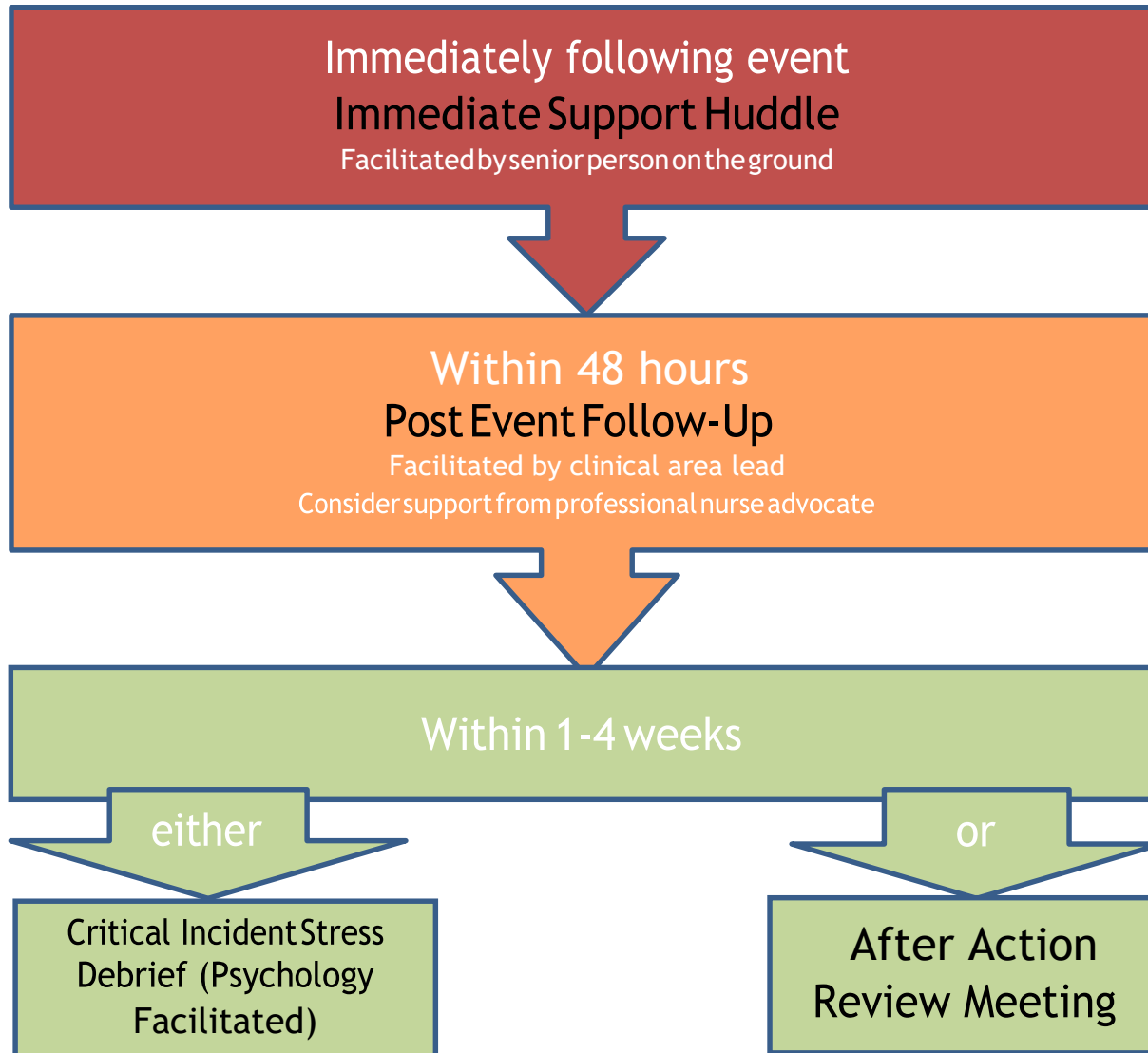


Flowchart for staff support debriefing following a traumatic event



Which of these is indicated will be decided by the clinical area checking in with staff. Pervasive and continuing distress is an indication for psychology facilitated stress debrief

Immediate Support Huddle Facilitator Guidance (Debrief)

Introduce

- Get the team together
- Introduce and explain that the purpose is to provide well-being support for staff following a difficult experience
- Establish the ground-rules

Content

- Thank everyone for their involvement
- What just happened there? Summarise in a couple of sentences
- Cross-check understanding
- How are you feeling? It's normal to feel shaken up and upset by what's happened
- Look out for one another

Action

Is everyone safe and able to return to work? Is cover needed for any work?
Explain there may be further follow up
Take names and contact details of everyone there-make sure a copy gets to the clinical lead
Share the staff support sheet
Take note of any issues raised and on-going needs identified

Ground Rules for facilitating the Immediate Support Huddle (Debrief)

The aim is to support staff and provide a safe space for staff to voice their feelings and reflections
This needs to be distinct and separate from the patient safety investigation and root cause analysis

Ground rules for running the immediate support huddle

Ask "Are we all OK?" "Are we all safe?"

Participation of the whole team is welcomed

Leave hierarchy at the door

Everyone has an equal voice

It's fine just to listen

Everyone will have a different truth to share of the event

Everyone's contribution is respected

No blame is to be expressed.

The huddle conversation is confidential, but lessons learned will be shared

The emphasis at the immediate huddle is on;

Comforting and consoling

Remember to highlight what went well

Providing information about the range of normal responses

Supporting with practical tasks

Sharing the staff support information sheet

Staff Support after a difficult event

It is normal to feel shaken and upset after a traumatic event

Take a bit of time before you go home.
Have a drink and talk to someone you feel comfortable with

It is common to have difficulty sleeping and have intrusive memories. These will usually get better with time, seek help if they last more than a month.

Be kind to yourself and not critical.
Try to eat and sleep well.

What might happen next?
A patient safety investigation
A coroner's inquest (may be months down the line)
A further debrief session to check in on how everyone is doing- attendance is not compulsory

It is a good idea to write down what happened while it is fresh in your mind, in case you need to write a statement later

Notice how you are feeling-allow yourself to express your feelings when you need to

Where to go for more help?
Talk to your colleagues
Use the Wellbeing resources on the Intranet
Occupational health
Staff wellbeing psychology service

Keep to your usual routine-do the things you enjoy

Post Event Follow-up Facilitator Guidance

Introduce

- Get the team together
- Introduce and explain that the purpose is to give an update on the event and to provide continuing well being support.

Content

- Update the team involved with a briefing to update them all that has happened since the event
- Check in on the psychological mood- read the room and be alert to those who are vulnerable
- A co-facilitator can be useful to observe and support- consider a PNA or Mental Health First Aider
- Encourage any issues to be raised

Action

- Record what issues have been raised
- Are they organisational, systemic, specific to your area or to individuals? Who may need further support?
- Liaise with the clinical psychology service as appropriate
- Send a brief summary of the issues to the Health and Wellbeing Guardian

After Action Review Facilitator Guidance

Introduce

- Get the team together
- Introduce and explain that the purpose is to provide a final briefing to update the team on what has happened since the event; to promote learning and provide continued well-being support for the team.

Content

- Encourage any issues to be raised
- Compare intended results with actual outcome – explore why there was a difference.
 - What worked? What didn't work?
 - What will you do differently next time?
 - How might the situation be prevented?
 - Are there more ideal procedures?
- Team strengths and assets.
 - Which strengths bring most value to situations like these?
 - What can sustain us in working this way?
 - What matters to us as a team? What does a strong team look like?
- Communication, flexibility, cooperation, collaboration, planning
- Check in on the psychological mood- read the room and be alert to those who are vulnerable

Action

- Record what issues have been raised
 - Are they organisational, systemic, specific to your area or to individuals?
 - Consider where does this learning need to be shared? Up, down or across the organisation?
 - Who may need further support?
 - Liase with the clinical psychology service as needed
- Send a brief summary of the issues to the Health and Wellbeing Guardian

Ground Rules for facilitating the After Action Review

An After Action Review is about learning and cohesion – ‘forward thinking accountability’. Active participation, involvement, openness, and honesty are core components.

For the AAR process to be successful the team needs to discover for itself the lessons provided by the experience with a focus on team strengths.

The focus on improving a team’s own learning and, as a result, its own performance. It is about team performance and not individual performance and learning is specific to, and about the team.

There is clarity in learning. Any lessons learnt are clearly understood and link to future actions.

Team trust is essential.

The more open and honest the discussion, the better.

It's OK to disagree. Blame and judgements are not a part of the discussion. The review presents a final opportunity to ‘check in’ with regard to how team members have been affected by this incident and provide specific support as needed.

Critical Incident Stress Debrief

Pervasive and continuing distress is an indication for facilitated Critical Incident Stress Debrief or severity of incident. A decision about this may be made after checking in with staff during the Post Event Follow Up.

Staff Support Sessions following a Critical Incident follow a structured model.

The aim is to provide:

- A reduction in immediate distress
- Share information and normalise stress reactions
- Facilitate a sense of 'coming to terms with'
- Enable staff to feel and know they are valued and supported
- Signposting to further information

These session offers a brief psychological intervention that involves some reworking/reliving/recollection of specific trauma and the subsequent emotional reactions that people can experience.

Currently they are only facilitated by Senior Psychologists in the Trust.

The sessions last about 90 minutes. Participation is wholly voluntary.

Staff choose whether to speak during the session or not. It is NOT part of any formal investigation.