

Ref: FOI/GS/ID 6516 follow-up

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

30 March 2021

Freedom of Information Act 2000

Thank you for your request for further information regarding your FOI request reference FOI/GS/ID 6516 and the information disclosed.

Original questions and responses:

Q5. In decisions to suspend staff, is there any formal written assessment the organisation conducts to assess the effect on health and welfare of suspension of the staff member the organisation is considering suspending, if so please disclose a copy?

A5. Yes, in every circumstance.

Q7. Number of staff disciplinary investigations started in 2017, 2018, 2019 and 2020 by respective year split down by investigated by an internally employed investigator or an externally contracted investigator. If the numbers are too low to reveal, it can be given by all four years together the split.

A7. Total for the four years is 1.

Follow-up questions:

1. Regarding Q5, you cite there is a formal assessment, could you send me a copy of this?
2. Also in regards to Q7, are you confirming there was only 1 external investigation in the 4 years.

Trust response:

The Trust suspension assessment checklist is attached with the Traumatic Events policy that is provided to all staff who are suspended with a detailed letter confirming the terms of their suspension.

We can confirm that there has only been one external investigation in the last four years according to our records and to the knowledge of the HRBP team. It is an exceptionally rare circumstance.

SUSPENSION CHECKLIST FOR MANAGERS

Prior to suspending an employee, please contact your HR Advisor

Any suspension must be authorised by the manager's immediate manager in consultation with the Employee Relations Team or by the manager in case of an emergency and ratified by the manager's manager within 72 hours.

Name of Employee:

Department: Date:

	Suspension	Comments
1.	Why are you considering suspension? i.e. has there been a critical incident and/or serious allegations made?	
2.	Is the presence of the employee likely to hinder the investigation?	
3.	Is there a risk of harm to self/others if the employee remains at work?	
4.	Is there a likelihood of further serious or gross misconduct?	
5.	Is there a workable alternative to suspension? Eg. redeployment to another work area, restriction of work duties etc?	
6.	If restriction of duties is to be considered, have you considered what duties you are intending to restrict?	
7.	Have you ascertained details that lead you to think that suspension is the only reasonable course of action?	
8.	Is your course of action realistic and reasonable in all of the circumstances?	
9.	Who else needs to be made aware of your course of action (suspension, redeployment, restrictions of duties)? E.g. Manager, Professional Lead, Staff Bank	
10.	Is the employee an accredited Staff Side organisation representative (so that, if any action is taken, the relevant Full-Time Officer can be notified)?	
11.	Have you identified an Investigating Officer who will be able to give priority to the initial investigation? If not who will progress this?	
12.	Have you identified a *manager to provide support to the staff member throughout the investigation? *Manager must be independent of the investigation and contact frequency should be	

	weekly.	
13.	Has the employee been sent a formal letter notifying them of the suspension and the allegations to be investigated or the restrictions to duty or redeployment for duration of the investigation?	
14.	Has a completed Change Form to Workforce Information notifying them of the suspension been sent, including paying average enhancements?	
15.	If suspended has IT been notified to temporarily lock the account, retain all information and not to delete the account? Only if relevant.	
16.	Has a framework been agreed regarding review of the suspension/restriction and feedback to the employee?	

Where a serious incident has occurred which involves patient/s, the checklist below must also be completed.

	SAFEGUARDING CHECKLIST	COMMENTS
1.	Is this a safeguarding issue?	
2.	Have the Safeguarding Team been informed?	
3.	Is a Datix form required? If so, who will complete the Datix form?	

Additional Comments:

At the suspension meeting, let the employee know:

- Reason for the suspension
- Which policy/code may have been considered to be contravened
- That suspension is a neutral act to allow investigation, pay will continue and the suspension will be as brief as possible
- Not to contact other staff/contractors to discuss the issues under investigation
- Not to enter Trust premises without prior agreement with the suspending manager or HR Manager unless it is a medical emergency for you or a close family member
- Investigation meetings will take place and if the employee is called, they must make themselves available during their contracted hours
- The employee must not undertake any other paid work during contracted hours whilst on suspension
- Ask the employee to give you any work mobiles, keys etc prior to suspension
- Check their home address to ensure we can send correspondence and any e-mail address that can be used
- Confirm telephone contact details

- Inform the employee that EAP is available should they feel this would be helpful to them
- Confirm to the employee that they should follow the normal sickness reporting procedures and annual leave booking procedures.

Line Manager: Date: _____

End of Suspension

When ending a suspension please contact your HR Advisor to discuss and agree actions required.

	SUSPENSION ENDING CHECKLIST	COMMENTS
1.	Has the employee been notified of the change in writing?	
2.	Do other people need to be informed of the change? If so, who and why? Who will inform them and how?	
3.	Has the manager completed a Change form to notify Workforce Information that the suspension has been lifted?	
4.	Have arrangements been made to meet with the employee on their return to the work place?	
5.	If the employee has been dismissed has a Termination form for Workforce Information been completed.	

Line Manager: Date: _____

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure

**Requested/
Required by:** Workforce Committee

Main author:HR Business Partner

Other contributors: Staff Side

Document lead: HR Business Partner
Contact Details: 34457

Directorate: Corporate

Specialty: Workforce

Supersedes: Supporting staff involved in traumatic and stressful incidents at work policy and procedure (Version 2.1, March 2009)

Approved by: Workforce Directorate Committee, 7th May 2013

Ratified by: Workforce Committee, 7th May 2013

Review date: May 2018 or at times of significant change

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV3.0

Document history

Requirement for document:	<p>The purpose of this policy is to set out the Trust's position and procedures on supporting staff involved in traumatic and stressful incident, complaint or claim in the workplace. As well as to comply with national legislation, recommendations and good practice:</p> <ul style="list-style-type: none"> • NHSLA Standard Risk Management Standards (2012/13) 3.9 Supporting Staff Involved in an Incident, Complaint or Claim
Cross references:	<ol style="list-style-type: none"> 1. Department of Health. (March 2012). <i>The NHS Constitution: The NHS belongs to us all</i> http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh132958.pdf 2. NHS Employers. (November 2010). <i>Occupational Health and Safety Standards</i> http://www.nhsemployers.org/Aboutus/Publications/Documents/Occupational%20health%20and%20safety%20standards.pdf 3. Royal College of Nursing. (October 2008). <i>Work-related violence – An RNC Tool to manage risk and promote safer working practices in health care</i> http://www.rcn.org.uk/_data/assets/pdf_file/0010/192493/003271.pdf 4. National Patient Safety Agency (NPSA). (November 2009). <i>Being Open Framework</i> http://www.nrls.npsa.nhs.uk 5. NHSLA. (March 2012). <i>An Organisation-wide Document for Supporting Staff Involved in Incidents, Complaints or Claims</i> www.nhs.uk/.../Document%20for%20supporting%20staff%20involved%20in%20incidents 6. Health and Safety Executive (HSE) website provides further information and resources in relation to stress www.hse.gov.uk 7. Department of Health. (2005). <i>The management of health, safety and welfare issues for NHS staff</i> 8. Royal College of Nursing. (2005). <i>Managing your stress: A guide for nurses</i>
Associated documents:	<ul style="list-style-type: none"> • Maidstone and Tunbridge Wells NHS Trust. <i>Stress at Work Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF3] • Maidstone and Tunbridge Wells NHS Trust. <i>Occupational Health Policy and Procedure, Management of</i> [RWF-OPPPCS-NC-WF43] • Maidstone and Tunbridge Wells NHS Trust. <i>Concerns about Performance of Doctors and Dentists Policy and Procedure</i> [RWF-OPPPCS-NC-WF8] • Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10] • Maidstone and Tunbridge Wells NHS Trust. <i>Bullying and Harassment Policy and Procedure</i> [RWF-OPPPCS-NC-WF24] • Maidstone and Tunbridge Wells NHS Trust. <i>Grievance and Disputes Policy and Procedure</i> [RWF-OPPPCS-NC-WF27] • Maidstone and Tunbridge Wells NHS Trust. <i>Whistle Blowing Policy and Procedure</i> [RWF-OPPPCS-NC-WF33] • Maidstone and Tunbridge Wells NHS Trust. <i>Performance Management (Capability) Policy and Procedure</i> [RWF-OPPPCS-NC-WF53] • Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]

	<ul style="list-style-type: none"> • Maidstone and Tunbridge Wells NHS Trust. <i>Claims Policy and Procedure, Management of Legal</i> [RWF-OPPPCS-NC-CG30] • Maidstone and Tunbridge Wells NHS Trust. <i>Concerns and Complaints Policy and Procedure</i> [RWF-OPPPCS-NC-CG31] • Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Adults: Protection and Support of Vulnerable Adults Policy and Procedure</i> [RWF-OPPPCS-NC-NUR5] • Maidstone and Tunbridge Wells NHS Trust. <i>Safeguarding Children Policy and Procedure</i> [RWF-OPPPCS-NC-NUR6] • Maidstone and Tunbridge Wells NHS Trust. <i>Violence and Aggression Policy and Procedure</i> [RWF-OPPPCS-NC-FH8] • Maidstone and Tunbridge Wells NHS Trust. <i>Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure</i> [RWF-OPPPCS-NC-WF5]
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Version Control:		
Issue:	Description of changes:	Date:
1.0	Initial document	October 2007
2.0	Reformatted to Trust template and NHSLA requirements	January 2009
2.1	Minor amendments to headings – content unchanged	October 2009
3.0	Complete review	May 2013

Policy statement for

Supporting staff involved in traumatic and stressful incidents, complaints or claims policy

The Trust has a duty of care to look after the psychological as well as the physical well-being of staff who have been exposed to a traumatic or stressful incident to ensure that they are appropriately supported. When a traumatic event occurs, staff need to be aware of exactly what support is available to them both internally and externally, and in the short and longer term.

This policy ensure that adequate support systems are in place for staff who have been involved with, or directly affected by incidents, complaints or claims, regardless of the extent of their involvement. This will also include being involved in cases of safeguarding children or adults, in cases of harassment or bullying, or violence or aggression.

This document applies to all staff working within the Trust, employees, contractors or agency, volunteers and staff from other organisations working on the Trust premises or associated premises. Where incidents involves staff employed by other organisations the employing organisation retains responsibility for staff welfare and support and the Trust will liaise with them to agree the practical contribution that it can make.

The definition of what is a traumatic and stressful incident is wide. It ranges from incidents which are serious enough to require investigation and may result in a hearing, tribunal or court case to less serious incidents but which the member of staff has found traumatic or stressful and requires support. They could be due to mistakes, negligence, misconduct, serious untoward incidents (SUIs), harassment or bullying, violence, abuse or complaints. They could also be due to an injury at work or a work related illness.

Support will be offered to all staff regardless of whether they are the complainant, a victim, a witness or a person who is alleged to have done something wrong.

It is also important for staff to be kept informed of the progress of any incident, complaint or legal investigation in which they have been involved. In particular, staff must be given of a named contact whom will ensure the provision of support and made aware when the investigation has been completed, and the findings, recommendations and any action to be taken should be relayed to them. They must also be provided with an opportunity to ask any questions the may have.

Managers should keep a record of support given to staff who are involved in such incidents using the 'support checklist'. The support will be reviewed on a regular basis by the manager and additional support will be provided as appropriate. Any support offered should remain confidential.

It is important to recognise the need for support is not a sign of weakness. Although the support of colleagues is essential, the Trust recognises that there may be occasions when any member of staff requires additional support outside this immediate circle.

Supporting staff involved in traumatic and stressful incidents, complaints or claims procedure

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No.	Title
4	Supporting staff checklist
5	Frequently asked questions

Introduction and scope

- 1.1 The Trust recognises that during the course of working practice members of staff may occasionally become involved in incident, complaint or claim processes that they may find traumatic and stressful.
- 1.2 Staff can often feel vulnerable when involved in investigations/procedures. It is particularly important that individuals are appropriately supported during and after the investigation/procedure. Staff, regardless of grade or position will often feel anxious about their involvement and their future role in the process.
- 1.3 This document applies to all staff working within the Trust, employees, contractors or agency, volunteers and staff from other organisations working on the Trust premises or associated premises. Where incidents involve staff employed by other organisations the Trust will work with their employer to determine the most appropriate course of action.
- 1.4 The Trust recognises it is important for them to provide support to individuals during an investigation/procedure that they may find stressful, whilst maintaining impartiality and confidence. The main aims are to:
 - i) value, support and protect staff
 - ii) provide support in the 'best interests' of the individual concerned
 - iii) provide individuals with appropriate and relevant information necessary for them to provide a positive input into any investigation/procedure
 - iv) reduce instances of staff leaving or being absent from work due to poor experiences of investigations/procedures and inappropriate suspension/exclusion of staff
 - v) protect patients and improve service provision.
- 1.5 Involvement in a serious adverse incident, complaint or claim can have profound consequences on those staff members involved, who may experience a range of reactions from stress and depression to shame and guilt. The high personal and professional standards of most staff make them particularly vulnerable to these experiences. It should also be recognised in applying this document that different individuals will have differing responses to the same incident, complaint or claim and will therefore require different levels of support during or immediately after an incident has occurred. The following examples set out support provisions that are available for any staff involved:
 - i) A named contact at the Trust who will be responsible for ensuring support.
 - ii) Clear, concise information regarding the investigation/proceedings.
 - iii) Advice on professional groups and trade unions (i.e. RCN, BMA) that may assist.
 - iv) Agreed timetable for case review and communication with the individual.
 - v) Assistance with incident/statement writing.
 - vi) Advice from Human Resources.
 - vii) Counselling service accessed through Occupational Health.
 - viii) Access to a mentor.
 - ix) Access to legal and professional advice.
 - x) Update on case outcome and recommendations.
 - xi) Opportunity to evaluate the effectiveness of the support offered.

2.0 Definitions

2.1 **A traumatic or stressful event:** one that invokes unusually strong emotions, overcoming normal coping abilities.

Examples of such incidents may include the following, although the list is not intended to be exhaustive:

- Serious incidents/Complaints/Claims
- Allegations of negligence
- Dealing with a major incident
- Involvement in cases of safeguarding children or adults
- Cases of harassment and/or bullying
- Involvement in an incident of violence or aggression, whether as a victim or witness
- Being called as a witness in a Court of Law

2.2 **Root cause analysis:** a well recognised way of investigating incidents, claims and complaints, which offers a framework identifying what, how and why the event happened. Analysis can then be used to identify areas of change, develop recommendations and look for new solutions.

2.3 **Work related illness:** any disease or medical condition that may have resulted from a work related activity. This is required to be supported by a 'fit note'.

2.4 **Debrief:** a semi-structured conversation with an individual who has just experienced a stressful or traumatic event. The purpose of a debriefing is to reduce the possibility of psychological harm by allowing individuals to talk about their experiences.

2.5 **National Health Service Litigation Authority (NHSLA):** deals with negligence claims and works to improve risk management practices in the NHS.

3.0 Duties

3.1 Staff member

All staff are expected to access those sources of support which will assist them in dealing with the impact of any incident, complaint or claim in which they are involved.

All staff involved in a traumatic or stressful event must inform their manager of any ongoing difficulties and concerns they may be experiencing.

All staff are expected to cooperate with the complaints and claims handling process and with any serious incident, investigation or root cause analysis. If required, staff must provide witness statements that are factual, truthful, timely and accurate.

Staff should be supportive of colleagues reporting any serious incidents or concerns to the line manager.

Staff must work in accordance with their professional codes of practice and are expected to look after and maintain their own physical and well-being.

3.2 Line manager

All managers have a responsibility to implement this policy/procedure and to bring it to the attention of staff in their work area.

All managers have are responsible to be the first point of contact (the named contact) for an individual seeking support. In certain circumstances (i.e. where there may be a conflict of interest) it may be appropriate for the individual to seek assistance from the Human Resources and/or Risk Department who will agree a named contact with the member of staff seeking support.

The manager will have a proactive duty to offer support to staff and should consider whether there is a need to offer immediate and proportionate support and the potential avenues (internal and external) for provision.

The manager should ensure that the Clinical Director/General Manager/Lead Manager is made aware of the support being offered to individual staff members.

3.3 Human Resources Department

The HR Department has a responsibility to ensure that the policy/procedure is followed, fairly and consistently, including:

- advising managers on the application of the ‘supporting staff’ policy and procedure;
- ensuring the effective implementation of the ‘supporting staff’ policy/procedure and checklist;
- monitoring incidents, complaints or claims and initiating appropriate action;
- reviewing and amending the ‘supporting staff’ policy/procedure as appropriate.

3.4 Occupational Health

Provide access to confidential, independent and impartial advice to any member of staff who is involved in an incident, complaint or claim. All employees can either self-refer or be referred by their nominated manager. The Occupational Health Practitioners can also provide support and can signpost staff to appropriate external support where this is thought to be more appropriate or if requested.

3.5 Chaplaincy Service can provide confidential, independent and impartial counselling

3.6 Trust Board

The Trust Board will ensure this policy/procedure is applied fairly and equitably across all groups of staff, including ensuring that:

- all managers and groups of staff are informed and made aware of their personal responsibilities under this policy/procedure.
- formal training is provided to managers and staff who are involved in implementing this policy/procedure;
- the policy/procedure is monitored and audited to assess its effectiveness and equal and consistent application.

4.0 Training / competency requirements

The following training provisions are to be provided:

- New staff to be made aware of the 'supporting staff' policy/procedure by their manager when reporting or involved in an incident, complaint or claim;
- Managers upon request to be effectively supported by the HR Department.
- Where any deficits are identified as a result of the audit of Supporting Staff Checklist additional awareness will be provided to managers at the appropriate level via the HR Department.

5.0 Procedure

5.1 Immediate support

5.1.1 In all cases, the first line of support is the line manager and as soon as the manager becomes aware that one of their staff has been involved in a potentially traumatic or stressful event, they should offer immediate support and reassurance to them. Much of the reassurance required by the staff member can be given by the manager, informing the staff member of the process, support and referring them to appropriate resources. The manager should ensure:

- Debrief is confidential and takes place in a suitable environment, at which up to date information on the current position with regards to the incident and the process of managing the incident are given.
- Member of staff is given time to talk and is listened to and feels supported.
- Arrangements are put in place for the staff member to receive any appropriate support, other sources of support is discussed and appropriate arrangements commenced if required.
- Advice is offered concerning any requirement to write a statement.
- A named contact and contact details are provided for ongoing support.

5.1.2 It is very important that the manager provides close support in the immediate aftermath of an event. This is a vital opportunity to help the individual involved in the situation keep the issues in perspective and not feel or become isolated.

5.1.3 The line manager should be aware of those members of staff who may be especially vulnerable perhaps due to similar past experiences or who have particularly close involvement with the incident or with those involved in it. Staff should be seen individually and extra support provided if appropriate.

5.1.4 The fitness of staff to undertake or continue their full range of duties following a stress event should be risk assessed and consideration given to appropriate adjustments to duties or responsibilities should this be necessary.

5.2 Other sources of support

- i) Advice or referral to Occupational Health Services opening hours Monday to Friday 08.30 to 16.30 hours on 01622 224324 Maidstone Hospital or 01892 633232 Tunbridge Wells Hospital.
- ii) Advice on support available from professional bodies and trade unions (e.g RCN, Unison, BMA).
- iii) Advice from HR Business Partnering Team on the processes that may be followed on 01892 634457.

- iv) Expert advice from Trust competent persons such as Local Security Management, Health & Safety, Radiation Protection Adviser (contact Risk Department for advice on 01892 224778).
- v) Time off in accordance with the Trust leave policies, in particular the *Managing Attendance at Work (formerly Sickness Absence) Policy and Procedure* which are available on the trust intranet through Q-Pulse.

5.3 Ongoing support

5.3.1 Managers should remember that, in the initial stages following an event, they or a staff member may be unaware of the impact of that event on their well-being or ability to undertake their full range of duties. For this reason it is essential that on-going support is provided. This should involve one to one meeting no later than 2 weeks after the event. At the meeting any follow-up arrangements, for members of staff still experiencing difficulties should be put in place as a matter of urgency, if this has not already been commenced.

5.3.2 The support may be different depending on what the circumstances and the specific needs of the individual. The following examples set out ongoing support provision that is available to staff and immediate support set out above may also be provided as ongoing support.

- i) A named contact at the Trust who will be responsible for ensuring support.
- ii) Clear, concise information regarding the investigation/proceedings
- iii) Agreed timetable for case review and communication with the individual.
- iv) Assistance with incident/statement writing.
- v) Update on case outcome and recommendations.
- vi) Opportunity to evaluate the effectiveness of the support offered.

5.4 Long term support

5.4.1 It should be remembered that an incident, complaint, or claim (including possible court appearance) may arise some considerable time after the actual event occurred. This does not alter the fact that this may be equally traumatic for staff and support may be required at this stage.

Further guidance on the subject is incorporated in the Trust's Management of Legal Claims Policy and Procedure, section 7.0 which is available on the Trust approved document management database on the intranet.

5.5 Supporting staff checklist

5.5.1 To ensure staff are provided with timely and appropriate support both internally and externally, managers should refer to and complete the checklist at **Appendix Five**.

5.5.2 The checklist must be completed and retained by the manager until the event and required support have reached conclusion. Then the manager should retain a copy of the file and forward a copy to HR Department to be placed on the individual's personnel file.

5.6 Staff leaving

5.6.1 Line managers should ensure 'Exit Questionnaires' for staff leaving the organisation are completed. The questionnaire includes a section on 'reason for leaving'. Line managers will need to ensure that any comments and/or suggestions regarding support received for stressful/traumatic incidents are fully reviewed in conjunction with other departments as appropriate.

5.7 Supporting staff debrief recommendations

5.7.1 Action plans and reports developed as part of an incident investigation or procedural process may include recommendations or actions taken for supporting staff issues and must be copied to the HR Department for review.

5.8 Supporting staff witness statements

5.8.1 On occasion staff will be required to write a witness statement or report. These statements are usually required when a serious adverse incident or adverse incident has occurred or when a claim is likely to result.

5.8.2 Further guidance on the subject is incorporated in the Trust's Incident Management Policy and Procedure, Appendix 10 'Witness Statements and Notes' which is available on the Trust approved document management database on the intranet or seek guidance from the HR Department.

6.0 Monitoring and audit

The Workforce Directorate will be responsible for monitoring compliance with this policy/procedure on behalf of the Trust, as follows:

What needs monitoring	Lead	Tool	Frequency	Reporting Arrangements	Action Lead(s)	Change in practice and lessons to be shared
Duties	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Statement by the organisation	Workforce	Audit	Annual	Workforce	Workforce	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
New starter awareness training	Workforce	Induction	Once only on induction	Workforce	Workforce	Information on attendance and DNA's reported.
Existing manager awareness training	Directorates supported by Workforce	E-Learning or classroom refresher sessions	If identified	Updates or areas or concern	Directorate supported by Workforce	Areas of concern and action plans agreed, monitored through performance reporting.
NHS Staff Survey	Directorates supported by Workforce	Staff Survey Results	Annual	Directorates and Workforce	Directorates	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
NHS Staff Survey	Directorates supported by Workforce	Staff Survey Results	Annual	Directorates and Workforce	Directorates	Areas of concern to be reported and action plans agreed, monitored through performance reporting.
Ongoing support offered to staff (internally, and if necessary, externally)	<p>Each of these 4 elements is monitored through the data extracted from the tools listed in italics below.</p> <ul style="list-style-type: none"> <i>Staff Survey Results</i> <i>ER Case Report</i> <i>Risk report to the Health and Safety Committee.</i> <i>Exit Questionnaire comments relating to traumatic or stressful incidents</i> 					
Ongoing support offered to staff (internally, and if necessary, externally)						
Advice available to staff (internally and, if necessary, externally) in the event their being called as a witness.						
Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event.						

<i>NHS Staff Survey</i>	<i>Directorates supported by Workforce</i>	<i>Staff Survey Results</i>	<i>Annual</i>	<i>Directorates and Workforce</i>	<i>Directorates</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Employee relations case reporting</i>	<i>Workforce</i>	<i>ER Case Report</i>	<i>Quarterly</i>	<i>Updates or areas of concerns highlight at Workforce Monthly Meetings</i>	<i>Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Support Staff Checklist</i>	<i>Workforce and Quality Governance</i>	<i>ER Case Report and Risk report to the Health and Safety Committee.</i>	<i>Quarterly and Bi-monthly</i>	<i>Updates or areas of concerns highlight at Workforce Monthly Meetings and Risk report to the Health and Safety Committee.</i>	<i>Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>
<i>Exit Questionnaires</i>	<i>Managers</i>	<i>Exit Questionnaire comments relating to traumatic or stressful incidents.</i>	<i>Quarterly</i>	<i>Managed to highlight to HR Business Partner Team areas of concern.</i>	<i>Manager supported by Workforce</i>	<i>Areas of concern to be reported and action plans agreed, monitored through performance reporting.</i>

Process requirements

1.0 Implementation and awareness

- Once approved the document lead or author will submit this policy / procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database.
- A monthly table of Trust publications will be produced by the Clinical Governance Assistant; this will be published on the Bulletin Board (Trust intranet) under “Trust Publications”, and a notification email circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust’s intranet (approved document management database) with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All Workforce staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via Trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

2.0 Review

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

3.0 Archiving

The Trust intranet (approved document management database) retains all superseded files in an archive directory [obsolete register] in order to maintain document history.

APPENDIX TWO

CONSULTATION ON: Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: HR Business Partner

By date: 12 April 2012

Name: <i>List staff to be included in the consultation. See Section 5.5 of the "Production, Approval and Implementation of Policies and Procedures" policy and procedure for guidance.</i>	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff MUST be included in ALL consultations:				
Local Counter Fraud Specialist	15.03.13			
Clinical Governance Assistant	11.02.13 15.03.13	25.02.13 & 10.04.13	Y	Y
Please list key staff whose reply is compulsory before approval can be granted:				
Staff-side Chair	15.03.13	27.03.13	Y	Y
Medical Staff-side Chair	15.03.13			
Director of Workforce and Strategy	15.03.13			
Associate Director of Workforce	15.03.13			
Director of Corporate Affairs	15.03.13	22.03.03	Y	Y
Please list other staff to be included in the consultation but whose reply is not compulsory:				
Chief Executive and Directors	15.03.13	29.03.13	Y	Y
HR Sub-committee members	15.03.13			
Associate Director of Operations	15.03.13			
Directorateal Directors	15.03.13			
Deputy Director of Nursing	15.03.13			
Head of Functions	15.03.13			
Head of Information Governance	15.03.13			
Directorateal Risk Lead	15.03.13			
Clinical Governance Lead	15.03.13			
Health and Safety Lead	15.03.13			
Head of Quality and Governance	15.03.13			
HR Business Partnering Team	07.02.13 15.03.13			
JCF Members	15.03.13			
JMNC Members	15.03.13			
ADO's, ADNS's	15.03.13			
GM's, Matron's, Senior Nurses	15.03.13			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Title of Policy or Practice	Supporting staff involved in traumatic and stressful incidents, complaints or claims policy and procedure
What are the aims of the policy or practice?	This policy ensures that adequate support systems are in place for staff, who have been involved with, or directly affected by incidents, complaints or claim.
Identify the data and research used to assist the analysis and assessment	Consultation process as per Appendix Two of this policy and procedure.
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes as they may have difficulty reading the policy but an interpreter can be sourced / provided.
People who have a physical disability	Yes – this policy can also be produced in Braille should this be required for the sight impaired.
People who have a mental disability	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the	As Appendix Three of this policy/procedure on

results of your Equality Impact Assessment?

the Trust Intranet (approved document management database).

FURTHER APPENDICES

The following appendices are published on the Trust Intranet (approved document management database), as related documents, under the main entry for this policy/procedure:

No.	Title	Unique ID
4	Supporting staff checklist	RWF-OPF-NC-WF61
5	Frequently asked questions	RWF-OWP-APP689