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