Post-Incident Pathway for Staff Support (PIPSS) Policy

This policy describes the support available to staff following a Traumatic Incident, including incidents of violence and aggression.

Key Words:	Support, debrief, post-incident support, reflective practice.	
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Type of Policy	Clinical X	Non-Clinical

Contents

1.0 Quick Look Summary

This policy describes the support available to staff following traumatic incidents, including incidents of violence and aggression. It ensures that Trust staff have a consistent, supportive response from managers that recognises their individual needs and allows them to engage in or be signposted to particular support offers that are appropriate and tailored to their needs. It also ensures that managers have a systematic pathway to follow in offering support to staff following traumatic incidents, and are supported themselves to provide this compassionate response to their staff.

The policy provides a flowchart as well as more detailed guidance of the pathway stages, which serves as an overview of the wider support that is available and allows appropriately informed decisions to be made at each stage following a traumatic incident.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
V1	02.01.2024	Reviewed at PIPSS Task and Finish Group 04.01.2024. Reference to other policies added. 'Critical Incident' changed to 'Traumatic Incident'.
V2	11.01.2024	Reviewed following feedback from the pilot of PIPSS across directorates. Reference to support for managers added. Recommendation added for managers to have prior conversation with staff about how they wish to be informed of incidents. Example templates from developed by teams in the pilot added to the Appendix.
V3	28.02.2024	Reviewed at PIPSS Task and Finish Group 07.03.2024 Distinction clarified between processes for support through PIPSS and investigation of incidents, made explicit that both are available to staff. Policy put onto latest template.
V4	01.05.2024	Reviewed at Quality Forum 09.05.2024 Confirmed that could remain on current template as confirm / challenge / sign-off process underway, not onto latest Accessibility template. As agreed at QF, policy sent for review to L+D Sign Off Review Group, CHS, Least Restrictive Practice Group, Staff Safety and Security Group, Health and Safety Committee.
V5		Incorporates comments received from consultation process. Flowchart updated so clearer / more comprehensive.

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	
Dr Bhanu Chadalavada	Medical Director
Author(s)	
Dr Bandana Datta	Principal Clinical Psychologist; PIPPS Co-ordinator
Dr Jon Crossley	Consultant Clinical Psychologist; Associate Director for Psychological Professions
Implementation Lead	
Dr Jon Crossley	Consultant Clinical Psychologist; Associate Director for Psychological Professions
Core policy reviewer group	PIPSS Task and Finish Group
Wider consultation	Clinical Directorates, Quality Forum, Least Restrictive Practice Group, Staff Safety and Security Group

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Quality Forum	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like any public Trust Policy in an accessible format please emaill lpt.corporateaffairs@nhs.net and we can send them to you.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 3) of this policy

1.5 Definitions that apply to this Policy

Post-incident Staff Support	Post-incident staff support is defined as the provision of a range of support services for staff following experience of or exposure to traumatic incident(s), with the intention of reducing likelihood of psychological harm
Traumatic Incident	A traumatic incident is defined as any event experienced in the workplace that causes or has the likelihood of causing physical and psychological harm or trauma to staff. **Examples of traumatic incidents can include:** ▪ Acts of actual or threatened violence against staff; ▪ Any incident which is particularly poignant or emotionally charged e.g. the sudden death of a patient or colleague in adverse circumstances such as suspected suicide; ▪ Injury or death to a staff member whilst on duty; ▪ Any incident in which the circumstances are so unusual or the sights or sounds so distressing as to produce a high level of immediate or delayed emotional reactions that overwhelm normal coping mechanisms; ▪ Actual or threatened abuse based on an individual's race, gender, and sexuality. ▪ Any incident which attracts unusual and intensive media attention
Trauma	Trauma is an emotional response resulting from living through highly distressing or frightening event(s).
Type 1 Trauma	Type 1 trauma refers to trauma from a single, unexpected event
Type 2 Trauma	Type 2 trauma refers to trauma from repeated or prolonged and expected events
Debrief	A debrief, or more specifically a psychological debrief, can be broadly defined as a set of procedures – including the sharing of information and provision of support (e.g. practical, emotional, and social) – aimed at promoting healthy recovery after a traumatic incident
Defusion	Defusion is a structured, psychological debrief session that is offered immediately after a traumatic incident, to staff members affected or involved in the incident
Post Event Team Reflection	A Post Event Team Reflection is a type of follow-up psychological debrief session offered to a team or group of staff involved in a traumatic incident, aimed at helping them to process the event and derive shared meaning and connection

2.0. Purpose and Introduction

Leicestershire Partnership NHS Trust seeks to reduce the risk of staff experiencing Traumatic Incidents including violence and assault (physical and psychological) while providing care and treatment. It is recognised that this risk cannot be fully eliminated however. The Trust is committed to staff well-being and wishes to support staff to recover from exposure to or involvement in Traumatic Incidents in the workplace.

The guidelines presented within this policy document describe a formal and organised system of post-incident support, that seek to ensure consistency, quality and equity of support across the Trust. The guidelines have been developed through a period of consultation, trialling and reviewing, involving multiple staff within a wide range of roles and influence across directorates, to ensure they are appropriately representative and relevant. The implementation of the guidelines contribute to the wider promotion of psychologically safe workplaces across LPT.

2.1 This policy describes a pathway for providing support to staff involved in a Traumatic Incident(s) that is recognised as causing or likely to cause physical and or emotional harm.

2.2 Although this policy focuses on staff support, the Trust recognises that the provision of support to patients following a Traumatic Incident is central to compassionate care and trauma informed practice. It is imperative that the impact of the Traumatic Incident is discussed with the patient and appropriate support is provided. This should be based on the needs of the patient and follow an individualised approach.

2.3 A range of support and wellbeing services are available for staff, as approaches will be experienced differently by staff at different times of need. These include:

Clinical Supervision (individual and group)
Post-incident Reviews
Managerial Support
Peer Support (e.g. Professional Nurse Advocates (PNA), Mental Health First Aiders)
Pastoral Support
Occupational Health
Independent staff counselling and support service (AMICA)

2.4 One of the aims of the document is to ensure that in the event of a Traumatic Incident, managers and staff are aware of:

- *The Post-Incident Pathway for Staff Support*
- *The range of support and wellbeing services and other resources that are available for staff*
- *Zero Tolerance policy*
- *Violence Prevention and Reduction policy*

2.5 The policy has been developed to support the following Trust policies:

- *Violence Prevention and Reduction*
- *Incident Reporting Policy*
- *Supporting Staff Involved in Incidents, Investigations, Complaints and Claims*
- *Seclusion and Least Restrictive Practice Policy*
- *Staff Wellbeing Policy*

3.0 Policy requirements

The Post-Incident Pathway for Staff Support

Please see Appendix (5) for a flowchart of the Post-Incident Pathway for Staff Support (PIPSS), with accompanying supplementary information for each of the stages of the pathway. Further details about the stages and the procedures within the stages are described below.

Principle:

PIPSS offers a structured framework for delivering evidence-based psychological support to staff following a traumatic workplace incident. The framework aims to provide guidance about processes for immediate, follow-up and on-going support for staff, thus promoting a degree of predictability and accountability for those providing and receiving post-incident support across the trust. At the same time, the option to choose and personalise their approach enables each service to cater to their unique infrastructure and needs, as appropriate. The steps taken to assess and deliver psychological support to staff following a traumatic workplace incident is separate to any post-incident reporting and investigation processes that may also take place. It is our recommendation that the post-incident pathway for staff support – as presented and advocated herein – is equally prioritised to any other processes that are necessary following an incident in the workplace.

3.1 Stage 0: Defusion Session

3.1.1 Principle: This initial stage of the pathway is about gathering staff directly involved in the incident immediately or soon after an incident to provide immediate group support. It is about the service or team leads providing effective leadership by creating a safe space for their staff to share initial reactions to the incident; generating a shared narrative of the incident; starting to get a sense of individual and collective impact; ensuring staff are physically and psychologically well enough to continue work; and communicating the plan for next steps, including available resources and how staff can be expected to be supported over the coming days and weeks[1].

3.1.2 A *defusion* session is facilitated by a trained member of staff such as the manager (duty/unit/team manager) or service lead or any other senior staff member trained in providing *defusion,* who is on shift when the incident takes place.

3.1.3 A *defusion* is to take place away from the clinic area/ward.

3.1.4 A *defusion* session, or its equivalent, is usually arranged following a Type 1 trauma incident, defined as a single and unexpected traumatic incident in the workplace.

3.1.5 *Defusion* is focussed on the group of staff directly involved in the traumatic incident and is to be undertaken as soon as is practically possible following the incident.

3.1.6 Attendance at a *defusion* session is entirely voluntary, and those leading the session need to communicate this to staff at the time of planning the session and at the start of the session itself.

3.1.7 A *defusion* session will not always be required, for example when it is more appropriate for the manager to speak to staff on an individual basis or following Type 2 trauma

[1] The terminology used to refer to this stage in the post-incident process – for example whether it's called defusion, hot debrief, immediate debrief, team huddle, etc. – is less significant than upholding the principles within it.

which relates to an individual being impacted by repeated events. In these instances, the support should start at Stage 1:Manager Health and Wellbeing Check In.

3.1.8 Other immediate social and practical support to consider:

a. Team or deputy team managers and/or clinical leads are expected to consider the urgent needs of their team and/or individual staff in the immediate aftermath of a traumatic incident. Urgent needs may correspond to practical support that is indicated, such as moving people to a place of safety or a space to recover, cancelling appointments, or arranging for cover.

b. If a staff member appears significantly distressed by the incident, plans need to be made about providing them with immediate support, as needed, including validating their reaction, listening to their concerns, giving them some space and time to recover, and supporting them to go home or any other place of comfort, if appropriate.

c. It is important that affected staff feel they have permission to take some time out of work in the immediate aftermath of an incident to process and recover from any psychological injury experienced during an incident. For many this might mean physically removing themselves away from the place of the incident and other people who were also involved, to give themselves the needed time and space; for others it might mean changing activities until they feel better able to return to normal duties. Sometimes this permission may need to be explicitly communicated; most often though this permission needs to be embedded into the workplace culture.

d. If a staff member has been physically injured, considerations need to be made about providing them with first aid and/or supporting them to either go to hospital or go home, including thinking about how the staff member will travel and what support may be available at home.

3.2. Stage 1: Manager Health and Wellbeing Check In

3.2.1 Principle:

a. This stage is central within the pathway. **It allocates key responsibilities to the lead clinician for a clinical area or a team, who could be the service lead, team or ward manager, or a duty manager.** They are referred to generally as ‘manager’ in the pathway and this document. Managers are thought to have the best awareness of or access to understand how staff have been affected by a traumatic incident as well as what type and level of support is needed, hence their fundamental role within the pathway.

b. In some cases, the manager may wish to share parts of the health and well-being check-in with a deputy manager, or even ask them to lead on this stage while they lead on other tasks relating to the post-incident process i.e. *defusion* and incident reporting

etc. or vice versa. We recommend that managers do not hesitate to seek out any assistance they need with an appropriate colleague.

c. This stage of assessing need and initiating support applies to staff impacted by both Type 1 and Type 2 traumas.

d. It is further recognised that managers may wish to seek support themselves, both in terms of navigating the various components of the pathway, and in dealing with any personal impact of an incident.

e. It is possible that not all staff will need follow-up support beyond the check-in from managers, and not all will wish to engage in workplace offers of follow-up support. Managers taking time to understand and respond to individual differences is key in delivering effective staff support.

f. An aspect of individualising support may mean creating a safe space and giving permission to staff members from marginalised and minoritized backgrounds to speak about any racial trauma they have experienced alongside other forms of trauma in the workplace, and/or if staff members feel that additional experience of race-based discrimination has negatively impacted their ability to cope with the original traumatic incident. Managers can seek consultation from the Equality, Diversity and Inclusion team to help them navigate any issues they don't feel confident managing on their own and/or direct their staff members to this team for further discussion where indicated (*see 3.5.3*).

3.2.2 The manager is responsible for collating a list of staff members who were involved in the traumatic incident or who are likely to be affected by the incident (e.g. patient suicide), ensuring that temporary staff members (e.g. agency, Bank and students) and staff who were not on shift at the time of the incident are included as well. If a defusion session took place, it is likely that a list of staff names and their involvement in the incident was initiated at that point, in which case this list should be consulted. For incidents occurring in the community, it is likely that post-incident support begins at this stage, rather than the defusion stage, and a new list needs to be started.

3.2.3 The manager should then arrange follow-up contact with these staff members, either individually or in smaller groups (if appropriate) as soon as is practically possible after the incident. The focus is on checking in with their welfare, normalising emotional responses (where relevant) and restating support services available. This contact is especially important for members of staff who are due to be on leave after an incident or are working night shifts.

3.2.4 For staff members who did not attend the *defusion* session (or its equivalent) or were on leave at the time of the incident, managers need to have an action plan on how they will communicate relevant information about the incident to them, if the incident is directly relevant to them (e.g., a patient has died in a ward and a staff member who has previously cared for them is on leave). It may be helpful for managers to have some prior knowledge or conversation with individual staff (i.e. during staff induction, appraisal, or supervision) about how they wish to be informed about incidents such as patient death whilst they are on leave/not on shift.

3.2.5 For temporary staff involved or affected by an incident, a plan needs to be made about who is going to contact their designated support agencies so that follow-up support for temporary staff can be managed as appropriate. If unable to speak with staff members directly for a follow-up check in, managers need to contact the support agencies themselves and share information about the incident, the staff member's name and

contact details, how much information has been shared with the staff member so far, and details of any upcoming group debrief support sessions.

3.2.6 Contact details for temporary staff support services include:

Bank Staff: Amrik Singh; lpt.centralisedstaffingsolutions@nhs.net

Agency Staff: Estelle Brewin; lpt.centralisedstaffingsolutions@nhs.net

Students: Practice Learning Team – lpt.practicelearning@nhs.net

3.2.7 Managers are required to discuss follow-up support options with their staff and how these can be accessed, if needed. These support options correspond to Stage 2 of the pathway, specifically Stages 2a, 2b and 2c (*see 3.4, 3.5 and 3.6*). Managers need to communicate that all the available support services are non-mandatory.

3.2.8 For individuals who decline offer of available support services (Stage 2a, 2b or 2c) this marks the end of the pathway, although managers should continue to monitor their staff member's health and well-being using normal processes such as supervision, appraisals, team meetings and team away days, ensuring that psychological safety is always maintained. Managers should also emphasise that these individuals are welcome to access the available support services, should they need support in connection with the incident in the future.

3.2.9 In cases where individual staff or whole teams express feelings of distress and difficulty coping with exposure to repeated traumatic events (e.g., having to care for multiple patients who continue to harm themselves or reject care, or attempt to take their life; a Type 2 trauma), managers should begin a health and well-being check-in as soon as its practically possible, and follow the remainder of the stages in the pathway as relevant.

3.2.10 Managers can request support in helping them navigate and fulfil the various responsibilities within this stage of the pathway. This support can be requested from the PIPSS coordinator (lpt.pipss@nhs.net) or accessed via psychological professionals within their team if this is an option, or via their usual support structures (e.g., supervision). Managers may have been directly or indirectly impacted by a single or multiple workplace incidents, in which case they themselves can access the available support services (Stage 2a, b or c).

3.2.11 Details of the incident and all support – planned and provided – should be recorded using the trust's incident reporting system, namely Ulysses. This may be done by the same person responsible for leading on the heath and well-being check in, or a different person, if this is thought to be more appropriate.

3.3 Stage 2: Post Event Team Reflection (PETR)

3.3.1 This stage is one of three categories of follow-up staff support offers in LPT and should be initiated at least 72 hours after a traumatic incident has occurred.

3.3.2 A PETR is a structured group reflection session offered to a team or a group of staff with shared exposure to or involvement in a traumatic incident that was thought to be distressing and/or potentially traumatising.

3.3.3 A PETR session aims to provide its group members an opportunity to come together as a group of colleagues to reflect on the impact of the event, while developing a

shared understanding and meaning behind the event and discuss how they will support each other to move forward.

3.3.4 PETR facilitators are experienced psychological professionals across directorates who take on this role in addition to their normal role.

3.3.5 Managers can contact the PIPSS coordinator (lpt.pipss@nhs.net) to request a PETR for their staff team. Expressions of interest for a PETR session may emerge during discussion of follow-up support options (e.g., in Stage 0 and Stage 1) or through manager observation (*see 3.6.5*). In some cases, where available and previously agreed, managers can contact their team psychologist who is already trained in the PETR model to offer a session, and they in turn can contact the PIPPS coordinator for peer support as needed.

3.3.6 A PETR may be suggested in one or more of the following situations: various members of staff in the team are expressing distress or a negative impact of the incident (or multiple incidents); there are risks to a sense of cohesion and connection within a team as a consequence of an incident and its impact; there are risks to staff members' ability to carry on with work as usual either individually or collectively; there is a shift in staff members' overall thoughts and feelings towards their role and team membership. If unsure, managers can contact the PIPSS coordinator to enquire if PETR is a suitable intervention for their team following an incident.

3.3.7 Following a request for a PETR, the PIPSS coordinator or a psychological professional trained in PETR will arrange a *planning meeting* with the manager to carry out a psychological assessment of need and collaboratively determine if a PETR is the most appropriate intervention, and if it is, what kind of group set up is indicated.

3.3.8 If the assessment in the PETR planning meeting indicates the need to offer one to one consultation to individual staff, instead of a PETR, or in addition to a PETR, this will be discussed and followed up with either the offer of a one-off consultation to individual staff members or forward signposting to other relevant support services.

3.3.9 Managers will liaise with their staff and the lead PETR facilitator about session dates, organise a room or teams call, and ensure that staff are freed up to attend should they wish to. Staff need to be explicitly informed that attendance at a PETR is voluntary. Managers are requested to inform PETR facilitators how many staff members are planning to attend the session.

3.3.10 Managers are welcome to attend the PETR session as needed, such as if they were directly involved in the incident, if they feel impacted by it, or if they consider that their attendance will be useful and/or supportive to the team. Alternatively, managers can request and discuss the need for a separate psychological consultation/support session with the PIPSS coordinator.

3.3.11 Following the PETR session/s, an online feedback form will be sent to the manager to forward to members of staff who attended the session. The form will gather anonymous feedback and signpost staff to further support as needed.

3.3.12 The PIPSS coordinator will additionally arrange a review conversation with the manager, as needed. The purpose of the review is to check in with the manager and their team after the incident and the PETR session, identify any unmet needs, and support the manager with any further support and/or signposting. A review session will not always be necessary.

3.3.13 Records and notes will not be kept about the content of the PETR, other than a list of staff who attended which will be kept by the manager. There will also be central record kept of the number of PETRs that have taken place by service area, for the purposes of understanding need and developing the appropriate level of resource for delivering PETRs.

3.4 Stage 2a: Amica and Occupational Health

3.4.1 Often the intense distress and trauma felt soon after a traumatic incident can naturally subside through a period of processing and adjusting over a few weeks. Some staff however may continue to struggle and find it increasingly difficult to cope with work and home life. Where managers are concerned about the mental health of a staff member in the subsequent weeks following an incident, and/or there are signs that one to one therapeutic support would be more helpful for the individual, they can actively encourage the staff member to make a self-referral to Amica – Counselling and Psychological Service – via telephone line (0116 254 4388) or website (www.amica-counselling.uk). The Amica website has a self-assessment tool that staff can use to gauge their mental health state, or they can talk to a member of staff via their chat line (also on the website). See Appendix 10 for more details.

3.4.2 Managers can directly contact Amica – after gaining consent – and request post-incident support for staff members. Amica can offer bespoke post-incident support and online resources to teams and individuals as needed, and they can, where necessary, make an internal referral for therapeutic support.

3.4.3 Managers can contact Amica and request support for themselves following a traumatic incident or a series of incidents that they found to be distressing, stressful and/or potentially traumatising, and which is thought to be affecting their personal and professional well-being. Other self-referral options include, the Livewell section of the NHS choices website, or if concerns remain, GP services.

3.4.4 Where managers are concerned about the impact of one or more incidents on a staff members' physical and mental well-being to the extent that it is adversely affecting their ability to be at work, despite access to additional support, and/or there are risks of self-harm or risks to the wider team and patient safety due to impaired performance, they can consider a referral to the Trust's Occupational Health team for further support on 0116 258 5307. Referrals should be discussed with the member of staff beforehand so they know what to expect, and consent is gained, before a referral is made.

3.4.5 To enable provision of maximal health and work advice from OH services, it is advisable that the following information is included in the referral:

- Date and details of incident/ incidents
- Work support to date
- Additional support offered or in situ
- Sick leave or adjustments in work
- Any specific questions – i.e. fitness to work/ perform specific tasks/ work in certain areas/ adjustments

The manager can contact the OH duty nurse, if necessary, to discuss the referral

3.5 Stage 2b: Peer Support

3.5.1 There is likely to be some individual differences amongst staff members involved in a traumatic incident in terms of the type of support they need and wish to engage with. Additionally, some staff members may have more low-level support needs as indicated in an assessment of their need (Stage 1). The wide range of peer support options available potentially including local access and a more informal set up means that managers can exercise a more flexible and individualised approach in the support they offer to their staff.

3.5.2 Managers can support staff to access formal peer support via the Professional Nurse Advocates (for Registered Nurses) and Mental Health First Aiders (for all staff) where appropriate. These options are not designed to provide specific post-incident support for staff; instead, they provide support for low level mental health issues and mostly peer-to-peer listening and advice, and where needed, forward signposting to relevant mental health support avenues.

Contact details here: lpt.pnareferrals@nhs.net

3.5.3 Managers can suggest drop-in options to their staff, including accessing services such as Chaplaincy, the Equality and Diversity team, and the Health and Well-being Service

Equality, Diversity and Inclusion Team lpt.edi@nhs.net

Chaplaincy 0150 956 4218 / lpt.chaplaincy@nhs.net

Health and Wellbeing team (and champions) lpt.hwb@nhs.net

3.5.4 Some services will have a psychological professional embedded in their team who have some degree of team support role. They may be able to offer post-incident staff support (including manager support) through formal and informal supervision, consultation, and reflective practice sessions. This would not be an appropriate route if the psychological professional has been involved or affected by the incident and may wish to seek support for themselves. The psychological professional can refer to the PIPSS pathway and this policy document and re-direct staff to their manager to identify alternative support provision.

3.5.5 The extent to which a team psychological professional will be able to support staff following an incident will need to be internally agreed, either generally or on a case-by-case basis. A team psychological professional in this position may find it useful to seek assistance and/or peer support from the PIPSS coordinator, in addition to accessing their usual sources of support.

3.6 Stage 3: Manager Health and Wellbeing Follow-up

3.6.1 During this final stage of the pathway, managers are responsible for: reviewing the type and quality of support received by their team; collecting feedback; identifying

unmet needs; and devising a plan with individual staff and/or the collective team for on-going support.

3.6.2 It may be helpful for managers to revisit and update their records from Stage 1, thus enabling them to have a process of tracking progress and gaps (see Appendix for example of templates used by other teams).

3.6.3 Managers can sign-post staff members to various local health and wellbeing services should there be indicators for unmet or on-going needs. See Appendix (10) for a list of these services and their contact details.

3.6.4 A Manager health and well-being follow-up denotes the official endpoint of the pathway. Any written records that have accumulated need to be managed in line with the Trust's information governance policies.

3.6.5 Managers should return to monitoring their staff member's health and well-being using normal processes such as supervision, appraisals, team meetings and team away days, ensuring that psychological safety is always maintained.

4.0 Duties within the Organisation

Policy Author

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Lead Director

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Directors, Heads of Service

- It is the responsibility of all directors and heads of services to familiarise themselves with the Post-Incident Pathway for Staff Support (PIPSS) presented within this policy documents, and to encourage its application across all teams within their directorate.

Senior Managers, Matrons and Team Leads

- As a general principle, senior managers, matrons and team leads have a responsibility to support the health and wellbeing of individual staff members within their team. Not everyone will require or benefit from all the staff support services that are available following a traumatic incident. It is important that managers and staff are aware of the full range of staff support services so that these can be discussed and an appropriate way forward identified in relation to the staff member's needs.

- It is the responsibility of all managers to familiarise themselves with the Post-Incident Pathway for Staff Support (PIPSS) presented within this policy document, apply the principles and procedures outlined within it, and to communicate relevant aspects of it with the individuals and staff groups they are intending to support following a traumatic incident.

Responsibility of Clinical and Non-Clinical Staff

- It is the responsibility of all LPT staff members to familiarise themselves with the Post-Incident Pathway for Staff Support (PIPSS) presented within this policy document, and

if they are in management positions, to be able to apply the principles and procedures within the policy, as recommended, for the benefit of staff group/member they manage.

Training and Communication

- The PIPSS framework and the core components within it – as presented in this policy document – will be communicated with managers and service leads. In turn, they will be expected to familiarise themselves with the pathway stages and take responsibility for sharing it with their staff members and implementing it as appropriate *(see Section 3).*

- Managers and Team leads will receive training and support in the delivery of PIPSS, with special attention paid to the stages that require their direct input.

- There will be training in facilitating a Defusion session provided to managers and other selected individuals who the policy indicates may at times facilitate a *Defusion* session. *Defusion* refers to the initial stage of the pathway, and is intended to support staff immediately after a traumatic incident *(see section 3.1)*

- A group of Psychological Professionals across directorates have been trained in facilitating a Post-Event Team Reflection (PETR). A PETR is a psychological debrief model intended to support staff teams in the follow-up period (after 72 hours) following a traumatic incident (*see Section 3.3).* Staff trained in the PETR model will be supported through regular peer supervision and informal check ins. All PETR facilitators will be informed about PIPSS and how PETR fits in with the wider post-incident staff support options.

Consent

• *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.*

• *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*

- *Understand information about the decision*
- *Remember that information*
- *Use the information to make the decision*
- *Communicate the decision*

5.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
Stage 2: Post Event Team	Are planning meetings arranged	Audit of data	PIPSS Lead / Coordinator	Annually

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
Reflection (PETR) P10	with all managers requesting these?			
Stage 2: Post Event Team Reflection (PETR) P10	Outcomes post planning meetings? How often does meeting lead to: - PETR - 1:1 with staff - signposting	Audit of data	PIPSS Lead / Coordinator	Annually

6.0 References and Bibliography

- LPT debrief tool
- LPT Staff welfare and support following an incident at work leaflet
- LPT violence prevention and reduction policy
- Oxford Health NHS Foundation Trust Guidelines for supporting staff following a critical incident
- Nottinghamshire Healthcare NHS Foundation Trust Forensic services division Arnold Lodge, Post incident staff and patient support
- Group Psychological 'Debriefs': practice guidance for Post Event Team Reflection (PETR) following distressing events at work by Association of Clinical Psychologists UK

7.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Training Requirements

Training Needs Analysis

Training topic/title:	• PIPSS training • Defusion facilitation training • PETR		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required ☐ Mandatory (must be on mandatory training register) ☐ Role Essential (must be on the role essential training register) **Yes - Desirable or Developmental**		
Directorate to which the training is applicable:	Yes - Directorate of Mental Health Yes - Community Health Services ☐ Enabling Services ☐ Estates and Facilities Yes - Families, Young People, Children, Learning Disability and Autism ☐ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Managers and team leads providing support for PIPSS Psychological Professionals facilitating PETR		
Governance group who has approved this training:	Quality Forum	Date approved:	August 2024
Named lead or team who is responsible for this training:	Jon Crossley, Associate Director for Psychological Professions		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	Blended		
Has a training plan been agreed?	n/a		
Where will completion of this training be recorded?	☐ uLearn Yes - Other (please specify): local records by staff and manager		
How is this training going to be quality assured and completions monitored?	Approved providers		
Signed by Learning and Development Approval name and date	A O'Donnell ALISON O'DONNELL	Date: 12.6.24	

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Post Incident Pathway for Staff Support (PIPSS) policy
Date Screening commenced	26.04.2024
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Dr Bandana Datta, Clinical Psychologist and PIPSS lead
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy document describes a formal and organised system of post-incident support for staff involved in a Traumatic Incident(s) that is recognised as causing or likely to cause physical and or emotional harm.	
OBJECTIVES: To ensure consistency, quality and equity of support across the Trust. To ensure that in the event of a traumatic incident, managers and staff are aware of the support available to them and how to access them. To ensure that Trust staff have a consistent supportive response from managers that recognises their individual needs and allows them to engage in or be signposted to particular support offers that are appropriate and tailored to their needs. To ensure that managers have systematic pathway to follow in offering support to staff following traumatic incidents, and are supported themselves to provide this compassionate response to their staff.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	Positive impact on all protected characteristics, as this policy applies to staff support requirements of all staff
Disability	Same as above
Gender reassignment	Same as above
Marriage & Civil Partnership	Same as above
Pregnancy & Maternity	Same as above
Race	Same as above
Religion and Belief	Same as above
Sex	Same as above
Sexual Orientation	Same as above
Other equality groups?	Same as above

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	**No**

High risk: Complete a full EIA starting click here to proceed to Part B	✓ Low risk: Go to Section 4.

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The proposal is aimed at all providing structured, systematic and evidence-based support for all staff groups working in LPT who be traumatised following exposure to or involvement in distressing workplace incident, and for this reason is designed to be non-discriminatory and provided equally to all staff members who work across LPT.			
Signed by reviewer/assessor	BandanaDatta	Date	26.04.2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Jon Crossley	Date	01.05.2024

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

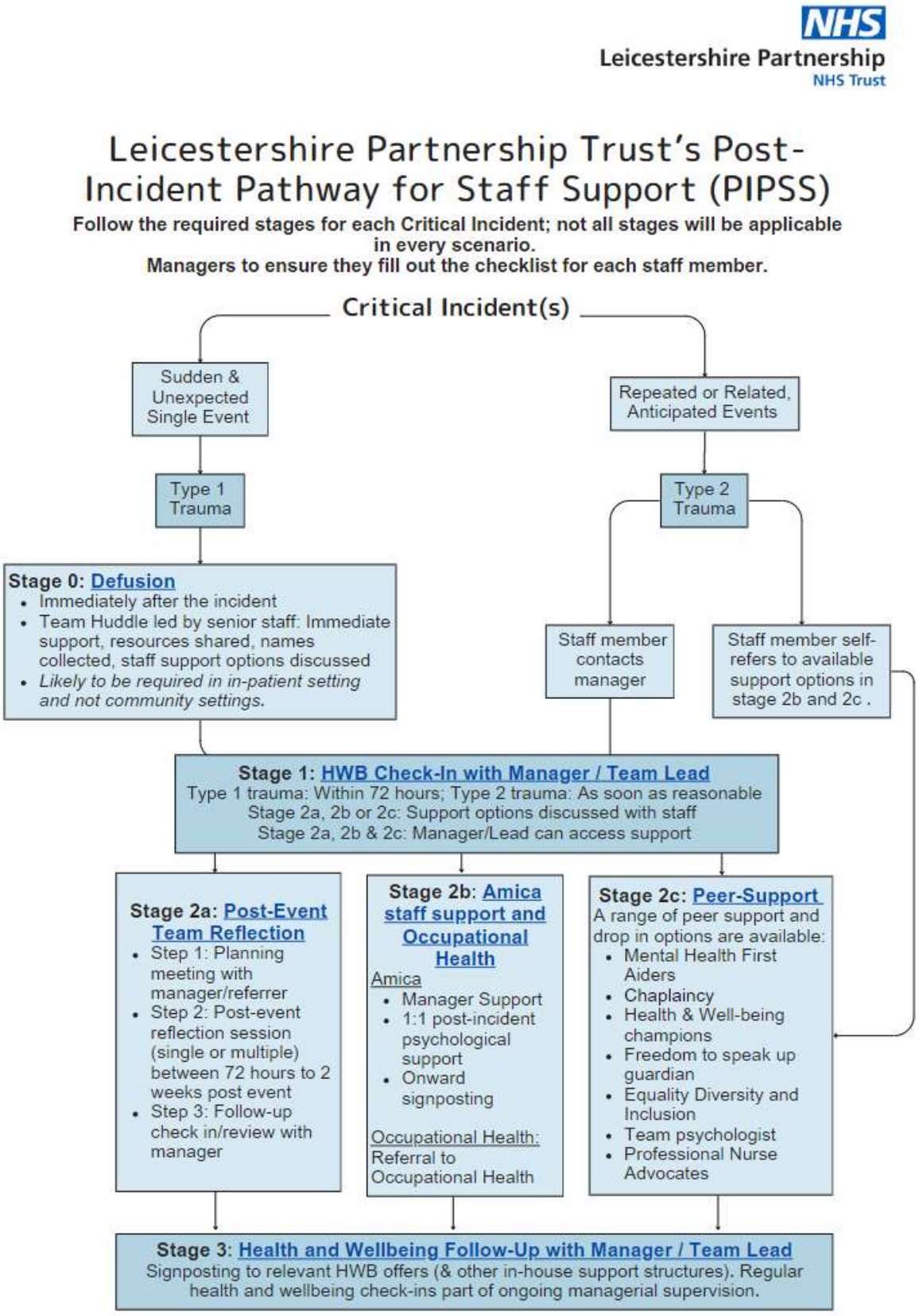
Name of Document:	Post-incident pathway for staff support policy document	
Completed by:	Dr Bandana Datta and Dr Jon Crossley	
Job title	Principal Clinical Psychologist (BD) Associate Director for Psychological Professions (JC)	Date 26.04.2024

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	

3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5 PIPSS Flowchart



Additional information on the different stages of the PIPPS pathway

Traumatic Incident

Significant Event(s) - unexpected or anticipated - that causes physical and/or psychological harm or strong emotional experiences, including trauma and/or feelings of trauma in those exposed to the event(s).

Examples include:

- Acts of actual or threatened violence against staff
- Any incident which is particularly poignant or emotionally charged e.g. the sudden death of a patient or colleague in adverse circumstances such as suspected suicide
- Injury or death to a staff member whilst on duty
- Any incident in which the circumstances are so unusual or the sights or sounds so distressing as to produce a high level of immediate or delayed emotional reactions that overwhelm normal coping mechanisms
- Actual or threatened abuse based on an individual's race, gender, and sexuality.
- Any incident which attracts unusual and intensive media attention.

Stage 0: Defusion

A team huddle/conversation/meeting (this can be face to face or virtual) occurring immediately after or within 48 hours of the incident and led by senior staff (Band 6/7/Clinical Duty Manager/manager.)

This stage is commonly referred to as a 'hot debrief'. Training in leading a defusion session will be provided.

Defusion sessions may be more suitable/appropriate in in-patient settings. For teams in community settings it may be more helpful to move straight to Stage 1.

Stage 0 Defusion involves checking some of the following:

- Is everyone ok?
- Any physical injuries?
- Further support / peer support debrief needed?
- Names of staff recorded and passed on to managers.
- Info shared re pathway & HWB offer including peer support & Amica & Zero Tolerance resources if incident involves abuse/harassment & Handover Action / Imed support cards

2

Stage 1: Manager Health and Wellbeing Check-In

The manager (or appropriate Lead in team) is to have 1:1 or group conversations (This can be face to face or virtual) with team to check if any follow-up support is needed following a traumatic incident and the defusion stage.

Manager/Lead to consider actioning of stages 2a, 2b or 2c. An individualised response is required to consider the specific needs of the staff member(s).

Manager to consider signposting to designated support services for unique staff groups: Centralised Staffing Solutions for bank/ agency staff and Higher Education Institutions (training courses), Learning & Development for trainees / students.

Managers can access post-incident support for themselves, together with their team or in an individual basis as needed.

Additionally, managers can contact the Post-Incident Pathway for Staff Support (PIPPS) coordinator Bandana Datta for support in navigating the pathway. You can contact Bandana Datta on lpt.pipss@nhs.net.

3

Stage 2a: Post-Event Team Reflection

Managers can contact the Post-Incident Pathway for Staff Support (PIPSS) coordinator, Bandana Datta (lpt.pipss@nhs.net) to request a **Post-Event Team Reflection** (PETR).

Then the following steps are followed:

- **Step 1**

The PIPPS coordinator and/or one of the trained PETR facilitators will arrange a planning meeting with the manager/referrer and other members of the team. They will appropriately gather more information about the request, share information about PETR, carry out an assessment of need, and if indicated, plan PETR sessions. More than one PETR session may be planned.

- **Step 2**

Managers will be asked to arrange face to face or a virtual meeting for their staff and the facilitators and share further information about PETR, emphasising the point that attendance is non-mandatory. A PETR session will be facilitated by one or two trained facilitators depending on the size of the group.

- **Step 3**

If needed, a follow-up review session may be planned between the lead facilitator and the manager to review status and on-going needs of the team and/or individual staff members. In some cases, where suitable, facilitators will directly contact staff members for a follow-up check in and advise them to seek out further support via their manager. Managers will be asked to share feedback forms with staff members who engaged with the PETR session; the form also contains information about accessing further support where needed.

Stage 2b: Amica staff support and Occupational Health

Amica:
Managers can contact Amica via telephone to initiate referral on behalf of staff members and request support for themselves. Staff members can also self-refer.

Amica's online helpline (this is called Crisp) can be a useful starting point to make enquiries for post-incident support, and there are resources on Amica website that can serve as a useful resource to direct staff. **Click here** for more information on Amica.

Occupational health:
Managers can refer staff members to the Occupational health team at LPT if they are concerned about the impact of one or more incidents on a staff members' physical and mental well-being to the extent that it is adversely affecting their ability to be at work and/or there are risks of self-harm or risks to the wider team and patient safety due to impaired performance. Referrals should be discussed with the member of staff beforehand so they know what to expect and consent is gained, before a referral is made.

The Occupational health team can be contacted on 0116 258 5307. **Click here** for more information on Occupational Health within the Trust.

Stage 2c: Peer support

Staff members, with support from their managers, can access a range of peer support options within LPT. These include formal peer to peer support workers including Mental Health First Aiders and Professional Nurse Advocates (only available to registered nurses).

Some teams have a team psychologist who may be in the position to provide informal support or supervision to staff, as needed. Some may be able to offer PETR sessions (stage 2a).

Alternatively staff members can access their usual staff support and wellbeing drop-in options (**Click here** to view stage 3 for more information).

Stage 3: Manager Health and Wellbeing (HWB) Follow-Up (End-point)

Managers / Leads are encouraged to carry out on-going well-being checks with affected members of staff and if necessary signpost to further mental health and well-being support options:

- Freedom to Speak Up Guardian 07785 956 473 / 07771 772 794 / lpt.ftsuguardian@nhs.net
- Anti-bullying and harassment advice 0755 719 0581. **Click here** to learn more about the Anti-Bullying & Harassment Service within the Trust.
- Amica staff counselling service 0116 254 4388 / www.amica-counselling.uk. **Click here** to visit their website.
- Equality, Diversity and Inclusion Team lpt.edi@nhs.net. **Click here** to learn more about Equality, Diversity and Inclusion within the Trust.
- Occupational health 0116 258 5307. **Click here** for more information on Occupational Health within the Trust.
- Staffside support 0116 295 8719. **Click here** to learn more about Staff-side and trade unions within the Trust.
- Chaplaincy 0150 956 4218 / lpt.chaplaincy@nhs.net. **Click here** to learn more about the Chaplaincy within the Trust.
- You can also contact the Health and Wellbeing team (and champions) on lpt.hwb@nhs.net. **Click here** to learn more about the Health & Wellbeing Champions within the Trust.
- Staff Health and Wellbeing is important within the Trust. **Click here** to take a look at all the support available for your mental, emotional, social, physical and financial health.

Appendix 6: PIPPS Checklist for managers

PIPSS Manager's Checklist

Staff Member:

Manager to record actions taken at any Stage for staff who have experienced a Critical Incident.

A separate checklist to be completed for each staff member affected.

Only complete Stages as relevant for that individual. Not all stages will be necessary each time.

Sudden & Unexpected Single Event

Type 1 Trauma

Repeated or Related, Anticipated Events

Type 2 Trauma

Stage 0: Defusion

Team Huddle date:

Notes: Prompts– collect names, share resources

Stage 1: HWB Check-In with Manager / Team Lead

HWB Check-In date:

Notes:

Prmpts: Collect names, check in with staff, identify support needs for individuals/groups./whole team

Stage 2a: ***Post-Event Team Reflection***

Date of referral for PETR:

Notes:

Stage 2b: ***Amica's serious event staff support;***

Occupational Health

Date of referral to Amica:

Date of referral to OH:

Notes:

Stage 2c: ***Peer-Support***

Stage 3: HWB Follow-Up with Manager / Team Lead ***(End-point)***

HWB Follow-Up date:

Notes:

Appendix 7

Leicestershire Partnership NHS Trust

Provision of Staff Welfare and Support

Debrief Tool

Introduction

A debrief can be described as an opportunity for staff who have been involved in an incident to reflect on what has happened, identify a way forward and be offered support. Following an incident, there is often a pull to 'do something', however, the evidence for debriefing is mixed and in some cases a debrief can be harmful. Staff often ask for a debrief session, but it must be acknowledged that not everyone will feel comfortable with this and the debrief must be optional. This tool has been developed as part of the Trust's Guidelines for the Provision of Staff Welfare and Support following an incident. It is designed to help team members to facilitate a debrief for colleagues after an incident. The tool is based on the 6Cs - values which all NHS staff are encouraged to embrace.

How to use this tool

This tool aims to provide a structure for the debrief process and some ideas for discussion points (you may wish to add your own ideas). The document will also provide a record of the debrief and highlight ongoing actions you have identified.

	Discussion Points	Notes and Actions
1. Care *Care is our core business and that of our organisations and the care we deliver helps the individual* *person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.*	• How is everyone feeling? (physically/emotionally?) • What did that experience feel like? • What do you think will help you now?	
2. Compassion *Compassion is how care is given through relationships based on empathy, respect and dignity.*	• Did you feel supported following the incident? • How has the team supported each other? • How have patients and carers been supported?	

	Discussion Points	Notes and Actions
It can also be described as intelligent kindness and is central to how people perceive their care.	• How can we understand this from the involved patient's perspective?	
3. Competence *Competence means all those in caring roles must have the ability to understand an individual's* *health and social needs. It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.*	• What went well and not so well? • Was everyone's training up to date i.e. SCIP, MAPA, safeguarding etc.? • Was there anything that you feel may have contributed to the incident i.e. staffing shortage etc.?	
4. Communication *Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do. It is essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.*	• What was handed over to you regarding this patient? • Were you aware of the care plan or risk assessment that was in place? • What was your role in the incident?	
5. Courage *Courage enables us to do the right thing for the people we care for, to speak up when we have* *concerns. It means we have the personal strength and vision to innovate and to embrace new ways of working.*	• Did you feel you had the courage to say if you didn't agree with the approach taken? • Did you feel safe at the time? • Did you feel confident in your role at the time?	

	Discussion Points	Notes and Actions
6. Commitment *A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.*	• Reflecting on the incident, is there anything that you think could have been done differently? • What are our learning points? • What do we need to do to prevent or manage these types of incidents in the future?	

Next steps - checklist

☑ Let participants know that their emotional response is an expected part of the adjustment process to the experience of trauma, and mild symptoms are likely to subside over the coming weeks. After four weeks, anyone still experiencing symptoms should seek further support, for example your GP, occupational health or Amica.
☑ Identify any follow up actions.
☑ Identify support needs of other staff, patients, witnesses or relatives who may have been affected by the incident.
☑ Ensure all documentation is completed, including an eIRF.

Debrief date
……
……

Incident ref.
……
……

Facilitator
……
……

Participants ……