

Supporting Staff Involved in Traumatic / Stressful Incidents, Complaints & Claims

Department / Service:	Human Resources	
Originator:	Kim Elmer	HR Officer
Accountable Director:	Tina Ricketts Director of People and Culture	
Approved by:	Accountable Director	
Designation:	Interim Director of Human Resources and OD	
Date of Approval:	13 th April 2015	
Review Date:	7 th December 2020	
	This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All	
Target staff categories	Senior managers; Senior Clinicians; Executive Directors; line managers and staff	

Purpose of this document:

Designed for use in conjunction with the Trust's Incident Reporting, Complaints, Investigation Policy and Human Resource Policies, this procedure provides information on how to manage and provide support to staff following traumatic incidents, complaints and claims. The process includes initial debriefing following an incident or traumatic event through to ongoing support.

The key elements are:

- Management responsibilities in recognising and providing the need for support
- The employees responsibility in asking for support
- Debriefing methods
- The support available and the means to access it
- The need to coordinate with incident/complaints investigations

References:

Incident Reporting Policy
Investigation, Analysis, Learning & Change Policy
Investigation Guidance Notes
Complaints Handling Policy
Claims Policy & Procedure
Management of Sickness Absence Policy
Stress Policy
NHSLA Risk management Standards

Key amendments to this Document:

Date	Amendment	By:
Jul/ Aug 09	Changes to the overseeing committee. Enhancement of the Staff side/Trade Union and Supervisor/mentor roles in providing support Reference to the Management of Sickness Policy	C. Rawlings J. Hamer
Aug 2010	Minor changes to personnel and job titles Agreed by Director of HR	C. Rawlings
Aug 2012	Complete revision of process	C. Rawlings D. Drew U. Ferriday
18.06.2014	Document extended for 3 months	Bev Edgar
April 2015	Document extended for 3 months	
July 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 6 months as per TMC paper approved 22 nd July 2015	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	

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1. Introduction

- 1.1 Research to date reveals the increased probability that when health service staff are involved in an incident or face a complaint, inquest or claim, they may be traumatised by the event both professionally and on a personal level. The effect of this on the individual(s) involved can be catastrophic, as demonstrated by evidences of depression, self-harm and even suicide, or, on a lesser scale, confidence levels often plummet.

2. Definitions

- 2.1 A **traumatic or stressful incident** may include:

- Being involved in a serious incident
- Being involved in a traumatic clinical situation
- Providing witness statements for Trust investigations
- Appearing as a witness at internal disciplinary hearings
- Representing the Trust as a witness in a court case
- Being interviewed by the Police
- Providing testimony as part of a complaint or enquiry process
- Involvement in allegations of negligence or whistleblowing.

- 2.2 **Debrief** – this is a semi-structured discussion with an individual or group that has just experienced a traumatic event.

3. Responsibility and Duties

3.1 Chief Executive and Trust Board

The Trust is committed to protecting the health, safety and welfare of its staff and recognises that workplace incidents cause stress. The Chief Executive and Trust Board will assure themselves that effective systems are in place to manage traumatic and stressful situations within the Trust's workforce, and where appropriate, ensure that adequate resources are available to support those systems.

3.2 Workforce & OD Committee

The Workforce Committee has overall responsibility for the provision of support mechanisms. It guides the development of this policy, approves it and monitors its effectiveness in providing support to staff.

The Workforce & OD Committee reports upwards to the Executive Risk Management Committee and from there to Board sub-committees and the Board itself

Organisational learning and improvement as a result of the monitoring of this policy will be guided by the Workforce & OD Committee as described in section 5

3.3 Management Responsibilities

3.3.1 Line Manager

The line manager will assess the situation and the members of staff involved and provide immediate support and advice as instructed in section 4 of this procedure, refer

staff for support if necessary and provide ongoing support. If the situation is not resolved after implementing these procedures, the line manager may wish to consult a Human Resources Manager regarding implementation of actions.

3.3.2 Head of Department / Senior Manager

A staff member may seek advice and support from the Head of Department or Directorate Manager. They may be able to provide direct support or may refer to a service in Appendix 1.

3.4 Head of Clinical Governance and Risk Management & Head of Human Resources (Corporate) and OH Consultant.

In addition to providing advice and support to staff, the Head of Clinical Governance and Risk Management, the Head of Human Resources and OH Consultant will review major cases.

3.5 All staff

Staff should take responsibility for their own feelings and request support as necessary by contacting their manager or one of the departments listed in Appendix 1. Staff should also be supportive of colleagues reporting a serious incident or concerns to their line manager.

4. Immediate Support Offered to Staff

Within 24hours:

4.1 Immediate Action to make the situation safe

Managers must ensure that the situation is made safe to protect patients, staff or property (see the Incident Reporting policy)

4.2 Identifying staff involved

In a situation where more than one member of staff is involved in a traumatic / stressful incident, complaint or claim, staff involved should be given the opportunity to be supported as individuals, or where appropriate in a group (e.g. group de-briefing) and the processes described below adapted accordingly.

In the event of any non trust staff being involved in a traumatic / stressful incident, complaint or claim, a WAH NHS Trust Manager should ensure the relevant employer is made aware of the incident and the involvement of their member of staff. This will enable necessary support to be provided for all staff involved.

4.3 Debrief

After a stressful or traumatic incident or event, it is important that there should be an early opportunity for the member of staff to have a debriefing discussion with their manager.

The purpose of the debrief is to:

- Discuss the incident in order to support the member of staff;
- Discuss the need for expert/further support for the member of staff;

- Examine the immediately available details of the incident and determine if the policy and protocols worked

It is important to recognise that a debrief is separate to a formal investigation. Refer to the Trust's Incident Reporting Policy for details on the debriefing process.

4.4 **Assess fitness to practice**

The line manager must assess, with the individual, the appropriateness for them to continue their shift. Where there is continuing concern, a referral to OH should be made. OH may undertake an initial telephone assessment and arrange a follow up call as required for the individual.

4.5 **Give staff member(s) a copy of the information leaflet (Appendix 2)**

All staff involved in a traumatic or stressful incident, complaint or claim should receive a copy of a leaflet describing the process, support options and contact details.

4.6 **Providing support**

4.6.1 Groups:

If a group of staff is involved, providing support to the whole group may be appropriate, perhaps in addition to individual support. Advice on how to deliver this can be sought from Occupational Health.

4.6.2 Individuals:

Where a single employee requires support this should be assessed by the manager and if it is within their competence to do so, offer it in the first instance. If this is insufficient or there is an immediate need for specialist support, then the employee should be referred to Occupational Health as the first line of support. The employee's care plan will be developed and recorded by Occupational Health staff who will follow their regular processes to support the employee and provide reports and advice to the employee's manager.

4.6.3 Attendance at Courts, Hearings, and Tribunals as a Witness

Advice/Support for these events is provided through these sources:

Trade Unions:

Gaining early professional and psychological support from Trade Unions will be useful for members affected by an incident. This is particularly important for events that may require investigation and subsequent internal or external proceedings (including disciplinary or inquests). Should they be a member of a union the employee(s) should be advised to contact their representative for support in preparing statements for investigations etc. before they are submitted.

Legal Services:

Staff required to attend courts and hearings as a witness to clinical inquests and negligence claims will be supported by Legal services. Support includes assisting staff to prepare written witness statements, advice regarding appearing as a witness and arranging meetings with solicitors instructed on behalf of the Trust

as required. Advice will also be provided on when and where external support should be sought.

Human Resources:

Staff required to attend courts and hearings as a witness to internal disciplinary and other HR related hearings and industrial tribunals will be advised by the HR Department/Trust solicitors.

Managers

Managers should ensure that any staff member facing proceedings is receiving appropriate support.

4.7 Provide Information

Individuals should be fully informed of what is going to happen through the process. Refer to the Trust’s Investigation Policy and accompanying guidelines.

4.8 Documenting the support provided

Managers should document what support has been provided in the employee’s personal file e.g. refer to Occupational Health.

Where support has been provided to a group of staff then details of this must be recorded in the incident, complaint or claim record by the employee(s) manager(s). When the event triggering the need for support is recorded in Datix, the record should be entered there to link it with the file. This can be achieved through the investigation lead (if there is one) or through the Clinical Governance and Patient Services Departments. Otherwise a separate file will need to be made for the event and the actions taken which will be kept by the manager.

The aim is to ensure that all records relating to the incident are kept in one place to avoid duplication.

5. Process for monitoring effectiveness

What?	How?	How Often?	Who?	Where?
(a) Duties, including: (b) Immediate support offered to staff (internally and, if necessary, externally)	Review of: <ul style="list-style-type: none"> Report on OH referrals and then comparison with the following to determine access rates. Complaints responses Complaints/concerns from staff Quarterly report of OH referrals for workplace stress to Workforce Committee Review SI reports – 	Quarterly	Human Resources Manager & Occupational Health Consultant & Head of Clinical Governance and Risk Management	Workforce & OD Committee
(c) Ongoing support offered to staff (internally and, if necessary, externally)				
(e) Action for managers or individuals to take if the staff member is experiencing difficulties associated				

with the event	section to record support offered – was this followed through?			
(d) Advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)	Review of Legal Services documentation HR investigations? Tribunals Coroner's court	Annually	Head of Legal Services HR	Workforce & OD Committee

- If monitoring identifies any shortcomings in the effectiveness of this process, the Workforce committee will commission work to identify the cause of the issues and the development of a realistic action plan to address them.
- The action plan will be monitored through the Workforce committee
- Information from this review, in the form of good practice and pitfalls to be avoided, will be assimilated within this policy at need, through the Workforce & OD committee to Occupational Health, HR and Legal Services for use in providing advice to managers supporting staff

6. Equality Impact Assessment

An Equality Impact Assessment has been conducted by the authors of this policy. The assessment has determined that this policy does not discriminate.

Appendix 1

Support available for Staff (Internal and external to the organisation)

Staff Side / Trade Union Representative

It is **strongly recommended** that members seek union advice at the earliest opportunity to ensure that they receive appropriate legal advice and support.

Working closely with HR and line management, trade union representatives will be able to provide an insight into the processes associated with internal performance management issues such as disciplinary, grievance and appeal hearings. Trade Union representatives will also be able to guide the member toward union legal advice and assistance should this be necessary.

Occupational Health

The Occupational Health Department is able to advise on coping strategies for staff experiencing signs of anxiety or stress as a direct consequence of the incident in question. Occupational Health involvement may be appropriate when staff are involved in particularly stressful or traumatic clinical incidents such as complaints, a major road traffic accident, violent patient incident or a court appearance as a Trust representative. This interaction will be on a confidential basis and may include referral to Staff Counselling Services, the employee's General Practitioner (GP) or other appropriate agencies.

Supervisor / Mentor for Nursing Staff

Nursing and midwifery staff will have access to a named supervisor and/or mentor can approach this individual who will act as their guide, counsellor, advisor and friend on a range of professional and personal matters.

Spiritual and Pastoral Care

The Trust Chaplains are available to provide confidential spiritual and personal support to all staff of any faith or none.

Child Protection

Cases involving child protection issues can be particularly distressing and complex in nature. The Named Nurse for Child Protection can provide general support in these instances and can provide preparatory support for staff who may be required to attend case conferences and / or associated meetings.

Patient Services Team

The Patient Services team can advise staff and give preparatory support in respect of writing written statements in response to complaints from patients or their representatives.

Genitourinary Clinic (GUM)

If a member of staff has been involved in a sharps incident and received prophylaxis due to a high risk of HIV, Hep B or Hep C contamination/infection, on-going support can be

provided by the GUM Clinic. Staff in this situation should refer to the *Trust Sharps Policy, including Management of Needlestick Injury*, for the correct procedure to follow.

Human Resources

Largely confined to non-patient related issues, the HR Department, will provide preparatory support and advice to staff acting as witnesses at disciplinary, grievance and Employment Tribunal hearings. This will extend to senior staff who may be required to undertake the role of Investigating Officer, hearing panel member or the officer presenting a case.

Legal Services Team (including advice for staff being called as a witness)

The Head of Legal Services is available to provide support and advice to staff in the event of their being called as a witness. The support and advice will include:

- An explanation of the relevant process, including how long the process could take
- Accompanying the member of staff for example in court, during inquests or at formal interviews with solicitors
- Obtaining legal representation if required
- An ongoing dialogue during the whole process
- Suggesting the member of staff read this policy and the Legal Services and Claims Management Policy
- Maintaining documentation of all of the above support offered to staff.

The legal services team can also advise individuals with regard to clinical negligence claims, personal injury claims against the trust, inquests and ad-hoc legal matters. Note: In the case where a staff member is claiming against the Trust, the legal services team is prevented from providing advice to staff. Staff can however contact Occupational Health who will signpost them to an appropriate Support Agent.

Risk Management

The Clinical Governance and Risk Management Department can advise staff and give preparatory support in respect of implementing the various risk management processes, such as reporting of incidents, carrying out an internal investigation and updating risk registers.

Security

The Trust's Local Security management Specialist (the Health, Safety & Security Manager) can provide support and advice on task redesign and repeat risk avoidance in relation to violent incidents at work, and will refer to the NHS Security Management Service where necessary.

Appendix 2

Information leaflet for Staff

Different people react in different ways to potentially traumatic events. Even the people you may consider unshakable may find themselves affected by an event and will benefit from some help. You have been given this leaflet because you have been involved in a potentially traumatic event.

This leaflet contains information on how and where to seek some support should you feel that you need it.

You may well be perfectly able to cope following the event, or you may feel unsettled or even shocked.

Immediately:

- Your safety and that of your patient's safety is important. Consider yourself whether you are fit to work the remainder of your shift / day and talk to your manager about this.
- You may be invited to a debrief meeting with colleagues – this is separate to an investigation and is designed to discuss what happened and see if there is a need for any immediate actions.

Later:

- Think about how you feel and whether you are coping or need to seek help
- Talk to your manager about the event and how you feel
- You may be referred to Occupation Health as the first step in providing the right level of support for you at this time. You can of course refer yourself to Occupational Health at any time.
- Contact your Trade Union representative, especially where a serious incident has occurred and witness statements are required.
- If you are a nurse or midwife, your supervisor or mentor is a good person to talk to.
- The Chaplains provide a service for staff too. Call them if you think they can help.

Incidents, complaints and claims

Serious incidents and complaints are investigated and you may need to contribute to that investigation. You may need assistance in writing a witness statement and your Union representative is a good source of support.

The Patient Services Team will provide advice on responding to complaints

The Patient Safety Team will guide you through the investigation process

A small number of incidents, claims and deaths are reviewed in other places, such as the Coroner's Court. The Legal Services Department will prepare any member of staff called to provide a statement or appear in court.

Contact details:

Union Offices	44983
Occupational Health	34736
Patient Safety Team	33089 / 42070
Patient Services Team	53568
Legal Services	44600
Human Resources – Worcester	33825
Human Resources – Alexandra	47984

Appendix 3 Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy / guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Disability	No	
	Gender	No	
	Religion / Belief	No	
	Sexual Orientation: including L.G.B.T.	No	
	Age	No	
	Culture	No	
	Ethnic Origins (including Gypsies / Travellers)	No	
	Nationality	No	
	Human Rights	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the policy / guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

NB:

Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to EqIA sub group of the E.I.C, together with any suggestions as to the action required to avoid / reduce this impact.

Appendix 4

Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	HR Policy
2	Title of document	Supporting Staff involved in traumatic/stressful incidents, complaints and claims Policy
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WHAT-HR-002
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Human Resources
6	Clinical lead/s	Ursula Ferriday – OH Physician
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Managers and staff side via Policies Working Group (subgroup of JNCC)
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Supporting Staff involved in traumatic/stressful incidents, complaints and claims (all staff)

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

Implementation

Action	Person responsible	Timescale
Agree at JNCC	Debbie Drew	3 August 2012
Publish on Intranet – document finder and on E&D webpages	Debbie Drew	September 2012
Managers – via email and through management development training	Debbie Drew/Julia Cross/Sandra Berry	October 2012

Plan for dissemination

Disseminated to	Date
All managers and staff	September 2012

1	Step 1 To be completed by Clinical Governance Department Is the document in the correct format? Has all mandatory content been included? Date form returned 15/08/2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Name of the approving body (person or committee/s)	Joint Negotiating and Consultative Committee
	Step 2 To be completed by Committee Chair/ Accountable Director	
3	Approved by (Name of Chair/ Accountable Director):	Bev Edgar
4	Approval date	03/08/2012

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-HR-002	15/08/2012	21/08/2012	4

**Appendix 5
Financial Risk Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of Document:	Yes / No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval