major incident a return to a semblance of community or corporate normality must be deemed as a 'new normality'. Over what may have been an intense response phase members of staff will have worked considerable hours under extremely stressful conditions and following this period there may be a marked difference in staff circumstances and other working relationships.

It is important to re-establish normal clinical care and departmental routines as soon as possible including managing the backlog of any cancelled interventions. The Department of Health and Commissioners will need to evaluate and support the return to routine performance management measures.

The Recovery stage is a vital part of business continuity and incident management. Aligned with a Business Impact Analysis it identifies resource, staffing and data requirements to enable services to return to mainstream functioning within any determined timescales. The Trust's recovery arrangements are an essential area of incident response and business continuity invocation.

1.4 EXIT STRATEGIES

An exit strategy is defined as a means of withdrawing from a given situation or incident. During the initial phases of an event and the first meetings of the Trust Gold Group an exit strategy needs urgently identifying and to be planned alongside the staff and community recovery issues. This strategy should entail equipment, staffing, resource considerations, specifications and key points for debrief and organisational continuity. The identified recovery manager could prove invaluable at any debriefs and also a key resource for the Hospital Silver Team.

1.5 DECONTAMINATION – HAZMAT OR CBRN AGENTS

The Trust decontamination procedures identifies all decontamination processes and is available to all staff. These procedures will require to be followed by all staff in departments. This requires to be linked into the guidance and advice also available for protected staff exposed to any chemical, biological, chemical, radiological or explosive agents (CBRN(E). Further information in respect of the coordination of supplies can be found in the Response section of this framework

There is also guidance for effective decontamination of rooms and equipment. Any specific personnel who utilise this guidance must be trained and protected according to national and local guidance. **Any procedure must be subject to the most rigorous risk assessment and the safety of all staff is paramount at all times.**

In extreme cases guidance and advice can be obtained from the Department of Health, Health Protection Agency (HPA), Government Decontamination Service (GDS) or Environment Agency (EA).

1.6 DEBRIEFING

Consideration must be given to debriefing relevant staff involved in the Trust's response to a major or critical incident .This will identify lessons learnt, assist in adopting future good practice, highlight 'near miss' situations, validate planning considerations and secure resilient business continuity and recovery arrangements. Hot team debriefs should be held as soon as working arrangements allow, preferably within 14 days. Debriefing can be conducted using a 'structured', 'semi-structured' or 'open' format but any meeting should be subject of full record with learning points and recommendations. Any action plan must be included in the final report. The full major organisational debrief should take place within 6 weeks of stabilisation and a review report submitted to the appropriate Trust Director for any further actions.

1.7 RECOVERY PHASE – STAFF CONSIDERATIONS

The Trust recognises that during the response to a major incident staff may have worked over contracted hours to ensure that our services are delivered. Hours worked above contracts will be paid as outlined within the Agenda for Change guidelines for over-time rates. However continuing the hospital's core service provision is absolutely paramount, and should not be compromised.

1.8 INVESTIGATION, INQUIRY OR INQUEST

In the event of any major incident, it is possible that the Hospital Trust may be required to take part in an external inquiry. If this is *not* the case, as a minimum, an internal review should be carried out promptly, with the findings reported to the Trust Board. This should be commissioned by the appropriate Director who may, in liaison with the Director of Quality and Standards, require a Serious Incident (SI) investigation to be undertaken by a Trust manager. All issues and decisions should be fully recorded and logged and all documents retained as exhibits. Any information recorded by whatever means is fully disclosable at any future inquiry. The Trust has a number of trained and fully accredited log-keepers who can provide the required support with these matters. A list of Trust log-keepers is retained by the Resilience Department and Trust switchboard.

The Trust Risk Manager can provide further advice and support in respect of Coronial responsibilities, format of inquests and witness protocols.

The Trust Resilience Manager can provide guidance in respect of police investigations, partner agency roles and responsibilities, and inquiry formats.

1.9 RECOVERY PLANNING

For planning purposes it may be useful for options considered to be in chronological order as:

1. The Initial Impact
- Ensure Health and Safety of all personnel and are all accounted for
- Establish extent of the disruption and likely timescale
- Who to notify
- Brief all stakeholders (internal & external) plus neighbouring departments

2.   The Immediate Future
- Establishing internal and external communication links
- Temporary arrangements for all stakeholders
- Implementing control measures to minimise disruption
- Diverting resources to areas of most need

3.   Longer Term
- Resume normal working practices
- Debrief staff to learn from any mistakes made
- Update the plan to reflect lessons learnt
- Further training, exercising and testing of all plans

Recovery planning should be based on prioritising Staff, Space (Accommodation), Services and Supplies (The 4 S's)

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