



**Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests**

Promoting staff well being guidance for managers and staff

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Author and contact number	Head of Staff Support & Psychological Well-being Service (SSPWS) – 01244 397589

Type of document	Policy
Target audience	All CWP staff
Document purpose	This document is to provide direction to staff and managers on how to manage and obtain support prior to, during and after being involved in potentially traumatic and stressful work related events.

Document consultation	All members of the Trust's HSWSC, Human Resources, Occupational Health Service, Staffside, The policy was ratified through the Trust's Risk and Health and Safety Operational Group and Staffside	
Approving meeting	Workforce and OD Sub Committee	22-Oct-12
Ratification	Document Quality Group (DQG)	6-Nov-12
Original issue date	Sep-05	
Implementation date	Nov-12	

CWP documents to be read in conjunction with	<a href="#">HR6</a> <a href="#">HR14</a> <a href="#">HR3.7</a> <a href="#">HR3.5</a> <a href="#">GR1</a> <a href="#">GR4</a> <a href="#">GR5</a> <a href="#">HR3.8</a> <a href="#">HR3.3</a>	Trust-wide learning and development requirements including the training needs analysis (TNA) Guidance on accessing Staff Support & Psychological Well-Being Service Dignity at work policy and procedure (incorporating Harassment and Bullying) Managing attendance policy and procedure Incident reporting and management policy Policy for recording, investigation and management of complaints, coments, concerns and compliments Claims handling policy How to raise and escalate concerns within work incorporating whistleblowing policy Disciplinary policy and procedure
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Training requirements	There <b>are no</b> specific training requirements for this document for staff. Trauma Support Meeting training will be provided upon request when required
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Financial resource implications	Yes - Monitored via evaluation of the service
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**Equality Impact Assessment (EIA)**

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

### Document change history

Changes made with rationale and impact on practice
1. Full document review in line with NHSLA level 3.

### External references

References
1. The Health and Safety Executive (HSE) website provides further information and resources in relation to stress: <a href="http://www.hse.gov.uk">www.hse.gov.uk</a> .
2. 'Line Manager Competency Indicator Tool'. HSE online tool
3. PSP/Stress Programme 2006-07: Health Care. (2006)
4. How to tackle work-related stress: A guide for employers on making the Management Standards work. (2009)
5. Stress Competency Indicator Tools - How Effective Are You at Preventing and Reducing Stress in Your Staff? (2009)
6. The National Patient Safety Agency (NPSA) website provides further information and resources in relation to managing patient safety incidents: <a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a> .
7. Being open: Saying sorry when things go wrong. (2009)
8. Being open: Supporting information. (2009)
9. Patient Safety Alert. Being Open: Communicating with patients, their families and carers following a patient safety incident. (2009)
10. Department of Health. (2005). The management of health, safety and welfare issues for NHS staff. London: Department of Health. Available at: <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>

## References

11. Department of Health. (2010). The NHS Constitution: The NHS belongs to us all. London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)
12. NHS Employers. (2010). 'Health and safety essential guide'. NHS Employers website pages. NHS Employers. Available at: [www.nhsemployers.org](http://www.nhsemployers.org)
13. Royal College Nursing (RCN). (2005). Managing Your Stress: A guide for nurses. London: RCN. Available at: [www.rcn.org.uk](http://www.rcn.org.uk)

### Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.				NHSLA standard 3.9 – Supporting Staff Involved in an Incident, Complaint or Claim		
Minimum requirement to be monitored NB the standards in bold below are assessed at level 2/3 NHSLA accreditation	Process for monitoring e.g. audit	Responsible individual / group	Frequency of monitoring	Responsible individual / group for review of results	Responsible individual / group / for development of action plan	Responsible individual / group for monitoring of action plan and Implementation
Duties	Will be reviewed as part of the update of the policy and will take account of changing roles. Organisational structure and tasks	Head of staff support & psychological well-being service (SSPWS)	Every 2 years	Head of SSPWS	WODSC	Health, Safety & Well-being Sub-Committee (HSWSC), WODSC
Immediate support offered to staff (internally and, if necessary, externally)	Will be reviewed as part of the update of the policy and will take account of changing roles. Organisational structure and tasks	Head of SSPWS	Annual	Head of SSPWS	WODSC	HSWSC, WODSC
Ongoing support offered to staff (internally and, if necessary, externally)	Report	Head of SSPWS	Annual	Head of SSPWS	WODSC	HSWSC
Advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)	Report	Head of SSPWS	Annual	Head of SSPWS	WODSC	HSWSC
<b>Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event</b>	Report	Head of SSPWS	Annual	Head of SSPWS	WODSC	HSWSC
How the organisation monitors compliance with all of the above	As above	As above	As above	As above	As above	As above

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## 1. Introduction

### 1.1 Policy aim

This policy applies to all employees working for Cheshire & Wirral Partnership NHS Foundation Trust. The Trust has a duty to ensure that anyone working as an employee or a volunteer for the Trust is able to access the support they may need if they have been involved in a traumatic or stressful work related incident, including where there is a complaint, claim or inquest. Hereafter, where the policy refers to a traumatic or stressful work related incident or event this will also include those relating to complaints, claims or inquests. The aim is that all workplace risks will be managed appropriately, including the management of work-related stress. This policy has been developed to aid the employee and also to provide clear guidance to managers, on how to support those who may be impacted by potentially traumatic or stressful incident or events.

### 1.2 Policy description

This policy outlines the Trust's approach in supporting staff who may become involved in traumatic or stressful incidents or events in the workplace. It also provides a framework of what support to expect before, during and following such an event.

## 2. Purpose and scope

The Trust recognises it has a 'duty of care' to look after the psychological as well as the physical well being of staff who have been exposed to a traumatic incident to ensure they are managed appropriately. When a traumatic event occurs, it is important that staff need to know exactly what support is available to them in the short and longer term, internally and externally, and must be aware of how access this support easily.

The Trust seeks to ensure that adequate support systems are in place for staff that have been involved with or directly affected by incidents, complaints or claims regardless of the extent of their involvement or of where any blame may exist.

The purpose of the policy is also to ensure that support is offered and provided in a timely manner following the event. The manager will offer support in the first instance but other avenues of support may be offered and provided as appropriate.

## 3. The policy

The Trust aims to minimise the possibility of traumatic and stressful work related situations. However, there may be times when staff could find themselves exposed to a range of exceptional incidents or situations, which may result in post-traumatic stress responses. Fortunately the majority of staff who experience traumatic events at work do not develop Post-traumatic Stress Disorder<sup>1</sup>.

The Trust recognises the importance of supporting staff through these challenging situations. This policy provides direction to staff on how to obtain this support and provides a framework of what support to expect throughout and following an incident or situation.

Such incidents or situations may include:

- Being involved in a traumatic clinical situation;
- Being the subject of, or involved in, a patient / carer complaint;
- Being the victim of violence;
- Providing witness statements for Trust investigations;
- Appearing as a witness in an inquest or court case;
- Being involved in a Trust legal claim;
- Being interviewed by the Police and other external enforcing bodies;
- Providing testimony as part of a complaint or enquiry process;
- Involvement in allegations of negligence;
- Whistle-blowing ([raising concerns and escalating at work policy](#)).

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<sup>1</sup> National Institute for Clinical Excellence, March 2005. Post-traumatic Stress Disorder: The management of PTSD in adults and children in primary and secondary care.

The example situations given at 3.3 above are not exhaustive and the Trust promotes a proactive approach in responding to these and similar circumstances.

Although staff may wish to access support independently, managers must ensure that where they recognize that a member of staff appears to need additional support, that they offer support available within the Trust e.g. SSPWS. This policy details the range of support that is available.

#### **4. Immediate / ongoing support offered to staff (internally and, if necessary, externally)**

Dependant on what the situation is; support can be accessed at various stages:

**Prior to the event** – e.g. for staff acting as witnesses at formal hearings. This may include an explanation of the process, assistance with preparatory work and advice that the staff member can be accompanied. This support will be provided either by the line manager, another colleague, the SSPWS or the Trust's appointed Solicitors.

**During the event** – the manager or senior member of staff must be made aware of the situation so that they are available to provide direction and ongoing communication and support as appropriate.

**After the event** – the manager will assess the immediate impact and gauge the appropriate level of support that may be required. The "Coping with the Effects of a Traumatic Incident" (see [appendix 1](#)) leaflet is available, which may assist staff in understanding the potential personal impact. The manager must then "wait, watch and observe" the team in the following days. If issues persist, one-to-one or group support can be facilitated ([appendix 2](#) Guidance for Managers Key Points).

A **Trauma Support Meeting (TSM)** can be arranged upon request and a flow chart outlining the process is available in [appendix 4](#). This is facilitated by the SSPWS or an agreed member of trained staff from within the Trust. Additional details are given in [appendix 3](#).

#### **External agencies**

In exceptional circumstances it may be appropriate for other external sources of support to provide assistance to staff. This may occur in the case of criminal investigations, and Serious Untoward Incidents. Trust Management will make arrangements for such support where required.

External agencies can include the following: Police, Trust Solicitors, Defence Organisations, and Victim Support etc.

#### **5. Advice available to staff (internally and, if necessary, externally) in the event of their being called as a witness**

The Clinical Governance Department provides advice and guidance around clinical and employer liability and litigation cases as well as advice about responding to complaints from service users, carers and the public. Information and support in relation to claims and inquests.

They can also advise and prepare staff in respect of incidents that may require the following: providing verbal or written witness statements to the Police and Trust Solicitors, appearances in court as a witness (including the Coroner's Court) or responding to complaints from patients or their representatives in respect of negligence cases.

Staff may need to be briefed regarding:

- The presentation of effective oral evidence;
- Understanding legal jargon;
- Understanding of the different roles of various parties at the hearing;
- How to prepare for a hearing;
- Understanding of the techniques lawyers use and how to handle them giving confident, clear testimony under cross-examination.

[Appendix 5](#) of this policy provides further guidance regarding attendance at Court as a witness whilst information in relation to those involved with coroner's inquests can be found in [appendix 5](#), "Coroners Protocols", in the [incident reporting and management policy](#).

**Note:** *In the case where an employee is claiming against the Trust, it is inappropriate for the Risk and Legal Services Manager to provide advice to staff. Staff can however contact Occupational Health or the Staff Support and Psychological Well-Being Service who will provide support or signpost them to an appropriate source of support.*

## **6. Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event**

### **6.1 Action for the Employee**

See "Duties and Responsibilities" – Section 6, "Employees" within this policy. Support can be accessed via e.g. a manager, SSPWS, Occupational Health, Human Resources or Staffside.

Where an employee is anxious about a forthcoming event e.g. going to court as a witness, or has been involved in a potentially traumatic or stressful incident or event, either directly, or as a witness, they may find that they have been psychologically impacted by this. If this is the case, they need to make contact with one of the above avenues of assistance identified in this policy and seek support.

The employee should also be aware that their needs may change over time e.g. it may be that although they felt that they were able to cope with the initial impact of the event, that they realise as time progresses, that they may benefit from additional support. If this is the case, they should again seek assistance from the avenues identified above.

Reading the leaflet, "Coping with the Effects of a Traumatic Incident" ([appendix 1](#)), or accessing information on the SSPWS's intranet may help to inform the employee about what they are experiencing and to identify what support they feel would be most appropriate at this time.

#### **Helpful contact information:**

- OHS, Chester telephone number is **01244 397676**
- OHS, Wirral telephone number is **0151 6047262**
- OHS, Macclesfield / East Cheshire telephone number is **01625 505600**
- HR Advice Line telephone number is **01244 852335**
- SSPWS, confidential contact number is **01244 397589**
- SSPWS, email address is [staffsupport@cwps.nhs.uk](mailto:staffsupport@cwps.nhs.uk)
- SSPWS intranet site:
  - <http://nww.cwp.nhs.uk/humanresources/StaffSupportWellBeing/Pages/Welcome.aspx>

### **6.2 Action for managers**

The manager may be instrumental in identifying and accessing support for members of staff prior to, during or following an incident or event. Changes in an employee's behaviour e.g. being unusually quiet, late for shift, or changes in attitude or mood level such as, irritability, tearfulness, may all be indicative of how they are coping and may alert the manager that they may need additional support. Managers should be aware that an employee's needs may change over time i.e., initially an employee may have felt able to cope with the impact of the event, but as time progresses the manager may recognise that additional support may be beneficial. This highlights the need for the manager to maintain regular communication with employees involved with such incidents or events (refer to [appendix 6](#) which illustrates the policy process flowchart on how to access support)



### **6.2.1 Prior to a known potentially traumatic or stressful incident**

Prior to a known potentially traumatic or stressful incident e.g. going to court as a witness, the manager needs to ensure that they have had an opportunity to meet with the member of staff involved to assess how they are coping and to ensure they are aware of support available for them ([appendix 2](#), [appendix 4](#), and [appendix 5](#)). Where staff are involved with coroner's inquests, they may find it helpful to read [appendix 5](#), "Coroners Protocols", in the [incident reporting and management policy](#) (refer to [appendix 4](#) which illustrates the policy process flowchart on how to access support)

### **6.2.2 During a potentially traumatic or stressful incident or event.**

Where a situation is ongoing e.g. complaint process or investigation, the manager needs to ensure that they meet regular with the staff member(s) involved and assess how they are coping and to ensure they are aware of support available for them ([appendix 2](#), [appendix 4](#), [appendix 5](#) and [appendix 6](#)). Where staff are involved with a coroner's inquest, they may find it helpful to read [Appendix 5](#), "Coroners Protocols", in the [incident reporting and management policy](#).

Where appropriate the manager can contact the SSPWS to arrange for a Trauma Support Meeting (TSM) to take place. The service is available to facilitate these meetings at a day and time which will be most convenient to those staff members involved e.g. the team is able to meet in the evenings with night shifts if this is most appropriate (refer to [appendix 4](#) which illustrates the policy process flowchart on how to access support).

### **6.2.3 Following a potentially traumatic incident or stressful incident or event.**

Where there has been an incident or event in the workplace, the manager must meet with staff as soon as possible to ascertain what has happened and to ensure that any support required as outlined above is offered and provided to their staff members ([appendix 2](#), [appendix 4](#), [appendix 5](#) and [appendix 6](#)). Where staff are involved with a coroner's inquest, they may find it helpful to read [appendix 5](#), "Coroners Protocols", in the [incident reporting and management policy](#) (refer to [appendix 4](#) which illustrates the policy process flowchart on how to access support)

### **6.2.4 On-going support**

Managers need to ensure that they communicate regularly i.e. suggest at least weekly, with members of staff who will be / are / have been associated with a potentially traumatic or stressful incident or event in the workplace. During this time they will continue to assess their member of staff for changes in their coping over time and ensure that they receive any support, as outlined in this policy that the Trust can offer them. Where a manager is unclear of what may be needed or how to proceed, they must contact SSPWS, Occupational Health or Human Resources for guidance (refer to [appendix 4](#) which illustrates the policy process flowchart on how to access support).

### **6.2.5 Clinical / Management Supervision**

Clinical and management supervision may be another important avenue of support available to staff. Staff should always ensure that their supervisor is aware of any workplace incidents or events.

### **6.2.6 Support for the Manager**

Where the manager is supporting staff through these difficult times, it may be that they need additional support themselves in order to best support their team. This can be provided in terms of seeking guidance from the SSPWS, Occupational Health or Human Resources on process matters. However, where the toll of supporting staff is difficult, the SSPWS can also offer the manager one-to-one support in terms of therapeutic interventions or coaching in management skills.

## **7. Duties and responsibilities**

### **7.1 Employees**

It is anticipated that managers will recognise situations where facilitated support might be necessary. However, the need for support may not always be evident and as such staff may need to advise their manager of their need and / or contact one of the sources of support independently as desired.

Staff who have concerns about a colleague should first consider speaking to them and encourage them to seek appropriate help. If inappropriate, colleagues should approach their manager to discuss their concerns. Other avenues of support include the SSPWS, Occupational Health, Staff side, Human Resources

## **7.2 Line Managers**

The line manager may be able to provide the support and advice required directly or will refer the staff member to an appropriate source(s) of support. It is recognised that individual staff members will have different stress and anxiety tolerance thresholds and managers should keep situations under review even if their initial assessment is that no direct support is required. Reasonable time during working hours will be granted for staff to access support if necessary. The manager should maintain regular communication with employees involved with traumatic incidents and events and provide an opportunity to meet if appropriate.

## **7.3 General Manager**

There may be particular circumstances when the staff member may wish to seek advice and support from the general manager. This may occur when the general manager is the lead on the issue in question or when it might be inappropriate to approach their direct line manager.

## **7.4 Staff Support & Psychological Well-Being Service (SSPWS)**

The Trust has an internal, confidential SSPWS available to provide psychological support for those staff experiencing signs of anxiety or stress as a direct consequence of a traumatic or stressful incident or event. This interaction will be a voluntary and will remain confidential unless; consent is given by the employee to share this information with appropriate other people e.g. GP; Occupational Health or; where directions are required by law or if it is necessary in the interest of their own safety or the safety of others. Staff can be offered support and referred into the service by their manager, occupational health or staffside. Individuals can also self refer into the service at any time by phoning the confidential telephone number below. Additional information about the service can be found by phoning the service or by accessing the intranet.

## **7.5 Clinical Governance Department**

The Clinical Governance Department provides advice and guidance around clinical and employer liability and litigation cases as well as advice about responding to complaints from service users, carers and the public. Information and support in relation to claims and inquests.

Accidents, clinical incidents or violent incidents at work may result in a level of stress, anxiety and concern amongst staff. Together with other sources of support such as line managers, HR, Occupational Health and the Staff Support and Psychological Well-Being Service, the Clinical Governance Department can provide advice and support in respect of task redesign, repeat risk avoidance, and give advice and guidance.

## **7.6 Human Resources**

The Human Resources (HR) department will provide preparatory and ongoing support and advice to staff acting as witnesses at disciplinary, grievance and Employment Tribunal hearings, where required. This will extend to HR senior staff that may be required to undertake the role of Investigating Officer, hearing panel member or the officer presenting the case.

## **7.7 Occupational Health**

The Occupational Health (OH) department will provide support as appropriate to staff involved in traumatic events at work including incidents, complaints, claims and inquests.

## **7.8 Named Nurse for Safeguarding Children**

Cases involving child protection issues can be particularly distressing and complex in nature. The Named Nurse for Safeguarding Children can provide general support in these circumstances and can offer guidance and support to staff that may be required to attend case conferences and/or associated meetings.

### **7.9 Named Nurse for Safeguarding Adults**

Cases involving issues relating to safeguarding adults can be particularly distressing and complex in nature. The Named Nurse for Safeguarding Adults can provide general support in these circumstances and can offer guidance and support to staff prepare staff that may be required to attend case conferences and / or associated meetings.

### **7.10 Professional Association / Staffside Representatives**

Staff can access support from Professional Association / Staffside Representatives if they have membership. These bodies are able to provide advice concerning a range of employment-related situations.

### **7.11 Chaplaincy**

The Trust Chaplain is available to provide spiritual and personal support to staff from all backgrounds and faiths. In some circumstances, staff may prefer to seek the guidance of a Trust Chaplain. This interaction will be on a confidential basis.

### **7.12 Health, Safety & Well Being Sub Committee / Workforce Organisational Development Sub Committee (HSWSC/WODSC)**

Is responsible for approval, ongoing review (including review of duties) and receiving reports on the monitoring of this policy, through receipt of reports, work plans and action plans as detailed in this policy.

### **7.13 Trust appointed solicitors**

Will provide support as appropriate to staff involved in traumatic events at work.

## **8. Process for monitoring compliance of the policy**

The effectiveness and application of this policy will be monitored and reviewed by an annual audit of the processes involved.

- The responsibility for monitoring the policy within the Trust rests with the SSPWS, although additional information may be requested from the OHS and HR;
- The SSPWS will provide an annual report which will collate information about the support offered to staff i.e. nature of the support offered and the duration;
- The SSPWS will also collate evaluations where appropriate from those who have been supported and theme this in the annual report;
- The annual report will be provided to Trust's Health, Safety and Well-being Sub-Committee (HSWSC);
- The HSCWC will then report by exception to WODSC who provide a report to the Trust board.

Any published analysis of this data will ensure the confidentiality of employees that have been seen / supported.

## Appendix 1 - Coping with the effects of traumatic events at work including; incidents, complaints, claims and inquests

### Staff Support & Psychological Well-being Service (SSPWS) can offer the following:-

Trauma Support Meeting (TSM) – this is a proactive group meeting where those involved in the event are brought together with a facilitator to discuss the event. This usually takes place 5-10 days after the event and will last from 1-3 hours depending on the number of people involved and the group's needs. The aim is to provide a safe and confidential environment to discuss people's experiences, to give and receive support from colleagues and to consider possible strategies to deal with unresolved issues and how to move on. This can be arranged by your manager or you can approach the SSPWS to request the possibility of accessing this for your team.

### Individual psychological interventions

Therapists within the SSPWS can offer individual support. Therapy is an opportunity to share your thoughts and feelings, to gain insight into your reactions and to find a way of coping with the issues you are experiencing.

### How do I get an appointment?

You can access the service via your manager, Occupational Health Service or telephone the service direct on:

**01244 397589**

This is a confidential line and where messages are left on an answer phone someone will phone you back promptly. The office is manned between 9am-5pm. If you feel you are at risk, please contact another emergency service for support.

Individuals may be seen at several localities in the Cheshire and Wirral area including; **Chester, Birkenhead, Clatterbridge, Crewe, Northwich and Macclesfield**. Please call the service with any queries you may have.

If you require translation services or a copy of this document in other languages, audio tape, Braille or larger print, please speak to a member of CWP staff, e-mail [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) or write to: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

यदि आपका अनुवाद सेवाओं या इस दस्तावेज़ की प्रतियाँ अन्य भाषाओं, ऑडियो टेप, ब्रेल या बड़ा फ़ॉन्ट में चाहिए, तो कृपया सीडब्ल्यू (CWP) के कर्मचारियों के साथ बातचीत करें या ईमेल [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) या इस पते पर लिखें: Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

如果您需要翻譯服務或想索取這份文件的其他語言、錄音帶、凸字或大字體版本，請向我們的職員查詢。您亦可以電郵郵寄 [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) 或寄信到 Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

यदि आपको अनुवाद सेवाएं या इस दस्तावेज़ की प्रतियाँ अन्य भाषाओं में चाहिए, तो कृपया सीडब्ल्यू (CWP) के कर्मचारियों के साथ बातचीत करें या ईमेल [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) या इस पते पर लिखें: Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

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Jeśli wymagane jest tłumaczenie lub kopia niniejszego dokumentu w innych językach, na taśmę magnetofonowej, w języku Braille'a lub dużym drukiem, prosimy o skontaktowanie się z członkiem personelu CWP (Organizacja partnerska krajowego systemu zdrowia regionów Cheshire i Wirral) lub przez pocztę elektroniczną: [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) lub na adres: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

Os oes arnoch angen gwasanaeth cyfieithu neu gopi o'r ddogfen hon mewn ieithoedd eraill, tãp sain, Braille neu brint mawr, siaradwch ag aelod o staff CWP, e-bost [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) neu ysgrifennwch i: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

### Feedback

We welcome any suggestions you have, please send your **comments, concerns, complaints and compliments** to: Cheshire & Wirral Partnership NHS Foundation Trust, **PALS, Complaints and Claims Team**, 1829 Building, Liverpool Road, Chester, CH2 1HJ.

For more information see [www.cwps.nhs.uk](http://www.cwps.nhs.uk)

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Leaflet code: G-CWTEOTEAT-11-492



### Staff Support & Psychological Well-Being Service

### Coping with the effects of traumatic events at work including; incidents, complaints, claims and inquests

Care • Well-being • Partnership

This leaflet aims to inform you about the potential impact of traumatic events at work including, incidents, complaints, claims and inquests and also to offer some guidance as to where and how you can access the support you may need.

The Trust recognizes the importance of supporting staff through these challenging situations and recommends that you also read; "Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests" (HR19).

### What is a traumatic event?

A traumatic event is a sudden, distressing, threatening or violent event outside of your normal range of experience and may include the following:

- Being involved in a traumatic clinical situation
- Being the subject of, or involved in, a patient/carer complaint
- Being the victim of violence
- Providing witness statements for Trust investigations
- Appearing as a witness in an inquest or court case
- Being involved in a Trust legal claim
- Being interviewed by the Police and other external enforcing bodies
- Providing testimony as part of a complaint or enquiry process
- Involvement in allegations of negligence
- Whistle-blowing (Raising Concerns at Work Policy)

The impact of such events may be felt not only by those directly involved but also by those who may have witnessed or are connected with the event in some way.

### How do individuals respond to a traumatic event?

This will vary from person to person and may be impacted by an individual's previous life experiences. It is not uncommon for individuals to experience the following:-

- Shocked and numb and unable to believe what has happened
- Hyped-up, even euphoric – keeping very busy
- Lack of motivation to do anything, lack of concentration
- Shaky, nauseous, tearful – either immediately after the event or some time later
- Anger – at what has happened and / or issues or those related to the event
- Anxious and panicky – at the thought of breaking down or losing control
- Feeling "flat" or low in mood
- Lack of enjoyment
- Expectation of self to "cope" and "get on with things"
- Changes in behaviour including, sleeping pattern, eating / drinking habits, smoking etc
- Inability to relax
- Feeling exhausted
- Feeling unsafe and vulnerable
- Having nightmares or flashbacks about the event
- Shame at not coping with the event as you expected yourself to

### In the days and weeks ahead.....

Sometimes individuals will experience some of the above in the immediate aftermath of the event whilst for others these reactions may

become more apparent as time goes by. These are normal reactions to abnormal events.

### How can I help myself and my colleagues?

Those who have experienced such events may benefit from expressing their feelings about what has happened. People are often shocked at the intensity of their feelings. The following may be helpful:

- In the immediate aftermath, speak to your manager and colleagues
- Try to avoid isolating yourself and allow others to support you
- Make full use of any clinical supervision you may have in your role
- Give yourself time – don't expect yourself to 'return to normal straight away'
- Take care of yourself by getting enough sleep and eating well
- Be careful – when we are distracted by events we may not be concentrating as well and accidents are more likely to occur
- Talk to colleagues about what has happened but also try not to make the event the central focus of all conversations

### After the event, what support is available?

**Manager** - they will be available to support you and help you and / or your colleagues to decide what support might be most beneficial.

**Occupational Health / Human Resources / Staffside** – are all possible avenues of support for individuals or teams who have experienced a traumatic event in the workplace

**Staff Support & Psychological Well-being Service** – This confidential service is available at all times to employees and volunteers within the Trust and can be contacted by any of the above or

individuals can contact the service directly to discuss their situation and to consider what support they might need

## Appendix 2 - Guidance for managers – Key points

**Be aware of the natural responses to trauma** and reassure staff that what they are experiencing is normal.

**Be alert to staff who might be especially vulnerable**, perhaps because of past experiences (for example, you may be aware that they have been involved in other traumatic incidents in the past either on Trust property or off site) or particularly close involvement with the current incident or those involved in it. Talk to employees individually, and check if extra support is needed.

**Be present and around.** People need to spend time talking to each other as they work, and it helps for the manager to join in casually and encourage this by example. This applies not only to those directly involved in the traumatic incident, but also those who witnessed it, had friends or colleagues involved, etc. Sharing experiences in this everyday way is helpful.

**Communicate about what is happening** in a face-to-face meeting. Informing staff about what has happened, and of unfolding events, needs to be done sensitively and quickly. Managers may wish to convene a 'first thing every morning' meeting for staff in the aftermath of a big disaster. It is best to keep such meetings brief, factual and information-sharing, practical rather than emotion focused. It may be appropriate for the Staff Support and Psychological Well-Being Service to sit in if this is requested. Whilst not a suitable substitute for face-to-face communication, where this is not possible, telephone conversations, e-mail or written communication would suffice.

**Do not necessarily send people home who are involved in an incident.** As far as possible, immediate psychological first aid is best provided by being with and sharing experiences with work colleagues, and friends, rather than removed to talk to a stranger. Wherever possible, re-establish normal working routines as soon as possible, albeit gently and flexibly, and enable people to talk about what has happened as they work.

**Do not normally encourage staff to 'go home for a few days to get over it'.** It is far better (i.e. less likely PTSD symptoms will follow) if staff maintain their usual work routine and are with 'the team'. If staff attend professional counselling this should be facilitated within working hours, leaving the team and returning to it. Research evidence suggests that supporting staff to remain at work encourages and reinforces a normal identity, which is preferable to encouraging them to take sick leave. This will often require tolerance and support for a period when affected staff may not be as productive as usual.

**Keep in touch.** In the weeks that follow an incident, GPs may sign people off work on a Fit for Work note; occasionally it may be important to do so. However, line managers should keep in touch by telephone, visiting and/or getting colleagues to visit. Encourage a rapid return to work, even part-time etc., as being back at work among colleagues is usually the best possible approach and effective in preventing long-term complications.

**Be aware of cultural differences.** Line managers and other staff need to be aware of the diversity of cultural and religious attitudes to death, disaster and trauma. We need to recognise the importance of respecting a range of responses to disaster, and encouraging that respect in other staff.

**Give time.** Many people take up to three weeks to settle down after major trauma. Reassurance, information and general normalisation of their responses may be appropriate during this period. For the majority of people this will be sufficient support.

**Accept that for a period normal working may be disrupted.** For some staff workloads and roles may need to be temporarily re-assessed. However, after a recovery period, it is appropriate to gently re-instate the boundaries of normal working.

**Ensure that all actions are documented, detailing why you took that course of action.** At each stage, document what has been done for those involved, ensuring each entry is signed and dated.

## Appendix 3 - Factsheet – Trauma support meeting

### Introduction

A Trauma Support Meeting (TSM) is a routine procedure for anyone who has been involved in, or associated with an incident at work. If you have been involved in an incident, which meets certain criteria (based on the nature and circumstances of the incident), you and the others involved may be invited to a Trauma Support Meeting

This fact sheet has been put together to provide you with the information and guidance you may need to understand what a Trauma Support Meeting is, what is involved and the potential benefits for yourself and colleagues.

### What is a Trauma Support Meeting?

A Trauma Support Meeting (TSM) is a proactive group intervention, which seeks to give staff the opportunity to understand the incident in greater detail; review their thoughts and feelings and normalise the reactions that some people experience after a traumatic incident.

A TSM consists of a group meeting with others who have been involved in the incident, led by specially trained facilitators. Normally this would be arranged within 5 – 10 days of the incident and will last between 1 to 3 hours, depending on the number of people involved and the nature of the group's needs.

The TSM can be facilitated by:

- A trained person from within the department where the incident took place
- An external, trained person
- The Staff Support and Psychological Well-Being staff

### Benefits of Attending a TSM

1. It is an opportunity in a safe and confidential environment to discuss your experience of the incident
2. You will hear and learn how others experienced it
3. To be able to give and receive support from colleagues
4. Learn about possible reactions to a traumatic incident and understand that they are normal
5. Consider strategies for dealing with unresolved issues and moving on

### The Role of the TSM Facilitator

The role of TSM facilitator is a key one which includes:

- Maintenance of confidentiality
- Ensuring the safety of the debriefing environment
- Providing professional facilitation, based on a tried and tested model

### An Overview of the Stages of the Trauma Support Meeting (TSM) Process

**Introduction:** As you arrive, you will meet the other participants and the facilitators informally. Once in the group, the facilitators will introduce themselves, and invite each participant to introduce him or herself briefly, if necessary. The facilitators will then outline what is going to happen, address any concerns that people may have, and negotiate the ground rules. These will include confidentiality, respecting one another, not using the session for complaints, and an agreement on issues such as comfort breaks.

**Facts:** Once everyone feels ready to begin the Trauma Support Meeting, each person will be asked to describe what happened. In this way a fuller picture of the whole incident can be built up, and you may begin to put your own involvement into perspective. Through this process, participants often discover that some of the 'facts' are not as they had believed. You will be able to see the incident from other viewpoints and fill in any missing gaps. Establishing what happened at this stage is essential to provide a framework for discussing their thoughts and responses.

**Thoughts:** Once the facts have been shared, each person is asked to recall their thoughts at each stage of their involvement during and after the incident. Identification of thoughts is important because our reactions are governed by what we expected to happen, what we believed happened, how we interpreted those facts, how we made sense of our involvement, and whether any beliefs about others, the world, or ourselves have been challenged by the incident. Through examination of these thoughts, participants often begin to feel that their reactions to the incident are beginning to make sense.

**Responses:** You will not be expected to relive painful experiences. However it is also important that you are free to share the feelings you experienced during and after the incident if you wish to. Sharing and support within the group can be a very positive experience and provide a model for dealing with emotional reactions openly and constructively.

**Reactions:** Considerable trust in the group is likely to have developed by this stage and participants may feel more able to talk about their personal reactions and how they have been coping since the incident. Hearing that others share similar reactions to you can help enormously in normalising these reactions. This is reinforced by information on post trauma stress reactions provided by the facilitators. In essence, the discussion reassures that these are normal reactions to an abnormal situation.

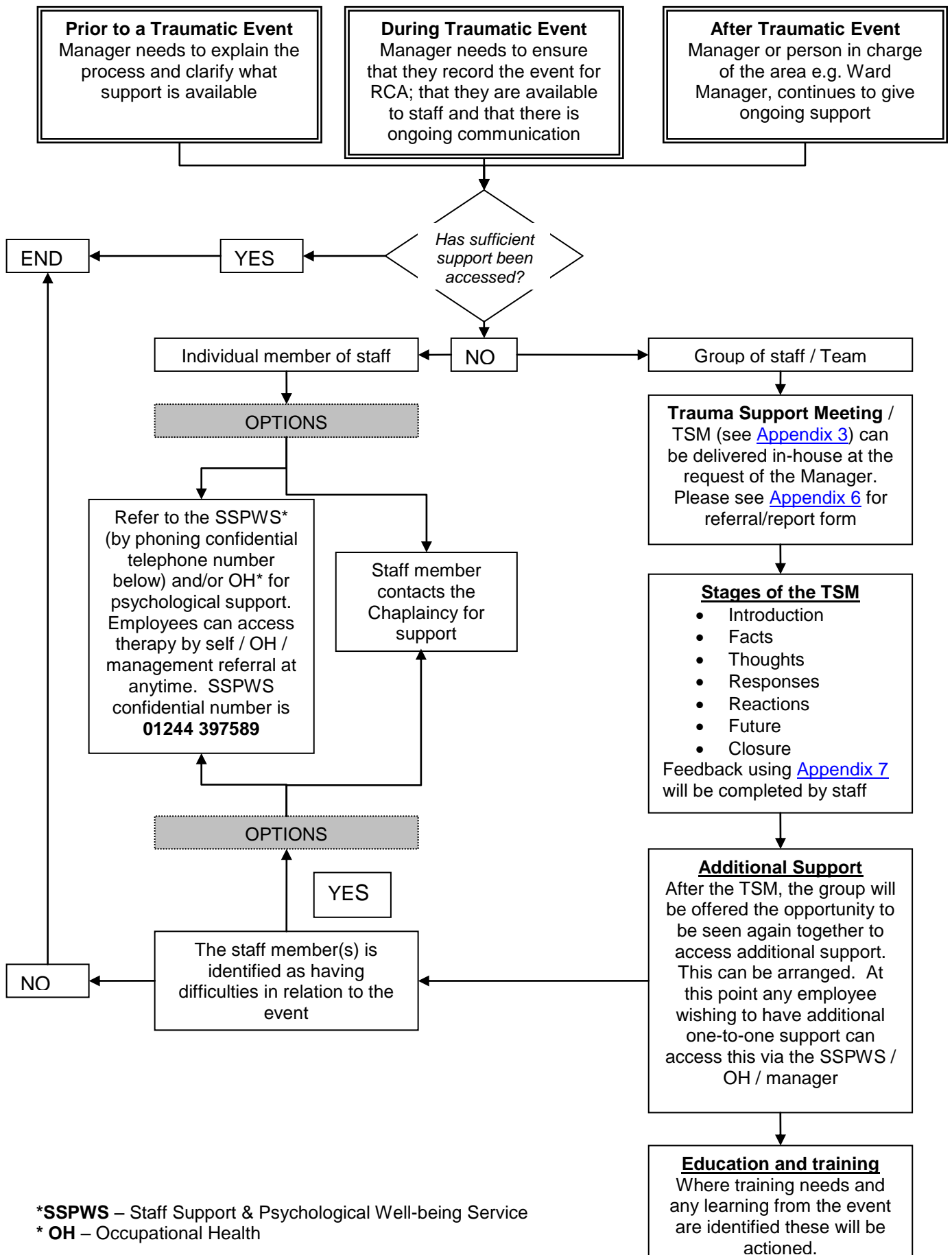
**Future:** In this phase the trauma support moves towards preparing for the future. As well as being important in its own right, this phase also creates a buffer between the previous phases and leaving the debriefing, giving you time to recollect yourself if necessary. In this phase you will be encouraged to identify the challenges that lay ahead (within yourself, in relationships at work and at home, and future stressful events such as investigations and court appearances). You will be able to develop some plans for coping with these, and mobilising support systems, including support from one another.

**Closure:** Here the facilitators will give you an opportunity to reflect back on your experience of the debriefing, and they will also share their own impressions. Participants will have an opportunity to say their goodbyes. The facilitators will stay around after the TSM is over as some participants may wish to take the opportunity to talk with them privately. After that the facilitators will disengage from the group completely this being important to protect the integrity and boundaries of the TSM.

**Records:** Your manager will keep a record that the TSM was requested and the date when it took place. They will also record, as appropriate, any agreed outcomes or actions.



## Appendix 4 – Policy process flowchart



\*SSPWS – Staff Support & Psychological Well-being Service  
\* OH – Occupational Health

## Appendix 5 - Guidelines for staff attending court as a witness

(Where staff are involved with coroner's inquests, they may find it helpful to read [appendix 5](#), "Coroners Protocols", in the [incident reporting and management policy](#))

If you are requested to attend court as witness in a criminal prosecution because of some contact you have had with an individual during the course of your work, the following guidance may be helpful.

Please note that if you receive a summons to attend as a witness you **must** let the Trust know that you have been called to do so. In addition to keeping the Trust informed this will also ensure that you are provided with the appropriate support e.g. preparation from your manager/legal advice. Once you have received a summons to attend as a witness you **must** attend, otherwise you may be considered by the Court to be 'in contempt' and sanctions may be imposed against you. If you have problems with attending, you should immediately contact the court to discuss. There is also a Witness Support Service provided by the Court, with whom you can discuss any concerns or issues.

### Magistrates Court

Either a Stipendiary Magistrate e.g. a qualified Solicitor or Barrister or a Justice of Peace could hear the case. Magistrates should be referred to as either 'Your Worship' or 'Your Worships'.

A Magistrate can only impose a custodial sentence of no more than six months, but can if he/she believes further sentencing is required refer the case to a Crown Court.

### Crown Court

The cases heard in a Crown Court are presided over by a Judge and Jury. The Jury consists of twelve ordinary members of the public chosen from the Electoral Register. Their role is to listen to the case and decide, based on the evidence presented, whether the prosecution has proved its case against the individual 'beyond all reasonable doubt'. Juries will normally be advised by the Judge on the legal points of the case.

A Crown Court can impose a custodial sentence of more than six months.

A Judge in a Crown Court is referred to as 'Your Honour'.

NB: In High Courts a Judge is referred to as 'My Lord' or 'My Lady'.

### Attending court

***If the Crown Prosecution Services (CPS) has decided that there is sufficient evidence to bring the offending party to Court, and that you have relevant evidence to give, you will be notified in writing of the place, date and time when the hearing will take place. This will usually be well in advance of the due date but is subject to change.***

Either the investigating police officer or the CPS will contact you about your attendance and giving evidence. Please also let your manager know that you may be called as a witness.

You should arrive at the Court in plenty of time. You are allowed to sit at the back of the Court to watch other cases before yours, and familiarise yourself with the layout and proceedings. However, you must leave the Court and wait outside when your case is about to take place.

### Giving Evidence

You will be called into Court to give your account of the incident. The Court Usher will ask you to enter the Witness Box. You will then be sworn in by either the Oath or Affirmation.

The Oath is holding the Bible in your right hand and stating: -

"I swear by the Almighty God that the evidence I shall give shall be the truth, the whole truth and nothing but the truth"

An Affirmation is where you do not accept the Bible but affirm to tell the truth. You do so by saying: -

“I do solemnly, sincerely and truly declare and affirm that the evidence I shall give be the truth the whole truth and nothing but the truth”.

Once sworn in you will be asked to confirm your name, age and occupation. If you do not wish to give your home address, you must state why. For example there may be certain individuals in the Court that you feel may pose a security threat towards your personal safety once the proceedings are over.

In such cases you will be allowed to give your work address or write down your home address and pass it to the Bench. Once this has been accepted, the questioning will then begin. You will first be cross-examined by the Prosecutor. He or she will ask you questions about the incident. You should address your answers to the Bench speaking clearly, calmly and confidently. If you are unable to give the answer clearly state so giving your reasons why. Slang or swear words must be avoided unless you are quoting somebody else. Do not give opinions unless you are specifically requested to do so and feel that you have the expertise to respond to the question asked. If you do not feel that you can answer the question, say so. If you make a mistake you should say so at the earliest opportunity.

Once the Prosecutor has finished, you will then be cross-examined by the Defence. He or she will ask you about the evidence you have just given. This can be an uncomfortable experience but, if you are clear that your evidence is correct, then say so in the answers you give and stand firm.

Once the Defence has finished the cross examination, you may be asked to clarify any outstanding concerns. This is done by the Prosecution i.e. re-examination. Upon completion you will be asked to leave the Witness Box. You can either leave the Court or sit at the back of the Court to watch the rest of the proceedings.

**Appendix 6 - Supporting staff involved in a traumatic / stressful work related incidents – Report / referral form**

<b>Department</b>	
<b>Date of Incident</b>	
<b>Number of staff members involved</b>	

*\*All information provided will be treated in confidence*

Nature of Incident (please tick)

<input type="checkbox"/>	Involved In a traumatic clinical situation
<input type="checkbox"/>	The subject of, or involved in, a patient/carer complaint
<input type="checkbox"/>	The victim of violence in the workplace
<input type="checkbox"/>	Providing witness statements for trust investigations
<input type="checkbox"/>	Appearing as a witness in an inquest or court case
<input type="checkbox"/>	Being involved in a trust legal claim
<input type="checkbox"/>	Being interviewed by the police and other external enforcing bodies
<input type="checkbox"/>	Providing testimony as part of a complaint or enquiry process
<input type="checkbox"/>	Involvement in allegations of negligence
<input type="checkbox"/>	Whistle-blowing
<input type="checkbox"/>	Major organisational change
<input type="checkbox"/>	Harassment and bullying
<input type="checkbox"/>	Other (please specify)

Is a group meeting needed to support staff?  Yes  No

If a group meeting is needed to support staff, who would you like to do this? (Please tick one)

- Service line member of staff  
 Staff Support and Psychological Well-Being Service

Person completing the form

<b>Please print name</b>			
<b>Please sign name</b>		<b>Date</b>	
<b>Contact Details</b>			

This form should now be sent to the Head of Staff Support and Psychological Well-Being Service, Psychology Department, Bowmere Hospital, Liverpool Road, Chester CH2 1BQ

## Appendix 7 - Supporting staff involved in a traumatic event at work - Feedback form

<b>Date of group meeting in support of staff</b>	
<b>Name of person(s) facilitating the meeting</b>	

*\*All information provided will be treated in confidence*

Nature of Incident (please tick)

<input type="checkbox"/>	Involved In a traumatic clinical situation
<input type="checkbox"/>	The subject of, or involved in, a patient / carer complaint
<input type="checkbox"/>	The victim of violence in the workplace
<input type="checkbox"/>	Providing witness statements for trust investigations
<input type="checkbox"/>	Appearing as a witness in an inquest or court case
<input type="checkbox"/>	Being involved in a trust legal claim
<input type="checkbox"/>	Being interviewed by the police and other external enforcing bodies
<input type="checkbox"/>	Providing testimony as part of a complaint or enquiry process
<input type="checkbox"/>	Involvement in allegations of negligence
<input type="checkbox"/>	Whistle-blowing
<input type="checkbox"/>	Major organisational change
<input type="checkbox"/>	Harassment and bullying
<input type="checkbox"/>	Other (please specify)

In order to monitor and improve this service please complete the following:

**1. Did the group meeting allow you the opportunity to discuss the personal impact of the incident with others involved?**

Yes       No

If no, please say why

**2. Did you find the group meeting encouraged and enhanced mutual support?**

Yes       No

If no, please say why

**3. Do you now have enough information on the effects of Post Trauma Stress?**

Yes       No

If no, please say why

**4. Do you now have an understanding of common or normal Post Trauma Stress reactions?**

Yes       No

If no, please say why

**5. Do you now have and know how to use coping strategies for effects you may be having?**

Yes       No

If no, how could this have been improved?

**6. Have you now identified a support network(s) to help you with the effects of this incident?**

Yes       No

If no, how could this have been improved?

**7. Did you think that the provision of the group meeting was provided at the right time in relation to the incident / event?**

Yes       No

If no, please say why

Please forward this to Head of Staff Support and Psychological Well-Being Service, Psychology Department, Bowmere Hospital, Liverpool Road, Chester CH2 1BQ.

**Thank you for helping us monitor and improve the trauma support services for our staff within the Trust.**

## Appendix 8 - Useful telephone numbers

Occupational Health Service (Chester)	01244 397676
Occupational Health Service (Wirral)	0151 6047262
Occupational Health Service (Macclesfield / East Cheshire)	01625 505600
HR Advice Line	01244 852335
Staff Support & Psychological Well-being Service Or by email <a href="mailto:staffsupport@cwps.nhs.uk">staffsupport@cwps.nhs.uk</a>	01244 397589 ( <i>in confidence</i> )
Health and Safety Adviser	0151 4887765

### Useful information

Staff Support & Psychological Well-being intranet site:

<http://nww.cwp.nhs.uk/humanresources/StaffSupportWellBeing/Pages/Welcome.aspx>

[www.hse.gov.uk/stress](http://www.hse.gov.uk/stress) (Health and Safety Executive)