**PSP Template - Minimum information required for all services[[1]](#footnote-1)**

**HIGHLY CONFIDENTIAL**

**Briefing Category – (please tick one)**

**Incident**

**Issue**

1. **If this briefing relates to an incident please include NIMS/ IIMS Incident Number**
2. **General information**
* *Date of incident or issue identified*
* *National Operations Division to which the incident or issue pertains e.g. acute, community etc.*
* *Location and speciality/sub-speciality or service to which the incident or issue relates*
* *Is this incident/issue being managed in line with relevant HSE Policy*
1. **Details of persons relating to the management of this incident/issue**
* *The name, role and contact details of the Senior Accountable Officer*
* *Who is the primary point of contact within the HSE for queries in relation to this incident or issue if different from the Senior Accountable Officer?*
* *Is there a named person responsible for managing this incident or issue at the location of the incident/issue?*
1. **Summary of case details/ incident/ issue**
* *Brief description of incident or issue (no personal details to be provided)*
* *Is this a Serious Incident?*
* *Is this a Serious Reportable Event (SRE)? (if yes, category and classification to be identified)*
* **If there is a person(s) or family affected by this issue/incident**
* *Have the immediate care needs of the person(s) and family affected been attended to?*
* *Has a service user/family liaison person been assigned?*
* *Has the patient/service user/ family been provided with information about the additional independent support available from the Patient Advocacy Service*
* *Is there a requirement for ‘Open Disclosure’ and if yes, has this happened and if not is there a plan in place to give effect to this?*
1. **Preliminary assessment**
* *Has an initial assessment been undertaken in relation to this incident/ issue?*
* *Have any immediate safety concerns that may affect other persons been identified as a consequence of this assessment? (If yes, have any identified concerns been addressed?)*
1. **Assessment and Review**
* *Is a further review required planned?*
* *If not, what is the rationale for this decision?*
* *If yes, what is the nature of that review?*
* *Is it internal/ external to the service? (please indicate which one of the following applies)*
* *Membership of the team internal to the team/department/NAS Operational Region*
* *Membership of the team internal to the service/hospital/NAS Operational Area*
* *Membership of team external to the service/hospital but internal to the CHO/Hospital Group/NAS Corporate Area*
* *Membership of the team involving persons external to the CHO/Hospital Group/NAS Directorate*
* *When is it expected that this review will be completed?*
1. **Communications**
* *Is there a communication plan including a media plan in place?*
* *If yes, at what organisational level is this plan being co-ordinated?*
* *Is this issue the subject of media attention?*
* *Please attach copies of any media statements issued.*
1. **Other critical information**
* *Is there any other critical information that needs to be included?*

Form completed by:

Date:

1. *The information contained in this briefing is based on facts available at the time of completion and may be subject to change when further information becomes available* [↑](#footnote-ref-1)