Debrief Report **Draft – 12.07.18**	
Abertawe Bro Morgannwg University Health Board Response to the 2017/18 Seasonal Influenza, January to April 2018	
Debrief Commissioned By:	Professor Angela Hopkins, Interim Director of Nursing & Patient Experience and Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience
Incident:	Seasonal Influenza activity in Abertawe Bro Morgannwg University Health Board, Winter 2017/18 (January to April 2018)
Date of Debrief:	Monday, 9th April 2018, 09.00 hrs – 12.00 hrs.
Debrief Location:	Port Talbot Resource Centre, Main Training Room
Author:	Joanne Walters, Senior Infection Prevention & Control Nurse
Facilitator:	Karen Jones Head of Emergency Preparedness, Resilience and Response, (EPRR).
Scribe:	Emergency Planning Officer, Health Protection Team, Public Health Wales.

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ABMU Health Board Seasonal Influenza Debrief

1. Introduction

The following is a review of the Abertawe Bro Morgannwg University Health Board (ABMU HB) response to the seasonal influenza activity over the period January – April 2018. This appraisal provides an opportunity to evaluate the efficiency and effectiveness of the response. To learn from the experiences and to offer a source of information that will assist in future planning, training and exercising. The information contained in this debrief report is a summary of the information captured through a structured debrief to ascertain the effectiveness of the ABMU planning, resilience and response. The structured debrief took place 9th of April 2018.

This debrief was commissioned by the Corporate Nursing Team. It was agreed that a structured debrief was to be undertaken and a report to be produced to make observations and recommendations to improve the planning, response and recovery to future incidents.

This report does not attribute comments to any particular work programme or person.

The debrief report will be further discussed and the recommendations monitored within the ABMU Emergency Preparedness Resilience and Response Strategy Group. The findings will be presented to the Board's Infection Prevention & Control Committee and the Quality & Safety Committee.

2. Aim and objectives of the Debrief

2.1. Aim

To provide Corporate, Service Delivery Units, Pathology and Microbiology Departments, and other Support Service representatives with an opportunity to reflect on, and learn from, their experiences during the response to 2017/18 seasonal Influenza in ABMU Health Board.

2.2. Objectives

To discuss, examine, and learn from, areas of good practice and lessons identified during the response to Seasonal Influenza activity by:

- Sharing, discussing and learning from the positive elements of the response and recovery process in relation to Seasonal Influenza;
- Sharing, discussing and learning from the most challenging aspects of the response and recovery processes;
- Considering any appropriate arrangements required to support responses for similar incidents from the Units, services and command and control perspectives;

- To collate the discussions and produce a report which will make observations, share lessons learned, draw conclusions, and make recommendations to improve the planning, response and recovery processes to significant business continuity incidents in the future.

3. Methodology

3.1. The debrief approach was based on allowing each participant to capture their personal experiences from a positive perspective as well as allowing for challenges to be identified.

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*Prior to the structured debrief taking place, staff were requested to complete a debrief proforma that had been included within the joining instructions (see **Appendix 2**). This aimed to provide staff with an opportunity reflect on the response and recovery processes in preparation for the structured debrief. The debrief proforma further allowed those who were unable to attend, an opportunity to feedback.*

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4. Rules of the Debrief

To ensure that the debrief was carried out in a way that was conducive to promoting organisational learning, to maximise the opportunity to improve preparedness and response and to ensure the debrief was held in accordance to the ABMUHB Values, participants were asked to;

- Participate in the debrief openly and honestly.
- Pursue their personal, group and the organisational understanding and learning that can be derived from the debrief.
- Be consistent with your professional responsibilities.
- Respect the rights of individuals.
- Note that the purpose of the debrief was not to attribute blame and it was not to be a test of any individual's responses to the incidences.

5. Debrief

The formal structured debrief took place on the 9th of April 2018, at the Neath Port Talbot Resource Centre. Attendees were welcomed and Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience, provided introductions. The participants received a presentation provided by Delyth Davies, Head of Nursing, Infection Prevention & Control, providing a summary of the 2017/18 Seasonal

Influenza activity within ABMU Health Board. A copy of this presentation is available in **Appendix 3**.

The debrief facilitator was Karen Jones (Head of Emergency Preparedness Resilience and Response in ABMU) supported by Daniel Rixon (Emergency Planning Officer at Public Health Wales) who acted as scribe.

A copy of the debrief agenda can be found in **Appendix 4**.

5.1. Attendance

The following staff attended:

- Ceri Matthews –Head of Nursing, Clinical Support Services, Morriston Hospital
- Kerry Miller – Respiratory Protection Coordinator
- Susan Jones – Site Manager, Neath Port Talbot Hospital
- Olwen Morgan – Interim Head of Nursing, Neath Port Talbot Hospital
- Christine Williams – Unit Nurse Director, Singleton Hospital Delivery Unit
- Delyth Davies – Head of Nursing, Infection Prevention & Control
- Craig Dyer – Respiratory Consultant
- Amanda Jackson – Matron Critical Care, ITU, Princess of Wales Hospital
- Paul Dunning – Head of Staff Health and Wellbeing
- Cathy Dowling - Interim Deputy Director of Nursing & Patient Experience
- Brendan Healy –Consultant in Infectious Diseases and Microbiology
- Joanne Walters – Senior Infection Prevention & Control Nurse
- Joy Lewis – Service Manager Occupational Health
- Alison Cobley – Senior Matron, Princess of Wales Hospital

A list of additional staff invited to the Debrief, but who were unable to attend, is located in **Appendix 5**.

6. Incident Overview

During the 2017/18 Influenza Season, ABMU Health Board experienced high rates of Influenza activity compared with previous influenza seasons. This reflected the position across the NHS in Wales. The numbers of confirmed cases increased after week 52, 2017, reaching the first of three peaks at week 3, 2018 (mid-January 2018). Compared to the same period in the previous year, the number of cases during the initial peak were four times higher. When considering the impact of influenza on the organisation, it is relevant to include all cases with Influenza like illness, and include those that were confirmed cases of influenza and those with suspected influenza.

Increased Influenza Like Illness had a direct impact on daily operational service delivery across all of the acute hospital sites. Between January and April 2018, there were 508 laboratory confirmed cases. Influenza B was the predominant circulating

strain, accounting for 55% of cases. Of the 509 confirmed cases, 33% recorded as being hospital-acquired cases (HAIs), as the sample collection date was more than 48 hours following admission to hospital.

Each Delivery Unit held Incident Management Team meetings to review the position each day; these then linked into an overarching Influenza Outbreak Control Group. These meetings assessed the impact and agreed plans to maintain service provision and patient flow.

Charts illustrating the impact of influenza activity can be found in the Debrief Presentation in **Appendix 3.**

7. Observations and Recommendations

For the sake of clarity and brevity, observations are summarised under the following themed headings:

- Plans / mitigation / immunisation / policies
- Impact on patients / service / staff / equipment / supplies / estates
- Response
- Communication
- Command, Control and coordination
- Hazard & Threats (including isolation, Personal protective equipment, cohorting, transfers)
- Treatment and Prophylaxis
- Recovery
- Training

Participants provided feedback on the following questions, their responses were then discussed at the debrief:

- What aspects of the response did not go so well?
- What aspects of the response/recovery processes **did** go well and considered good practice?
- What observations or recommendations for change should be acknowledged or implemented, to improve future planning, response and recovery processes for significant business continuity incidents?

Responses for each Question are summarised on the following pages.

7.1. From your experience, what did you find as the most challenging aspects of the response?

Plans/Mitigation/Immunisation/Polices
• There was no predetermined ward to be used as a dedicated influenza ward. • Vaccination was not free to care home sector workers. • The number of Immunisation clinic sessions was limited to the available Occupational Health Department staff resources. Some of the Health Board Health Care workers continue to decline vaccination. • There was no inpatient policy for vaccination and collection of data regarding vaccination history was not always available. • The seasonal Influenza policy was accessible on COIN, however quick reference guides for case identification and management were required for use in real time.
Impact: Patients/Service/Staff/Equipment/Supplies/Estates
• Patient & members of the public being exposed to symptomatic persons waiting in communal areas/corridors. • The patient flow in admission units was affected by bay closures. • A lack of sufficient isolation rooms • Delayed discharges to care homes. • The waiting/segregation area in Singleton Assessment Unit was hot and uncomfortable, as there were no windows. • Staff could not easily observe patients in the waiting areas. • The respiratory wards received the influenza cases who were unable to safely self-care at home. This approach did in some instances impact on the ability to provide specialised respiratory care to others who did not have influenza. • Increased activity and an increased demand on staffing resources; • Personal protective equipment usage levels. Inadequate supplies of appropriate personal protective equipment available due to high usage levels. • Specific virology swabs for testing, not routinely stored on wards, only issued by Public Health Wales labs on request. Alternative swabs used for testing & received in a white-top, universal pots, take more time to process than virology swabs. • Incorrect sampling technique caused a delay in confirming the diagnosis, which may influenza patient management.

Response
• Segregation/waiting areas were reported to be hot and uncomfortable with no windows to ventilate the area. • Not all sites had separate waiting areas for suspected cases. • Additional staff resources through agency who were not always happy to work in areas affected by Influenza. • Increase in activity meant extra capacity beds were opened, including use of consultation rooms in Minor Injury Units and wards that have previously been closed this increased pressure on staff resources. • Clinical duties of Infection Prevention Control staff resource were affected as the Infection Prevention Control nursing team collected and collated the required information across sites to assess the impact and daily position.
Communication
• Limited patient/carer information regarding influenza and appropriate infection control measures. • Communicating the appropriate information consistently in patient notes and on diagnostic request forms. • Wards were not always able to provide appropriate information regarding current position.
Command, Control and Coordination
• Need to ensure multi-disciplinary approach is in place sooner. Business continuity arrangement should be in place to prevent an emergency. • Physician coordinators on each site to improve communication and coordination in preparation for response to influenza season. • Control of emergency stock supplies – unable to account for stock removal.
Hazards/Threats; Isolation, Personal protective equipment, Cohorting, transfers
• Insufficient isolation facilities on wards and admission units to meet the demand. • Case definition risk assessment not consistently applied to all those who presented to hospital. • Not all sites had separate waiting areas for suspected cases. • Inconsistent application of personal protective equipment during transfers. • Welsh Ambulance Service Trust staff were not consistent with the use of correct Respiratory Protective Equipment when transferring suspected cases • Outbreaks/closed beds affecting business continuity, delayed transfers to other clinical areas.

• Staff working with signs of respiratory illness. • Transfers back to care homes being refused by the care providers.
Treatment/prophylaxis
• Delay in commencing treatment despite suspicion of Influenza like illness. • Some staff did not follow national guidance for use of prophylaxis. • Confusion around the difference between treatment and prophylaxis. • Exposed contacts not always commenced on the correct prophylaxis regime.
Recovery
No points noted.
Training
No points noted.

7.2. From your experience, what did you find as the most positive aspects of the response?

Plans/Mitigation/Immunisation/Policies
• Cohesive planning between Outbreak Control Group/ Multi-disciplinary team members. Outbreak management model used on each site worked well. • The engagement of Physicians and other key staff groups in establishing an Multi-disciplinary team group approach; meeting daily to communicate Key messages in outbreak management, for resource evaluation and forward planning to maintain service delivery. • Active immunisation programme for vulnerable inpatients prior to Influenza season. • The choice of Drop-In & Mobile staff vaccination clinics. • Pharmacists able to access Primary Care Community vaccination history via WPAS, this was then documented in prescription chart
Impact: Patients/Service/Staff/Equipment/Supplies/Estates
• Patients were protected from influenza exposure by separate waiting rooms. • Use of Influenza Case definition stickers on request forms with symptoms and new admission info. • Domestic & Porter teams worked very flexibly to respond to transfers, discharges and requests for AMBER Cleaning.
Response
• Establishing an agreed, defined patient pathway;

- Segregation of suspected cases awaiting assessment and during admission to Hospital.
- Daily site review meetings, feeding into Health Board Outbreak Control Group.
- Development of additional resources to aid identification and management of cases.
- Patient / Carer questionnaire, identifying symptoms & immunisation history completed for all patients, completed at the reception desk ensured consistency in identifying potential Influenza like illness cases.
- A visible presence & the support from the Infection Prevention Control Team members improved the ward staff knowledge and compliance with correct cases identification & ongoing case management;

Communications

- Use of Skype for Meetings across site.
- Use of social media to send out regular updates and information to patients and the public.
- Hard-hitting media releases, with as many real-time local facts and information.
- Sustained internal communications to encourage staff flu jab uptake.
- Of transmission, personal protective equipment and recovery.
- Clear information in the form of quick reference guides distributed around Singleton Assessment Unit and the Cohort Ward, improved personal protective equipment use.
- A unified Influenza template was developed, and presented the “live” current position on all wards with suspected flu. It traced all patients with symptoms, allowing appropriate cohorting of patients and tracking of any potential hospital acquired infections. This template enabled improved “Out-of-Hours” communication, and appropriate bed allocation.

Command, Control and Coordination

- Planning from the top down was influential. Cohesive working ensured there was “Buy in” from all Senior staff and department heads which ensured action was agreed and completed. e.g. resources, change in documentation.
- Outbreak control group meetings held daily and fed into Health Board wide meetings allowed full assessment and impact on service provision. Skype Meeting across sites reduced travelling/expenses.
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Hazards/Threats; Isolation, Personal protective equipment, Cohorting, transfers

- RED & Green waiting areas following risk assessment in Singleton Assessment Unit; facilitated flow within the unit, reduced hospital acquired infection, and ensured that there was a standardised approach to personal protective equipment across the Singleton Assessment Unit and Cohort flu ward.
- Wards had to report the reason for cubicle utilisation so that prioritisation occurred.
- Specialised skills & respiratory knowledge were available in the cohort wards.
- Restricting the visiting times in affected areas reduced personal protective equipment usage.
- Local testing for Respiratory virus has facilitated improved patient flow and better utilisation of limited single rooms'.
- Central stock to hold emergency personal protective equipment was essential to meet demand.

Treatment/Prophylaxis

- Microbiologists developed quick reference guidelines for the treatment and prophylaxis of symptomatic confirmed and exposed cases.
- Stickers in notes indicating date of symptoms onset/confirmed diagnosis/ date of treatment commencing.

Recovery

- Nothing of note recorded.

Training

- There was improved awareness following the development of visual prompts & resources in line with Policy & guidelines.
- Visible presence of Infection Prevention Control Nurse staff on wards allowed staff to gain assurance on all aspects of Infection prevention control.

7.3. From your experience what were some of the most significant points that you have learnt and how can these be utilised to make improvements?

Plans/Mitigation/Immunisation/Policies

- The benefit of Invoke plans earlier. Multi-disciplinary approach to prevent outbreak.
- All admission areas to triage all admissions and consider Influenza like illness during the influenza season.

- The importance of asking predefined Questions to see if the patient meets the criteria for Influenza like illness.
- All wards to facilitate the vaccination of inpatients from September onwards.
- Immunisation programme, wider, to incorporate care home staff and carers.

Impact: Patients/Service/Staff/Equipment/Supplies/Estates

- During periods of high influenza activity, elective surgery to be halted.
- Benefits of information patients &carers in what to look out for and how to protect themselves.
- Wards and departments to increase their stock levels of personal protective equipment during winter months.
- Stock of red top virology swabs to be available to order by wards.
- Virology Testing facilities within ABMU – consider feasibility and reliability of Point of Care testing on site.
- Unified way of monitoring of patients identified as meeting “Case Definition”, and use of appropriate cohorting of patients, to maintain patient flow through the Medical Assessment Unit (and wider hospital).

Response

- Early identification of patients meeting “case definition”.
- Regular meeting of Multi-disciplinary team to address and review potential problems.
- Use of volunteers the future – visually as a PR opportunity. Remind people to wash their hands, communicate with those on site, and raise awareness of infection circulating in the community.
- Front door assessment and early segregation and testing.
- Central ownership by the wards to report patients numbers in their care and their clinical management. This should be part of clinical management of cases and would relieve demands on the stretched Infection Prevention Control team.

Communications

- Regular and standardised ward template of all patients with symptoms.
- Next year we would appreciate a more planned way to get the information we need.
- Focussed communication messages; use of social media.
- Web page for resource reference.
- Information gathering; central ownership.

Command, Control and Coordination

- Importance of cohesive working of all multi-disciplinary team members.

- Regular meetings to communicate effectively, to assess situation, plan the response and evaluate the impact.
- Appropriate medical and nursing input to track and review patients where needed; staff supported by infection control for risk assessment and infection prevention control advice.

Hazards/Threats; Isolation, Personal protective equipment, Cohorting, transfers

- All sites require an increase the number of single rooms available to use for infected & other cases) across sites
- The benefit of having separate waiting rooms to prevent exposure/cross infection
- Appropriate cohorting of patients with infective symptoms.
- All wards to provide bed management teams with information on cubicle utilisation daily.
- Personal protective equipment stock levels to be increased in the winter months and personal protective equipment grab packs to be available for emergencies but not relied on for stock availability.
- Firm public health guidance for care home settings in relation to discharge/admission procedures.

Recovery

- Quantify outcome measures; was there a positive impact on staff sickness, mortality rates, number of bed days.

Training

- Medical and nursing staff to receive refresher training in the weeks leading into the influenza season.
- Provide an update on the ABMU response and recommendations from the debrief report at the forthcoming nursing conference.
- Benefits of prophylaxis need to be incorporated within staff education.
- Resource pack to be available with case definition stickers/date of symptom onset.
- Utilise recent good practice and build on this for next flu season.

8. Recommendations

No.	Recommendation	Comments	Target Date for completion / update of outcome	Responsible Owner / Lead coordinator
1	To improve the uptake of patient immunisation, all wards and admission units across the Health Board should work pro-actively; offering Flu vaccination to all inpatients from September onwards.		Sept/Oct	Delivery Units/ Pharmacy
2	Good working relationships with physicians lead to improved outcomes, Each Service Delivery Unit should identify a Lead physician co-ordinator for the influenza season.	Multi-disciplinary team working will ensure consistent management of cases & ensure patient flow continues.	September 2018	Unit Medical Directors
3	All sites to identify a suitable influenza cohort ward for admission of suspected and confirmed cases of Influenza.	This will minimise interruption to patient flow within admission/assessment units.	September 2018	Service Delivery Unit and Site management teams
4	Medical and nursing staff to receive education & refresher training in the weeks leading into the influenza season. Quick reference tools/guideline to supplement the Policy should be available.	Infection prevention control will be delivering awareness training to wards & departments from Mid- September	October 2018	Infection Prevention Control Team (IPCT)

No.	Recommendation	Comments	Target Date for completion / update of outcome	Responsible Owner / Lead coordinator
5	Each admission unit to identify separate waiting areas for suspected cases of Influenza like illness. Separation of potentially infectious patients (at the time of admission) will reduce risk of influenza transmission.	A questionnaire completed on arrival to the reception /booking in area, will allow reception staff to direct the patient according to the responses and communicate identified risk at point of triage.	September 2018	Admission unit Managers
6	Early recognition of possible cases; all admission areas will risk assess each emergency admission to consider Influenza Like illness. All cases that meet case definition will be considered as a possible Influenza like illness and managed in line ABMU Influenza policy, following best practice and NICE guidelines.	Risk assessment tools have been developed and will be incorporated in a resource pack that	September 2018	Admission units.
7	Wards must clearly communicate with other departments & personnel so that patients, considered as infectious, do not wait in waiting areas alongside other, non- infectious patients.	Prior to and during the influenza season, reminders will be sent to department staff on the importance of clear communication and of the visual prompts that identify Influenza like illness risk.	September 2018	Wards, department

No.	Recommendation	Comments	Target Date for completion / update of outcome	Responsible Owner / Lead coordinator
8	BIOFIRE testing undertaken locally improved the time taken for diagnosis and allowed individual case management decision such as discontinuation of unnecessary treatment	ABMU Health Board should consider if this service would be required as it is not currently part of the contract and will require additional funding.	September 2018	All Delivery Units.
9	Sample collection; there were delays in testing/diagnosis due to incorrect sample collection. All admission units will have a stock of RED Virology swabs and instructions to follow.	Further clarification on how the wards will access/order the swabs. Resources are already available for the correct sample collection process.	September 2018	Pathology department. Admission units
10	All influenza testing requests must contain details of the symptoms and date of onset. Use of the “Influenza like illness risk assessment“ sticker, when applied to the virology request form, was beneficial to laboratory personnel during the triage of specimens.	Electronic testing requests are available in some locations; an electronic format is being considered.	September 2018	Public Health Wales (PHW) Laboratory
11	Staff will be knowledgeable and compliant in the use of correct personal protective equipment (PPE).	Resource pack will contain visual aids as a quick reference guide to PPE.	September 2018	All staff

No.	Recommendation	Comments	Target Date for completion / update of outcome	Responsible Owner / Lead coordinator
12	All wards must maintain adequate stock of appropriate PPE at all times; increased stock levels must be available during the influenza season.	Emergency PPE 'grab' packs were utilised too frequently during the previous season.	September 2018	Ward managers
13	A centrally held supply of PPE should be available for emergency use.	Emergency PPE 'grab' packs were utilised too frequently during the previous season.	September 2018	RPC
14	Additional staff resources may be required during periods of high activity. The delivery units should consider how they will manage this demand.	Porters, domestics, care providers, administration and patient flow staff.	September 2018	Delivery units
15	To maintain patient flow and improve discharge planning, Delivery units should consider having multi-disciplinary discharge teams.	This will allow planning for movement of recovered cases from cohort wards.	September 2018	Delivery Units
16	During increased influenza activity, daily communication between sites using SKYPE will improve communications on pressures.		September 2018	Delivery unit /site management teams/IPC/PHW

No.	Recommendation	Comments	Target Date for completion / update of outcome	Responsible Owner / Lead coordinator
17	Communications team to utilise Social media to educate and inform the public; also to liaise with IPCT & PHW to ensure that communications are relevant and up to date.		September 2018	Communication team
18	To provide a predictive value in relation to anticipation of peak of activity, ICNET will be used to provided influenza data (positives and negatives).		Already available	IPCT
19	During periods of increased flu activity, wards must provide the bed management team with up to date information on cubicle utilisation and progress with influenza cases – suspected /confirmed.	A unified template for collating this information will be included in the resource folder.		Ward staff
20	During periods of high influenza activity, contingency planning within Service Delivery Units should consider which services can be halted	e.g. non elective surgery	September 2018	Delivery Units
21	Additional promotional material will be required to raise awareness prior to and during the influenza season including banners, posters, pop up stands information leaflets.		September 2018	Communication team /IPCT

Summary of key points that concluded in order to draft recommendations;

- Utilise recent good practice and build on this.
- P ersonal protective equipment, stock levels, application & use
- Wards to provide a daily summary of the number of new suspected and confirmed cases Influenza like illness ; to relieve pressure on IPC Team
- Ensure each area has enough red dry flock swabs for Virology testing
- Movement of in-house testing into the HB, as equipment was rented
- Early command, control and co-ordination by invoking plans
- Identification physician co-ordinators
- Admission area segregation
- Identification of cohorting wards
- Grab packs
- Early identified funding for the planning
- Q cards via charitable funds
- Immunisation of patients and staff
- Awareness programme for clinicians regarding treatment and prophylaxis; training video of key outcomes from debrief and update in forthcoming nursing conference
- Communications; media awareness and use of volunteers for a visible face and dedicated website
- Quantification of outcome measures.

9. Summary

Identified recommendations are to be monitored and reviewed in line with the lessons to be learned management system within the organisation. As part of the implementation process of these recommendations, treatment options need to be developed and performance measures identified.

These recommendations are to be owned by the individually managed Service Delivery Units, to ensure the commitment of the organisation to set the resilience standard and philosophy. It is the duty of the Emergency Preparedness, Resilience and Response Strategy Group and the Infection Prevention & Control Committee to monitor and review the progress of agreed recommendations in line with the organisations established lessons management system.

ABMU Health Board

Winter 2017/18 Seasonal Influenza ABMUHB Debrief

Debrief Date: 9 April 2018

2 Aim of the debrief

To provide Corporate, Service Delivery Units, Pathology and other Support Service representatives with an opportunity to reflect on, and learn from, their experiences during the response to the 2017/18 Seasonal Influenza activity.

It is intended to discuss, examine, and learn from, areas of good practice and to identify lessons. Following the debrief, a report will be collated, including observations and conclusions in order that the learning can be taken forward to improve the planning process and consequent response and recovery to similar significant incidents in the future.

1 Personal details

Name:

Job title/Service/Unit:

Role in BC response;

3 Purpose of this document

To pose questions that will prompt discussion and reflection on the response and recovery processes to the recent 2017/18 Seasonal Influenza activity within ABMUHB.

To record answers to aid the writing of the debrief report.

All information will be treated in confidence and the debrief report will ensure contributions are not attributed to a particular person.

Please complete in readiness for reference during the debrief, please retain a copy and completed forms will be collected at the end of the debrief. Alternatively please forward to Karen Jones, Head of EPRR: - Karen.l.jones@wales.nhs.uk

1. What aspects of the response/recovery process **did not** go so well?

2. What aspects of the response/recovery processes **did** go well and could be identified as good practice?

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Winter 2017/18 Seasonal Influenza:-
ABMU Debrief
Monday 9th April 2018,
09.00 hrs – 11.30 hrs
Main Training Room,
Neath Port Talbot Resource Centre

Debrief Programme

09.00 hrs – 11.30 hrs

1. Welcome and Introductions – 5 mins
2. Debrief Aim and Objectives – 5 mins
3. Debrief Methodology/Rules – 5 mins
4. Overview of the 2017/18 Seasonal Influenza – 15 mins
5. Debrief: 09.30 hrs
   - Looking Back – 60 mins
   - Looking Forward – 45 mins
6. Outcome/Next Steps – 15 mins

Debrief Aim

To provide Corporate, Service Delivery Units, Pathology and other Support Service representatives with an opportunity to reflect on, and learn from, their experiences during the response to the 2017/18 Seasonal Influenza activity.

Debrief Objectives

To discuss, examine, and learn from, areas of good practice and lessons identified during the response to Seasonal Influenza activity by:

- Sharing, discussing and learning from the positive elements of the response and recovery process in relation to Seasonal Influenza;
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- To collate the discussions and produce a report which will make observations, share lessons learned, draw conclusions, and make recommendations to improve the planning, response and recovery processes to significant business continuity incidents in the future.

Debrief Methodology

The debrief approach is based on allowing each participant to capture their personal experiences from a positive perspective as well as allowing for challenges to be identified.

To ensure the debrief is carried out in a way that is conducive to promoting organisational learning, to maximise the opportunity to improve preparedness and response and to ensure the debrief is held in accordance to the ABMUHB Values please:

- participate in the debrief openly and honestly;
- pursue your personal, the group and the organisational understanding and learning that can be derived from the debrief;
- be consistent with your professional responsibilities;
- respect the rights of individuals.

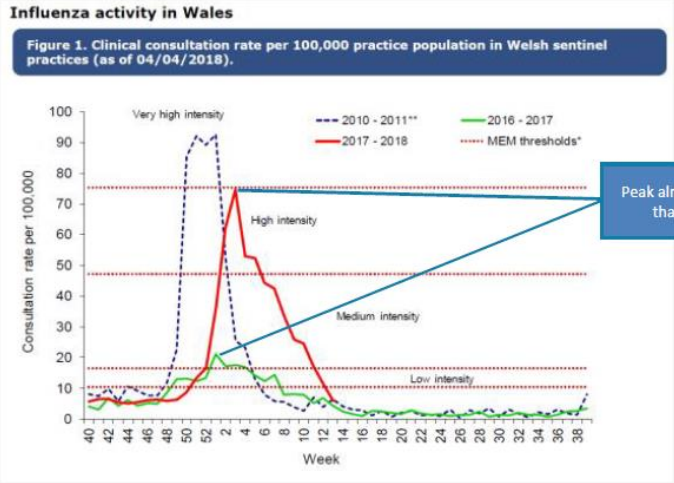
The purpose of the debrief is not to attribute blame and is not a test of individual's responses to the incident

Business Continuity Incident Overview

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Winter 2017/18 Seasonal Influenza Overview

Seasonal Influenza Activity in Wales



Source: Public Health Wales CDSC Weekly Influenza Surveillance Report: Wednesday 4th April 2018.

Seasonal Influenza Activity in ABMU HB

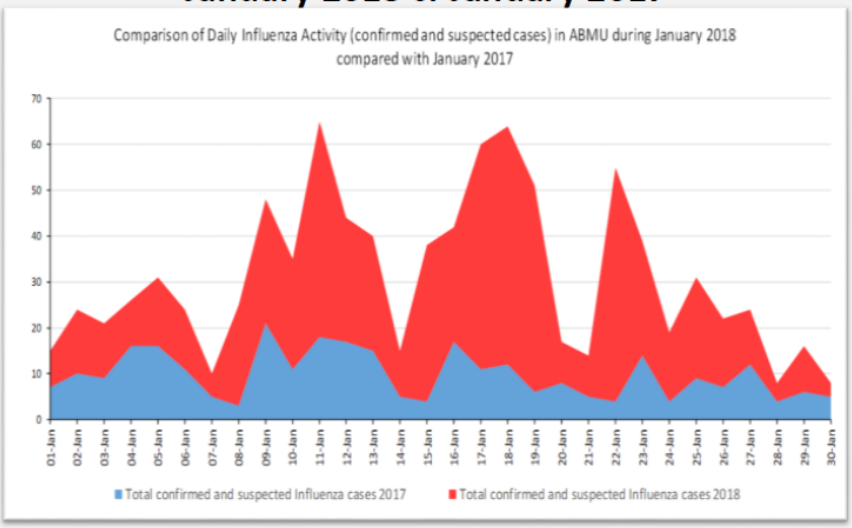
Week	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Week 52	25 Dec	26 Dec	27 Dec MHx1	28 Dec SHx1	29 Dec MHx3; SHx1	30 Dec	31 Dec
Week 1	1 Jan	2 Jan POWx2	3 Jan	4 Jan SHx1	5 Jan MHx2	6 Jan	7 Jan POWx2; MHx1; SHx1
Week 2	8 Jan MHx2; POWx1	9 Jan GPx3 POWx5	10 Jan POWx5; MHx1	11 Jan POWx3; MHx1; SHx1	12 Jan POWx8; MHx9; SHx3	13 Jan SHx1	14 Jan POWx4; MHx4; SHx3
Week 3	15 Jan SHx2	16 Jan	17 Jan 23	18 Jan 19	19 Jan 18	20 Jan 18	21 Jan
Week 4	22 Jan 5	23 Jan 10	24 Jan 11	25 Jan 26	26 Jan 14	27 Jan	28 Jan 3
Week 5	29 Jan 1	30 Jan 3	31 Jan 7	1 Feb	2 Feb	3 Feb	4 Feb

Ward 18

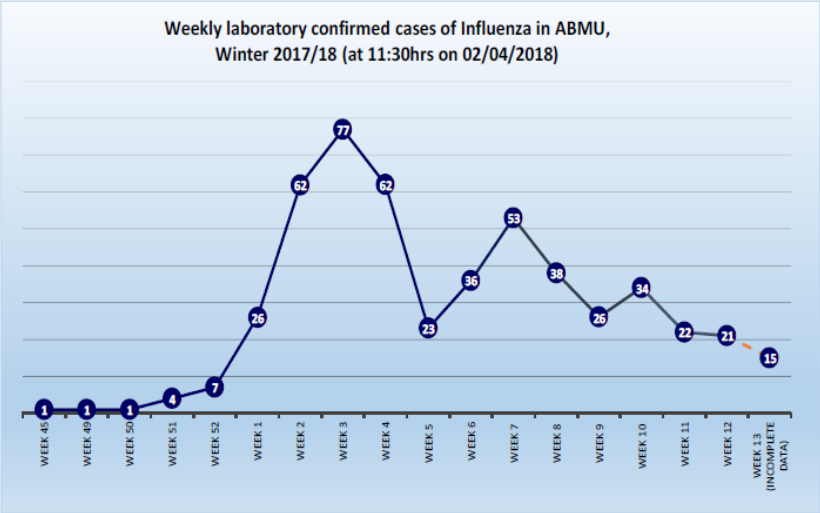
Ward 4

Ward 18; Ward D; Ward 8

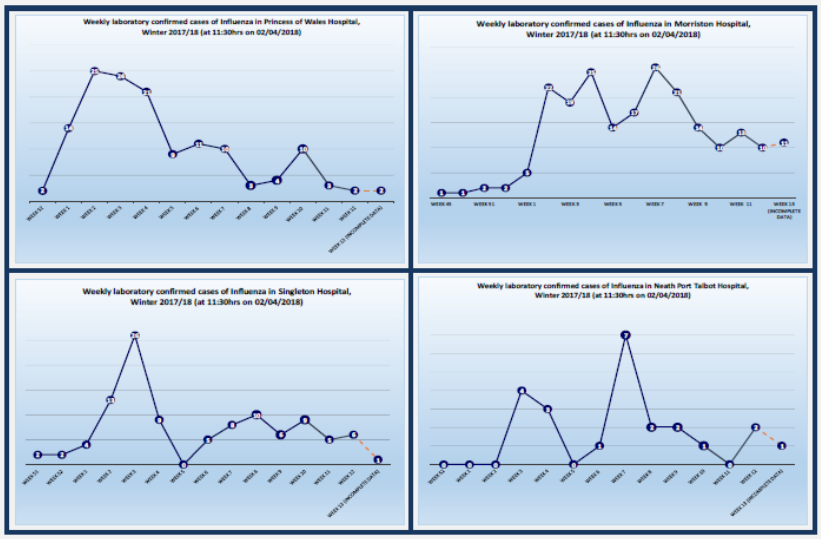
Comparison of seasonal Influenza Activity January 2018 cf January 2017



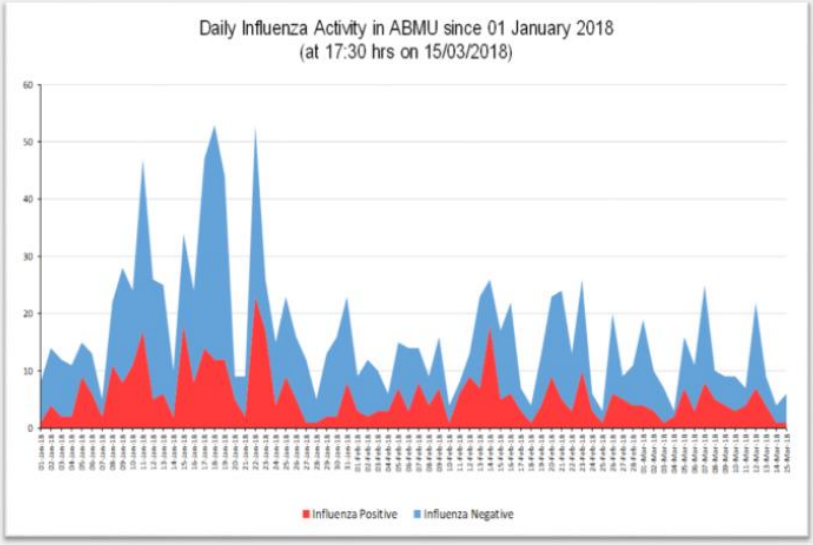
Seasonal Influenza Activity in ABMU HB



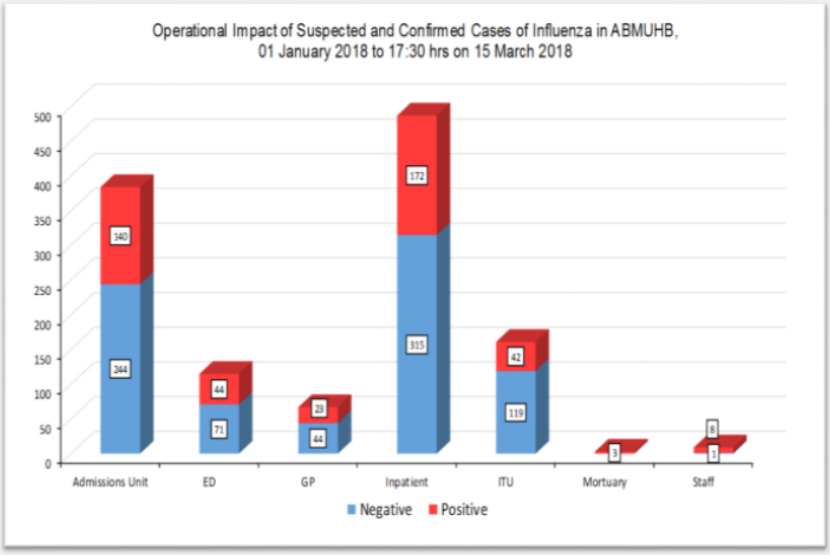
Seasonal Influenza Activity in Acute Sites



Daily operational impact in ABMU



Daily operational impact in ABMU



Debrief

- Time Management
- Discussion – Looking Back, Looking Forward
- No Post It Notes
- Scribe
- Debrief Proforma; General/Clinical
- Features/Themes:
  - Plans/Mitigation/Immunisation/Policies
  - Impact: Patients/Service/Staff/Equipment/ Supplies/Estates
  - Response
  - Communication
  - Command, Control and Coordination
  - Hazards/threats; isolation, PPE, cohorting, transfers
  - Treatment/Prophylaxis
  - Recovery

Debrief

Looking Back

From your experience, what did you find as the **most challenging** aspects of the response?

- Plans/Mitigation/Immunisation/Policies
- Impact: Patients/Service/Staff/Equipment/ Supplies/Estates
- Response
- Communication
- Command, Control and Coordination
- Hazards/threats; isolation, PPE, cohorting, transfers
- Treatment/Prophylaxis
- Recovery

Debrief

Looking Back

From your experience, what did you find as the **most positive** aspects of the response?

- Plans/Mitigation/Immunisation/Policies
- Impact: Patients/Service/Staff/Equipment/ Supplies/Estates
- Response
- Communication
- Command, Control and Coordination
- Hazards/threats; isolation, PPE, cohorting, transfers
- Treatment/Prophylaxis
- Recovery

Debrief

Looking Forward

From your experience what were some of the most significant points that you have learnt and how can these be utilised to make improvements?

- Plans/Mitigation/Immunisation/Policies
- Impact: Patients/Service/Staff/Equipment/ Supplies/Estates
- Response
- Communication
- Command, Control and Coordination
- Hazards/threats; isolation, PPE, cohorting, transfers
- Treatment/Prophylaxis
- Recovery

What Next?

1. Collation of points
2. Provide a Debrief Report which will include:
   - Conclusions
   - Recommendations
   - Action Plan
3. Discuss in EPRR Strategy Group
4. Present report to Executive Team
5. Forward report to Service Delivery Units, Infection Prevention & Control, and Public Health Wales Clinical Lead for Microbiology, Swansea, and Health Protection Team.


thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
спасибо
Баярлалаа
рахмат
merci
obrigado
bedankt
dziękuję
sukriya
kop khun krap
go raibh maith agat
mochchakkeram
tapadh leat
arigatô
dakujem
takk
grazie
terima kasih
dank je
mauruuru
hvala
sagolun
taiku
мерси
хвала
ありがとう
감사합니다
ευχαριστώ

Debrief Agenda

09:00 hrs – 11:30 hrs

1. Welcome and Introductions – 5 mins
2. Debrief Aim and Objectives – 5 mins
3. Debrief Methodology/Rules – 5 mins
4. Overview of the 2017/18 Seasonal Influenza – 15 mins
5. Debrief: 09.30 hrs
   - Looking Back – 60 mins
   - Looking Forward – 45 mins
6. Outcome/Next Steps – 15 mins

List of Staff Invited to Debrief but unable to attend

Dawn Williams, Senior Nurse Manager, Occupational Health

Catherine Watts, Immunisation Coordinator

Bassam Ben-Ismael, Consultant microbiologist

Julian Rogers, Regional Manager Mid and West Wales, Microbiology

Richard Hopkins, Deputy Laboratory Manager/Head of Operations Bacteriology

Gavin Owen, Service Group Manager - Emergency Care and Hospital, Emergency Care and Hospital Operations

Mark Cadman, Lead Nurse, Emergency Department

Nicola Williams, Nurse Director Morriston Hospital,

Becky Gammon, Head of Nursing- Emergency Care and Hospital Opera, Emergency Unit

Andrea Bradley, Lead Nurse, Emergency Department, Morriston Hospital

Debbie Bennion, Unit Nurse Director, Princess of Wales Hospital Delivery Unit

Lisa Manchipp-Taylor, Senior Infection Prevention & Control Nurse

Nicola Davies, Senior Infection Prevention & Control Nurse

Janice Price, Assistant Head of Nursing, Infection Prevention & Control

Hazel Lloyd, Head of Patient Experience, Risk & Legal Services, Patient Experience, Risk & Legal Service

Kathryn Ratcliffe, Training Officer - Patient Feedback, Corporate Nursing Quality & Safety Team

Jayne Hopkins, Senior Matron, Surgical Specialties

Siôn Lingard, Consultant in Health Protection, Public Health Wales

Rebecca Carlton, Service Director - Morriston Hospital Delivery Unit

Claire Birchall, Associate Director of Operational Delivery, Corporate Services

Jamie Marchant, Service Director POWH, Service Directors Office

Jan Worthing, Service Director, Singleton Hospital

Alan Thorne, Portering Services Manager, Morriston Hospital

Nigel Radcliffe, Domestic Services Manager, Princess of Wales Hospital

Tracy Owen, Advanced Critical Care Practitioner, ITU, Morriston Hospital

Joanne Williams, Lead Clinical Site Manager/Matron, Bed Site Management, Morriston Hospital

Amanda Davey, Bed Manager, Bed Management, Princess of Wales Hospital

Linda Bevan, Senior Matron Improvement, Morriston Hospital Delivery Unit

Alyson Charnock, Corporate Matron Quality and Safety

Diane Murphy, Sister, ITU, Morriston Hospital

Appendix 5: List of staff invited to Debrief but unable to attend

Richard Tristham, General Practitioner, Clydach Health Centre
Sharon Miller, Head of Primary Care, Primary & Community Services Unit
Lesley Cook, Lead Nurse Clinical Procurement, Front Line Procurement
Sharon Robinson, Superintendent Radiographer, Princess of Wales Radiology
Jenny Bayliss, Public Health Wales - Health Protection
Sally Buckland-Jones, Service Group Manager Clinical Support Services, Pathology
Catherine Moore, Clinical scientist, Public Health Wales
Jan Thomas, Assistant Chief Operating Officer, Corporate Services