

PROVIDING A CULTURE OF LEARNING FOLLOWING SERIOUS INCIDENTS

The following competences are primarily for managers, leaders and senior members of staff working in inpatient settings. These organisational competences aim to ensure a safe and productive ward culture and environment for inpatient staff patients and their family and carers. A serious incident is an adverse event where the consequences for patients, their family and carers, staff or organisations are so significant (and the potential for learning so important) that a heightened level of response is justified. Examples would include unexpected or avoidable death, or injury resulting in serious harm.

Ability to provide a culture of learning and support

An ability to ensure appropriate support structures are in place to enable staff to continuously learn and modify their practice

An ability for the leadership team to promote a culture of continuous learning, rather than a culture of blame, to ensure staff feel able to speak up and discuss issues or concerns

An ability for the leadership team to promote a culture of support relating to serious incidents and provide enhanced support during times of difficulty

Responding to serious incidents

An ability to draw on knowledge of what constitutes a serious incident and how one is reported (in line with local policy and procedure)

An ability to draw on the knowledge that because inpatients have complex needs and high levels of risk, serious incidents can occur

An ability to provide guidance and support for all employees affected by a serious incident

When a serious incident occurs, an ability to maintain services and to provide stability and appropriate information to staff, other patients and their families and carers

An ability to offer support to individuals and teams to which the serious incident relates, aimed at helping them to review the incident, discuss their reactions and feelings and receive further help if necessary

An ability to communicate with other patients involved and affected by the serious incident (for example, providing clinical follow-up and support)

Family and carers engagement and communication

An ability to ensure that the terms of reference of any investigation explicitly include arrangements for engaging and communicating with the patient's family and carers that the serious incident relates to

An ability to ensure that the person(s) making contact regarding the serious incident are suitable to take up this role (for example, have the appropriate communication skills and an appropriate level of authority)

An ability to ensure that information is provided to the patient's family and carers who the serious incident relates to in a timely and compassionate manner (in line with the duty of candour)

An ability for the organisation to acknowledge when they have made mistakes and apologise to relevant parties

If appropriate, an ability to put in place appropriate support for the patient's family and carers (for example, offering or signposting for emotional support)

Where the patient's family includes children or young people, if appropriate, an ability to put developmentally appropriate support in place for them, and to support the patient's family and carers to care for them

Establishing an internal review

An ability to identify appropriate staff members from the affected clinical team to review the incident

An ability for the identified staff member(s) to review the incident and:

- confirm the type of investigation required
- outline immediate action taken
- capture immediate learning

Establishing an external independent review

An ability to identify an independent team with relevant experience, expertise, and authority, including lay membership where appropriate, which is empowered to:

- investigate the circumstances relating to the serious incident
- compile a record of the patient's care and treatment
- write a clear report

An ability to ensure that reviews are set-up, completed and disseminated in as timely a manner as is practicable

Competences for the investigating team

An ability for the investigating team to:

- review relevant documentation
- identify the agencies and services with which the patient was in contact
- interview members of the clinical and professional teams with whom the patient was in contact
- review and evaluate the course and quality of treatment
- review legal and ethical matters, particularly those concerning sharing of information within and between services
- seek the views of the patient, and their family and carers

An ability to review the degree to which the service is operating in line with national and local guidance designed to reduce serious incident, such as:

- actively monitoring the physical environment for risks (such as ligature points) and taking steps to modify dangers when these are identified
- ensuring that there is an appropriate response when patients leave inpatient wards without staff agreement (for example, use of the Mental Health Act)
- having agreed protocols in place for managing patients with comorbid substance misuse
- maintaining safe staffing levels
- maintaining a consistent staff group who are familiar with the patients in their care (by minimising staff turnover)
- putting in place appropriate training for staff carrying out critical tasks (such as direct observations, search, and restraint)

Clinical policies relating to the management of serious incidents

An ability to review policies relevant to the safe management of patients who may be at high risk of a serious incident, such as (where applicable):

- care planning
- risk assessment
- routine searches
- use of restraint
- use of seclusion
- use of observation
- use of medication

An ability to determine how these policies are implemented in practice (including arrangements for regular staff training)

Use of information and reporting systems

An ability to draw on knowledge of the information systems used by NHS Trusts and the reporting arrangements used locally and nationally to record and flag serious incidents

An ability to examine information and reporting systems to ascertain the degree to which:

staff in the organisation routinely and systematically record information, particularly information potentially relevant to the management of risk behaviours (for example, in care plans, risk assessments, clinical summaries and communications with other parts of the service or with other services)

the organisation follows up and acts on reports of adverse events and potential areas of concern (for example, use of seclusion and physical restraint)

reporting of serious incidents to national external bodies is appropriate (for example, CQC, NHS Improvement)

Effectiveness of leadership

An ability to identify how information about serious incidents or areas of concern are considered by senior leaders in the organisation for example:

whether how and at what level the trust and/or its delegated authority (for example, a subcommittee of the trust board, clinical governance lead, patient safety services, quality oversight group) receive, take account of, and respond appropriately to, information about incidents, serious incidents, unexpected deaths, and previous incident reports

An ability to consider the quality of reports of previous investigations (such as serious incidents requiring investigation reports), for example, to consider:

the standard of investigation

the quality of the report

the appropriateness of the actions it recommends

An ability to determine whether and how recommendations from previous investigations have been implemented

Dissemination

An ability to draw on knowledge of how reports can be disseminated to be helpful to front-line staff and those close to the patient whom the serious incident relates to (by giving them access to the report, by presenting its findings or otherwise providing a full account of the circumstances leading up to the incident)

An ability to report both in writing and to present information verbally to relevant parties

An ability to write reports in the appropriate tone, which is about promoting learning rather than blame

An ability to recommend that reports are disseminated promptly to:

all professionals who can potentially learn from them, for example:

managers

staff (including front-line clinical staff, particularly those with whom the patient who has died had been in contact)

clinical and professional partners (such as local services or local agencies)

the patient's family and carers

PROVIDING SUPPORT AFTER SERIOUS INCIDENTS

The following competences are primarily for managers, leaders, and senior members of staff working in inpatient settings. These organisational competences are to ensure a safe and productive ward culture and environment for inpatient staff, patients, and their family and carers.

This section focuses on the competences associated with providing support for individuals and teams after a serious incident. A serious incident is an adverse event where the consequences to inpatients, families and carers, staff, or organisations are so significant or the potential for learning is so great that a heightened level of response is justified. Because the response to a serious incident is as much institutional as individual the competences in this section refer both to the response expected of an organisation and the individual competences of those offering support.

Working with individual staff and patients after a serious incident

An ability to all ensure that all relevant staff and patients are informed after a serious incident and that support is promptly offered
An ability to provide information to staff and patients about the 'normal' consequences of a serious incident
An ability to identify a moderator (an impartial expert with experience and expertise in delivering post incident support, with either individuals or groups) to deliver post incident support
An ability for the moderator to establish boundaries to any discussions and ensure that there is clarity about confidentiality
An ability to help staff and patients discuss their emotional reactions to the serious incident, and to:
identify and discuss the breadth of emotions evoked by the serious incident (for example, sorrow, guilt, anger, disappointment, compassion, or relief)
discuss how they are managing feelings about the serious incident (for example, denial of feelings or, conversely, feeling overwhelmed)
An ability to provide staff and patients with further idiosyncratic support and intervention if they are struggling with coming to terms with the serious incident

An ability to support staff to recognise that (at least in the short term) the serious incident is likely to affect their work with other patients and their sense of professional identity
An ability to support staff to verbalise fears of disciplinary or legal action and identify and discuss emotions related to their sense of the role they played in the patient's treatment (for example, a sense of failure, incompetence, fear, or shame)
An ability to ensure that staff working arrangements are adjusted so that all staff who wish to attend relevant support meetings can do so
An ability to draw on knowledge that because staff practice may be affected by a serious incident, support to adapt their routine practice may be required
An ability to ensure that a spirit of learning and curiosity is maintained throughout a serious incident, and not one of blame or fear
An ability to draw on knowledge that a completed suicide in a ward environment can heighten individual or group risk thresholds and may result in:
increased anxiety in staff
an increase in use of restrictive practices

Working with teams

An ability to help staff reconstruct the known circumstances and patient's behaviour before the serious incident, and to discuss:	
	what was happening for the patient before the serious incident
	their sense of involvement with the patient and their view of themselves after the incident (including, for example, potential feelings of guilt or a sense of failure)
	accusations of blame towards individuals or groups seen as responsible for the patient's welfare
	an ability to contain accusations of blame against others (for example, by distinguishing between feelings of guilt and actual responsibility for the patient)
An ability to draw on knowledge that the reactions to the serious incident from different members of the team will vary, and be influenced by their:	
	relationship with the patient
	understanding and knowledge of the patient
	understanding and anticipation of the event
	professional experience
	personal circumstances
An ability to draw on knowledge that because different team members will vary in the extent and depth of their reactions, the support offered (to the team as a whole and individual members) needs to reflect this, for example by:	
	offering individual as well as group support
	being sensitive to what each team member knows, and what level of detail they need to know (for example, if detailing the manner of a death is potentially traumatising, or where the family/next of kin has indicated a wish to restrict information about the manner of death)
	offering more than a single post incident support session as some staff may require additional support
An ability to extend the same level of support to staff who may have no formal clinical role but whose duties led them to be impacted by the serious incident (such as administrative or domestic staff)	
An ability to extend support to temporary staff (such as bank or agency) who may only be working single shifts and who may not be seen as a routine member of the team	
Where a staff member was first on the scene of the serious incident, an ability to organise or provide appropriate support (for example where there is evidence of trauma)	

Support for staff affected by a coroner's investigation

An ability to draw on knowledge that being involved in a coroner's investigation may be concerning or distressing for staff	
An ability to provide supervision and a reflective space for staff involved in a coroner's investigation	
An ability to provide staff with the necessary skills, through training and supervision, and knowledge to partake in a coroner's investigation, including:	
	writing a witness statement
	attending court
	sharing of appropriate information with the investigatory body

PROVIDING SUPPORT FOR STAFF HEALTH AND WELL-BEING

The following competences are primarily for managers, leaders, and senior members of staff working in inpatient settings. These organisational competences are to ensure a safe and productive ward culture and environment for inpatient staff, patients, and their family and carers.

Knowledge

An ability to draw on knowledge that inpatient settings have one of the highest rates of staff sickness, stress, and burnout, and as a consequence, poorer levels of staff well-being

An ability to draw on knowledge that staff well-being interventions should be delivered in an organisational context where there is:

the provision of a (physically, emotionally, relationally) safe working environment

adequate numbers of staff who are appropriately trained

investment in staff (for example, the provision of regular training and developmental opportunities)

a culture of learning, development, and support

an ability to draw on knowledge that if staff interventions are not delivered in such a context they may be received as unhelpful or invalidating

Application

An ability to cultivate an organisational culture that prioritises staff well-being by:

providing a healthy working environment where staff are safe, treated with dignity and respect, and are valued (in line with the NHS constitution)

having a leadership and management structure that prioritises staff well-being and puts it at the heart of service delivery

offering collaboratively developed staff well-being interventions (at both an individual and organisational level) that meet the needs of a diverse staff group, including initiatives such as:

reflective practice

talking therapies and counselling

exercise and fitness activities

social networking opportunities and social activities

sessions specifically tailored for minoritised staff groups (for example, ethnic minority or LGBTQ+ networks)

An ability to ensure that staff well-being is an ongoing priority of the organisation, and that well-being strategies are regularly assessed/reviewed

An ability to elicit and respond to feedback from staff about well-being interventions and ensure they are meeting their needs

PROVIDING STAFF TRAINING

The following competences are primarily for managers, leaders, and senior members of staff working in inpatient settings. These organisational competences are to ensure a safe and productive ward culture and environment for inpatient staff, patients, and their family and carers.

Organisational Knowledge

An ability to draw on knowledge that the effectiveness of training depends on the organisation:

investing in a group of local facilitators, or setting aside a budget for external trainers

assuring the participation of senior staff

providing protected staff training sessions (including update or refresher sessions)

offering regular peer and clinical supervision so training knowledge can be consolidated and integrated into practice

An ability to draw on knowledge that training should be conducted periodically to help staff maintain their skills, for example, by:

making up-to-date knowledge available

providing training based on current research

offering refresher sessions and updates

An ability to draw on knowledge that regular staff training is critical for inpatient settings due to the complexity and risk present in this population

An ability to draw on knowledge that training should focus on the core principles of psychosocial ways of working

Training on essential policies and procedures

An ability for the organisation to ensure that new members of staff receive an induction that:

enables them to learn how relevant policies and procedures apply in the inpatient setting

identifies the principles that underlie policies and procedures (to make implementation responsive to individuals, rather than procedural)

An ability for the organisation to make appropriate arrangements to maintain a practitioner's awareness of current policies and procedures through, for example, ongoing training and supervision

Content and delivery of training

An ability to ensure that the content of the training is influenced by:

local workforce training needs

research evidence for the inpatient setting

local and national initiatives in crisis working and inpatient care

feedback from patients and their family and carers

An ability to assure training quality and content by recruiting appropriately experienced trainers who are competent in the delivery of material and adhere to the required content

An ability to deliver training that considers the practical barriers to training delivery in inpatient settings, and:

provides backfill for staff to leave the ward to attend training

delivers training sessions at handovers to maximise attendance

tailors the content to the ward team and linking it to their patients

offers brief 'bite-size' sessions where appropriate that can be repeated for different shift cohorts

delivers training in a quiet space, potentially off the ward, to avoid interruptions

PROVIDING A SAFE INPATIENT ENVIRONMENT

The following competences are primarily for managers, leaders, and senior members of staff working in inpatient settings. These organisational competences are to ensure a safe and productive ward culture and environment for inpatient staff patients and their family and carers.

Knowledge

An ability to draw on knowledge that the safety of an inpatient environment, and a culture of safety, depends on strong and effective leadership

An ability to draw on knowledge that two important factors in maintaining ward safety are having safe staffing numbers and well-trained competent members of staff

Provision of a safe ward environment

An ability to ensure that the inpatient environment complies with local and national guidelines that relate to the maintenance of a safe and therapeutic ward

An ability to ensure the physical, relational, emotional, and sexual safety of all patients through the implementation of appropriate psychosocial interventions

An ability to ensure that the physical environment is safe by having, for example:

a physical layout that allows staff to have a clear view of patients, without any blind spots

a quiet and therapeutic space that patients can access, or which can be used for therapeutic purposes in (for example, sensory rooms, quiet rooms, calm rooms)

environments that minimise risks of harm (i.e., free from ligature points)

adequate amenities for patients (for example, private bedroom, easy access to bathroom facilities)

access to a phone, the internet, and other electronic devices

access to the provision of therapeutic resources such as sensory stimulation, stress management tools and calm boxes

adequate outdoor space that patients can access (for example, access to a garden and nature)

having appropriate spaces to meet visitors

An ability to provide a safe ward environment through service improvement initiatives, for example by:

coproducing services in partnership with patients and their wider family and carers

developing service improvement action plans

setting regular service improvement goals/targets

regularly evaluating and amending the service improvement strategy

An ability to routinely evaluate service provision by reviewing clinical data and using this to inform service development strategies to improve safety (for example, reducing restrictive practices)

An ability to ensure staff are protected if they raise any concerns or whistleblow, ensuring that these are taken seriously and that appropriate support is offered

An ability to provide an adequately staffed inpatient service which:

ensures there is multidisciplinary representation in the staff team

addresses recruitment and retention issues

PROVIDING REFLECTIVE INTERDISCIPLINARY SUPERVISION

The following competences are primarily for managers, leaders, and senior members of staff working in inpatient settings. These organisational competences are to ensure a safe and productive ward culture and environment for inpatient staff patients and their family and carers.

Knowledge of reflective interdisciplinary supervision

An ability to draw on knowledge that reflective interdisciplinary supervision aims to:	offer a group space to improve competence and aid professional development
	increase staff understanding of complex and challenging situations
	draw upon psychiatric, nursing, psychological, social, and occupational approaches to inpatient care
	provide a protected space where staff can reflect upon their practice
	improve patient care
	support staff well-being
An ability to draw on knowledge that all team members, especially senior management, should regularly attend reflective interdisciplinary supervision	
An ability to draw on knowledge that interdisciplinary supervision has been demonstrated to have several benefits including:	improving service effectiveness and quality of patient care
	broadening staff understanding of the patient's presenting difficulties from a biopsychosocial framework
	changing existing negative perceptions and attitudes towards patients
	improving staff-patient relationships
	increasing practitioner confidence in working with patients with complex needs and managing the emotional consequences of this work
	improving the therapeutic milieu and ward culture
	personal and professional learning and growth

Providing interdisciplinary supervision and support

An ability to provide interdisciplinary supervision groups that:	are facilitated by an appropriately trained practitioner
	draw on research evidence and relevant theoretical and supervisory models
	are integrated into routine practice by:
	ensuring the group meets the team's priorities, capabilities and needs
	establishing a confidentiality and information sharing agreement
	negotiating group attendance and group rules with the team
	delivering groups at a consistent time and location
	adopting a consistent format, length, and frequency
	actioning/taking forward key issues (with consent)
	if relevant, using supervisory discussions to make practical changes to the patient's inpatient care plan
An ability to identify and address any difficulties arising from inherent power imbalances present within supervision groups comprising staff of varying seniority	
An ability to gather regular feedback from staff about the supervision group and use this to make adaptations	