

Post Incident Review and Supporting Policy and Procedure

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DOCUMENT TRACKING SHEET

Post Incident Review and Supporting Policy and Procedure

Version	Status	Date	Issued to/approved by	Comments
0.1	1 st Draft	23/06/17	Interim Lead Nurse	
0.2	2 nd Draft	20/07/17	PMVA Manager & Interim Lead Nurse	Applied comments and changes to format
0.3	3 rd Draft	21/07/17	Positive and Proactive Care Group	Changes applied and sent viral to group of any further adjustments required
0.4	4 th Draft	27/09/17	Trust Wide Patient Safety and Mortality Review Group	Agreement to apply changes discussed in meeting ready for implementation
0.5	5 th Draft	04/10/17	Quality & Governance Co-ordinator	Discussed and set applying changes to meet with SI process. To be reviewed by SI team prior to implementation.
0.5	5 th Draft	30/01/18	Trust Wide Patient Safety and Mortality Review Group	For ratification.
0.6	6 th Draft	13/02/18	Trust Wide Patient Safety and Mortality Review Group	Document requested for further consultation, especially to psychology team. Feedback and recommendations applied
0.7	7 th Draft	14/02/18	Executive Director of Nursing & Governance	Requested certain changes in terminology; Care group to Care Groups and in flow chart; Nurse Advisor to Head of Nursing. Add regular Bi – Monthly report in the Monitoring Section
1.0	Final	February 2018	Trust Wide Patient Safety and Mortality Group	Ratified.
2.0	Final	October 2019	Trust Wide Patient Safety and Mortality Group	Ratified

REFERENCES

- Gibbs, G (1988) *Learning by doing: a guide to teaching and learning methods*. Oxford: Further Education Unit, Oxford Polytechnic.
- Bonner, G. (2008). *The psychological impact of restraint: examining the aftermath for staff and patients*. In J. E. Lynch, & S. Trenoweth (Eds.), *Contemporary issues in mental Health nursing* (pp. 217–228). West Sussex: Wiley-Blackwell.
- Huckshorn, K. A. (2005). *Six core strategies for reducing seclusion and restraint use*. Draft example: Policy and procedure on supporting for seclusion and restraint reduction projects. Alexandria: National Technical Assistance Centre.
- Huckshorn, K. A. (2014). *Reducing seclusion and restraint use in inpatient settings: A phenomenological study of state hospital leader and staff experiences*. *Journal of Psychosocial Nursing and Mental Health Services*, 52, 40–47
- Post-Seclusion and/or Restraint Review in Psychiatry: A Scoping Review* Marie-Hélène Goulet, Caroline Larue
- Beyond Zero Tolerance: a varied approach to workplace violence* B Patterson, D Leadbetter, G Miller - *British journal of nursing*, 2005 - sshf.nhs.uk

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Promoting Safe Services Policy	KMPT.CorG.013
Rapid Tranquilisation Policy	KMPT.CliG.180
NICE Guidelines 2015 (NG10 & NG11)	
DH – Positive & Proactive Care Policy	
Confidentiality Code of Practice Policy	KMPT.InfG.009
Equality & Diversity Objectives	
Long Term Segregation & Seclusion Policy	KMPT.CliG.065
Stress Management Policy	KMPT.HR.017
Staff Support Policy	KMPT.HR.044
Learning from Experience Policy	KMPT.CorG.011
Management Clinical SI Learning Review	
Investigations of SI's, Incidents, Complaints and Claims Policy	KMPT.CorG.020
Acute Debriefing Policy	
Low Secure Forensic Services 'An Integrated Model of Staff Support: Responding to patient perpetrated violence Procedure	

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
October 2019	Promoting Safe Services	All	<ul style="list-style-type: none"> Change of departmental name from Prevention & Management of Aggression and Violence to Promoting Safe Services Include definitions and timeframes from NHS England/CQC Mental Health Data Set Defined time frame for post incident review for patient/service user Added immediate support sections for patient and support for family Remove the word clinical from the policy for inclusion across whole of KMPT

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1 INTRODUCTION

- 1.1 With any distressing and/or difficult to manage situations one must acknowledge the impact that these situations may cause people. It is recognised that the variety of situations that could be faced are: (list should not be exhausted):
 - 1.1.1 Medical Emergencies – CPR, ILS, First Aid (list not exhaustive)
 - 1.1.2 Where harm has been caused by oneself – superficially or otherwise
 - 1.1.3 Verbal threats and intimidation – including sexual, racial or otherwise
 - 1.1.4 Forms of aggression and violence to people and/or environment
- 1.2 These type of incidents have a detrimental effect on both staff and others who may have either witnessed or been directly involved in the incident. The effects of such can be recognised in **7.6** of this policy.
- 1.3 This may also be a contributory factor towards negative staff morale and ‘burn out’, especially if this has been a factor over a length of time.
- 1.3 Distressing, difficult to manage situations and behaviour and/or aggression and violence can be a reaction to a feeling of insensitivity whether perceived or actual towards an individual. Staff faced with the actual, or potential, of any unwanted behaviour must bear in mind any physical, sensory or communication deficit that the person may be experiencing.
- 1.4 Similarly, gender and cultural issues must be taken into account when influencing staff responses to any situation and risk. Assumptions regarding an individual’s behaviour to be challenging or uncooperative must never be based on culture and/or ethnicity, but must be based purely on the prediction or perceived risk.
 - 1.4.1 When managing critical incidents at work emphasis should always be on the prevention of serious incidents rather than a reactive response. But it has to be acknowledged that critical incidents can still occur. As well as the nature and type of incident, they can happen in many different locations and with varying degrees of severity.
 - 1.4.2 Post-incident support has become extremely popular over the last two decades and is perceived as being helpful with staff regaining a sense of control over their experience.
 - 1.4.3 Any post incident review and support session will be structured so that it is used in a supportive nature and that no-one feels like it is used as a punitive measure or perceives it as blame.
 - 1.4.4 An extraction from KMPT’s Stress Management Policy states:

The Health and Safety Executive’s definition is: ‘Stress is the adverse reaction people have to excessive pressures or other types of demand placed on them’.

This distinguishes stress from the pressures or challenges that provide the motivation for everyday living. Being under pressure can often improve performance, yet when demands and pressures become prolonged and excessive they can lead to stress. Intense pressure without the opportunity to ‘recover’ can be a critical factor and everyone’s capacity to cope will vary and be prone to shift.

The stress response is natural and not in itself an illness. Its effects are often short-lived and cause no long term harm. It is, however, well established that for some people excessive or prolonged periods of stress can result in physical and psychological illnesses such as anxiety, depression, raised blood pressure and heart disease, back pain, gastrointestinal disturbances and various minor illnesses.

2 PURPOSE

- 2.1 After any incident or serious incident categorised as causing a moderate severity of harm or higher must be reviewed in order to create a “Lessons Learned and Moving Forward” culture. This is an effective way to improve response planning and procedures. Conducting a post incident review with all those involved, directly and/or indirectly can evaluate the effectiveness of the response and identify areas that need improvement.
 - 2.1.1 Post incident review will be utilised as a response following a clinical incident. This **does not** replace a full MDT review which should take place, with the report from the initial clinical post incident review, within 3-10 days of the incident or at the nearest opportunity possible.
 - 2.1.2 The completed post incident review form is expected to be used should any serious incident investigation be necessary.
- 2.2 Kent and Medway NHS and Social Care Partnership Trust (KMPT) will ensure that training, policies and procedures are appropriate and that they will represent and promote best practice surrounding the need to implement post incident review and supporting, and ensure that the correct level of continual support is provided for all.

3 DUTIES

3.1 Promoting Safe Care Group

- 3.1.1 Post incident review and support will be closely monitored via KMPT’s Promoting Safe Care Group. Incidents may also be affected by factors such as media and public interest, where physical injury is involved, or whether some form of official inquiry is going to be held.

3.2 Person in Charge

- 3.2.1 The person(s) in charge of the shift will co-ordinate the activities of post incident review including delegating a member of staff to maintain levels of observation (**NICE NG10/11**) and create opportunities to discuss this with the client, allowing them freely to share their thoughts, views, opinions and emotions. Staff must document these responses to be able to learn and plan for future prevention. (**Completion of Post Incident Review Form Appendix C1**)
- 3.2.2 In the event that the person(s) in charge are unable to co-ordinate a post incident review, for whatever reason, this must be justified to the services Ward Manager (or equivalent) or Team Leader who will then inform the Modern Matron or Line Manager and support this with a completion of a Datix.

3.3 Service Manager

- 3.3.1 In the event of a post incident review not taking place, the Service Manager (or equivalent) must investigate as to why the process couldn’t take place and begin to make alternative arrangements to ensure that the post incident review takes place at the next best available opportunity. This may require formally inviting staff to attend via letter or email.

- 3.3.2 As soon as deemed appropriate, the Manager of the service must ensure that following any post incident review, people have the right access to the right level of support.
- 3.3.3 The Manager must complete the staff post incident support form (**Appendix C3**). This must be completed with the member of staff present. The form is to only be used to provide evidence that within KMPT, support for everyone following an incident is extremely important and that people are signposted and offered the correct support within the correct time frame. This form must be signature by the manager and staff member and retained in the member of staffs personnel file.
- 3.3.4 The manager must make sure that staff on shift has completed the patient post incident support form (**Appendix C2**) and this has been scanned into the patient's RiO and Datix. This will/must only be completed when deemed safe for the patient to do so. Where safety or capacity becomes a barrier for this to occur then clinical staff must consider utilising the person's circle of influence that could provide information for future prevention.

3.4 All Staff

- 3.4.1 All staff must take into account others that may have been affected from the situation, whether directly or indirectly involved. The person(s) in charge of the shift or Team Leader must co-ordinate this for all, including staff.
- 3.4.2 Liaison with the service manager (or who is acting up in their absence) and modern matron must identify:
- The situation
 - Outcome
 - Why Patient review and support could not take place, and/or
 - Why staff review and support did not occur
 - When this has been pre-arranged
 - What, if anything, needs to be put into place to ensure that everyone involved receives adequate level of support following the incident? The Manager of the service will be responsible for overseeing support strategies in place.

4 POST INCIDENT REVIEW - A PRACTICE PERSPECTIVE

- 4.1 A post incident review should take place within 24 hours of the incident and documented using the Post Incident Review Form (**Appendix C1**) which also identifies any outcomes to be used for future planning. It is expected that the post incident review and immediate support for staff, will be completed either immediately after the situation or prior to the conclusion of the shift. This form, when complete must then be attached to the completed Datix following the incident. All completed review forms and patient and family support forms (**Appendix C2**) must be able to be accessed to assist with any SI learning reviews and/or Root Cause Analysis Investigations.
- 4.1.1 All staff involved should contribute to the post incident review as all information is vital to the reduction of the unwanted behaviour and learning lessons.
- 4.1.2 Staff may wish to exercise their right to an individual review and it will be for the person(s) in charge to ensure this is facilitated as soon as practically possible. If this case were to arise then it must be offered and completed within 72hrs of the situation occurring (only exceptions would be in the cases of annual leave or sickness).
- 4.1.3 Any refusal from staff to not participate in a post incident review must be discussed directly to their line manager.

- 4.1.4 All staff must use this process as a learning experience so they can reflect on practice learning points. Staff must refer to the Learning from Experience Policy.
- 4.1.5 **Patient / Service User Review** - Where a patient/service user has been involved in an incident a post incident review must be facilitated within 48hrs as per best practice guidelines. If this cannot be facilitated due to circumstances then staff should ensure this is completed at the next best, safer time.
- 4.1.7 Where a patient/service user has been involved in an incident staff should consider a post incident review with the person's family and/or carer(s).

5 KEY PERFORMANCE INDICATORS

- 5.1 Reduce the number of incidents to staff, carers, clients and visitors.
- 5.2 Reduce staff sickness levels resulting from incidents through adequate support.
- 5.3 Adequate support is provided to all those affected or involved directly or otherwise.
- 5.4 To ensure that all staff are trained in how to deal with potential incidents to manage the situation effectively.
- 5.5 KMPT has a clear understanding of its role and acknowledges its responsibilities to provide support and maintain safety.
- 5.6 All staff within KMPT will have a clear understanding of the support that may be required and how to 'sign post' the best available support for all (**Appendix D**).

6 POST INCIDENT REVIEW TEMPLATE

- 6.1 The framework for post incident review that KMPT uses is a developed, formalised approach based on Gibbs Reflective Cycle (1988). From a staff's perspective, a professional approach will be conducted through this. This model places focus on 6 main elements which are:
 - 6.1.1 **Description** – Allows everyone to be able to describe the facts of what happened from each singular perspective, during the incident or episode for reflection.
 - 6.1.2 **Feelings** – What were you thinking at the time? What were others telling you about how they were feeling or thinking at the time? What were the behaviours of others around you? What can you recall of your own emotions?
 - 6.1.3 **Evaluation** – Thoughts about what went well throughout the experience. Acknowledge how things could have been done differently. What went well? What didn't go so well? Were there any care and Service delivery problems? Any notable practices?
 - 6.1.4 **Analysis** – What sense can people make of the situation? Why did you think people, or others, behaved in the way they did? Why did you behave the way you did? To identify what actually happened and what might have been done differently?
 - 6.1.5 **Conclusion/Additional Learning** – If you have been able to do something in a different way, knowing what you know now, how and what might have happened as a result? What should you, perhaps, not have done? How could you have averted any undesirable outcomes?
 - 6.1.6 **Action Plan** – Team must develop and agree on a plan so that people/team can learn from this. Have we identified the root cause(s)? Where applicable, care

plans/positive behaviour support plans and risk assessments are updated accordingly.

6.1.7 Form **Appendix C1** will be completed and attached to KMPT Datix incident report-electronic reporting system.

7 SUPPORT – IMMEDIATE/ONGOING SUPPORT FOR ALL THOSE INVOLVED

- 7.1 KMPT will ensure that there are suitable arrangements in place to implement support sessions for all those affected by any incident.
- 7.2 The application of support should be perceived as being helpful with assisting people with levels of support which may allow them to regain a sense of control over their emotions following any type of serious incident.
- 7.3 The support element must be reflective, supportive and useful to all individuals and as well as KMPT.
- 7.4 The main aims of any support should be:
 - 7.4.1 To provide opportunities for people to discuss their thoughts, feelings, emotions and reactions to the incident
 - 7.4.2 Try to get a clear understanding of the incident and their reactions to it
 - 7.4.3 'Normalise' and understand reactions by being able to share them
 - 7.4.4 Provide information and education about possible reactions to traumatic events
 - 7.4.5 Consider any future issues, coping strategies and support needed.
- 7.5 Immediate/ongoing support should be provided, and recognised (as in Appendix D):
 - 7.5.1 **Staff Support** can and should be recognised as: Occupational Health, Human resources, Supervisor/Mentor, Peers/colleagues, Manager/Senior Manager, Pastoral Support, PSS Team, Local Security Management Specialist, Police, Citizens Advice Bureau, Psychological Team, Staff Care Services, Samaritans, RELATE, Family, Friends, Own G.P.
 - 7.5.2 **Patient/Service User Support** can be recognised as: Consultant/Medical Team, Advocacy Service, PALS, Chief Executive/Directors, Pastoral Support, Peer Support Group, Patient Experience Manager, PSS Team, All staff within current service, Care group manager, Modern Matron, Key Nurse/Key Carer, On call Manager, Citizens Advice Bureau, Police, Family, Friends, Own G.P., Psychological Team, Safeguarding Team/Champions.
 - 7.5.3 **Family and Visitor Support** can be recognised as: All staff within current service, Citizens Advice Bureau, Police, Family, Friends, Own G.P., Psychological Team, PSS Team.
 - 7.5.4 The above mentioned lists should never be exhausted and should be used for signposting.
- 7.6 Following serious types of situations, there may be no obvious initial reaction and people may carry on with their daily lives, responding well to any problems in front of them.
- 7.7 However it is not unusual for delayed psychological, emotional and behavioural reactions to occur, sometimes days or even weeks later such as:
 - 7.7.1 Emotional distress

- 7.7.2 Low mood
- 7.7.3 Helplessness
- 7.7.4 Guilt
- 7.7.5 Loss of confidence
- 7.7.6 Anxiety
- 7.7.7 Flashbacks
- 7.7.8 Sleep disturbance
- 7.7.9 Fatigue (This list is not exhaustive).

7.8 When these types of signs are recognised it may indicate that further, ongoing support may be required such as 'Critical Incident Stress Debriefing' etc. It is imperative that when offering support, staff do not undertake counselling roles and that this element of support should be facilitated by trained experts whether internally within KMPT or externally.

7.8.1 A 'Debrief' or 'Critical Incident Stress Debriefing' can be facilitated upon individualised needs or as a team. A crucial way of recognising this would be by engaging in offering and providing support.

7.9 Support can be provided in a number of ways, all of which may overlap each other. Kent and Medway NHS and Social Care Partnership Trust utilises 'Cohen & Wills' 'Immediate Support' model (1985) to establish the correct support for any person who appears to have affected by an incident, regardless of their capacity and their relationship to the event.

7.9.1 The three main areas of support, following the model are as follow (This list is not exhaustive):

- **Emotional** – Warmth, reassurance, empathy, acceptance, acknowledgement
- **Practical** – Help with work and duties, coping strategies, buddy system, lift home, time off, tea break, time away from working environment.
- **Cognitive** – Advice, guidance, supervision, counselling services, G.P., Occupational Health, information where to gain further support.

7.10 No person will ever be forced to attend any form of support, however all services need to recognise that there will also be no time frame placed as to when any form of support is required. This will only be applied on an individualised perspective when it has been identified that a person may require it. However managers may feel that team support may be necessary so it will be for them to liaise with the correct services (**Appendix D**).

7.11 It is highly recommended, when resolving conflict and 'high-risk situations', to establish a plan or strategy as quickly and as early as possible. This is aided by having such policy and procedure in place, including contingency plans for responding to a range of situations.

7.12 Confidentiality is vital and needs to be emphasised to all staff, particularly in specific support meetings. Reassurance must be given to whatever is discussed will remain confidential unless there poses a significant or imminent risk themselves, others or the Trust.

7.12.1 The importance of confidentiality, with regards to support strategies needs to be officially recognised and acknowledged within KMPT.

- 7.13 When any incident or serious incident that is categorised as causing moderate severity of harm or higher, any affected persons will be contacted by Workforce to establish further level of support.

8 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

- 8.1 All inpatient clinical staff will receive training in Post Incident Review and Support via their mandatory Physical Interventions training (and updates) as part of the National Training Syllabi that is taught in Mental Health and Learning Disabilities Services.
- 8.1.1 This training will be mandatory for all community teams within KMPT via E-learning as a team or as individuals annually.
- 8.1.2 All other services within KMPT will receive the training and information via E-learning package and/or tutelage in team meetings.

9 STAKEHOLDER, CARER AND USER INVOLVEMENT

- 9.1 Key individuals and groups:
- Promoting Safe Service Team
 - Peer Support Workers
 - Advocates
 - Positive and Proactive Care Monitoring Group
 - Trust Wide Health and Safety Group
 - Trust Wide Patient safety Group
 - Patient Safety Group
 - KMPT Information Sharing Group
 - Consultation and Monitoring group
 - Clinical Governance Group
 - All Care Group Directors, Services Leads, and Consultants/Doctors
 - Stakeholders will be informed of any changes via consultation, monitoring Group and Health and Safety Group.

10 RECORD KEEPING

- 10.1 A service user's record is a basic clinical tool used to give a clear and accurate picture of their care and treatment, and competent use is essential in ensuring that an individual's assessed needs are met comprehensively and in good time (General Medical Council 2006, the Royal College of Psychiatrists 2009 and Nursing and Midwifery Council 2009 Standards and NHS Record Keeping - NHS Code of Practice for Record Keeping 2006).
- 10.2 All NHS Trusts are required to keep full, accurate and secure records (Data Protection Act 1998) demonstrate public value for money (Auditors Local Evaluation) and manage risks (NHS Litigation Authority, Information Governance Toolkit, Essential Standards). **Compliance with this Policy and these legal and best practice requirements will be evidenced through information input into the electronic record, RiO.**
- 10.3 For full details of the specific information needed to ensure compliance with this policy see the RiO training guides and the Care Group Standard Operating Procedures.

11 EQUALITY IMPACT ASSESSMENT SUMMARY

- 11.1 Any clinical post incident review and/or support, within KMPT will be available to any person involved in an incident. The trust and its staff will endeavour to ensure the correct support is provided/signposted when required.
- 11.2 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

12 HUMAN RIGHTS

- 12.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.
- 12.2 This document has been carefully drawn to encompass the principles of the European Convention on the Human Rights and Freedoms Act 1998.
- 12.3 This means looking at and demonstrating fairness, equality, inclusion and a proportionate balance between the rights of staff, patients, visitors, contractors and any other person whom KMPT Trust is recognised in holding a duty of care to.
- 12.4 Equality and Diversity has also been a key figure as too make sure no one person is treated unfairly and isn't offered/directed to levels of support due to their status in life. Great consideration has been given to the Equality Act 2010 as well as the thorough training all KMPT staff receive for this subject.

13 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non compliance
The practice following implementation of the document	From reports via Datix system	Positive and Proactive Care Group	Every meeting	Figures presented via representation from a key member of the PSS team	Agreement at the meeting to a time frame for the information to be disseminated out to the group.
The use of policy and	From reports via Datix system	Trust Wide Patient Safety Meeting	Bi-monthly	As above	As above

14 EXCEPTIONS

- 14.1 Exceptions to implementing a post incident review would be to all incidents classified at levels one (1) or two (2). However this will still be at Managers/Team Leaders discretion.

APPENDIX A ABBREVIATIONS AND DEFINITIONS

Abbreviation	Meaning
KMPT	Kent and Medway NHS & Social Care Partnership Trust
PSS	Promoting Safe Services
HR	Human Resources

APPENDIX B PERSONS/GROUPS INVOLVED IN THE DEVELOPMENT AND APPROVAL OF THIS DOCUMENT

- Marc Dee'Ath - Promoting Safe Services Tutor
- Jacquelyn – Anne Dee'Ath (Flack) Promoting Safe Services Manager
- Positive and Proactive Care Group
- Trust Wide Patient Safety Group
- Andy Inett, Consultant Forensic Psychologist
- Kate Bispham - Quality & Governance Co-ordinator

APPENDIX C1 POST INCIDENT REVIEW FORM

(THIS FORM WILL BE USED TO AID IN ANY FURTHER INVESTIGATIONS SUCH AS ROOT CAUSE ANALYSIS)

Date, Time & Place of incident	
Report completed by	
Who attended (Initials only)	
1. Description of events: (identify what happened)	
2. Feelings: (what were people's feelings at the time etc.?)	
3. Evaluation: Notable Practices – Care & Service delivery problems	
4. Analysis: understanding of behaviours & what actually happened	
5. Additional learning: (what could we now have done differently)	
6. Action plan: (Identification of root causes and any lessons learnt. Develop and agree an action plan to move forward)	
Follow up: If patient involvement - Care plan/PBS plan updated - <input type="checkbox"/> If patient involvement - Risk assessment updated - <input type="checkbox"/> Datix completed - <input type="checkbox"/> Post Incident Review Form Scanned into Datix - <input type="checkbox"/>	

APPENDIX C2 PATIENTS & FAMILY POST INCIDENT SUPPORT FORM

(This form may be completed with family especially where safety or capacity is a concern)

Ward:	Time:	Date:
Patients Name:	Patients Signature:	
Staff Name:	Staff Signature	
1. Description of events:		
2. Was there anything that happened in last 24 hours that could have contributed to the incident?		
3. Was there anything going on that was unhelpful?		
4. Was there anything that happened that was useful?		
5. Could you recognise how you were feeling prior to the incident?		
6. What are/were your feelings after the incident?		
Action points to follow up on:		
Follow up: Care Plan/PBS plan updated. <input type="checkbox"/> Risk Assessment updated. <input type="checkbox"/> Scanned into Person Rio. <input type="checkbox"/> Scanned into the Datix <input type="checkbox"/>		

APPENDIX C3 STAFF POST INCIDENT SUPPORT FORM

—
To be completed by Service Manager

Ward:	Time:	Date:
Managers Name:	Managers Signature:	
Staff Name:	Staff Signature	

Has your staff member been offered a chance to discuss incident? Yes/No

Have they been signed posted to the necessary support? Yes/No

Has/is the staff member taking up support? Yes/No

Is there a need to further follow up with the support that is required? Yes/No

Does the person have a supervision structure in place? Yes/No

Is extra supervision required? Yes/No

Is Occupational Health referral required? Yes/No

If yes, has this been completed? Yes/No

N.B. This form is to be completed, signed and stored in the person's personnel file. Confidentiality is to be maintained at all times. Please refer to KMPT's Confidentiality Code of Practice Policy.

APPENDIX D SUGGESTED SUPPORT FOR ALL

<u>Suggested signpost support for staff:</u> (This list is not exhaustive)	<u>Suggested signpost support for Patients</u> (This list is not exhaustive)
<ul style="list-style-type: none"> • Occupational Health • Human resources • Supervisor/Mentor • Peers/colleagues • Manager/Senior Manager • Pastoral Support • PSS Team • Local Security Management Specialist • Police • Citizens Advice Bureau • Psychological Team • Staff Care Services • Samaritans • RELATE • Family • Friends • Own G.P. 	<ul style="list-style-type: none"> • Consultant/Medical Team • Advocacy Service • PALS • Chief Executive/Directors • Pastoral Support • Peer Support Group • Patient Experience Manager • PSS Team • All staff within current service • Care group manager • Modern Matron • Key Nurse/Key Carer • On call Manager • Citizens Advice Bureau • Police • Family • Friends • Own G.P. • Psychological Team • Safeguarding Team/Champions

Useful suggested links:

<http://www.staffcareservices.co.uk/our-services/counselling>

Telephone number: 03000 411 411

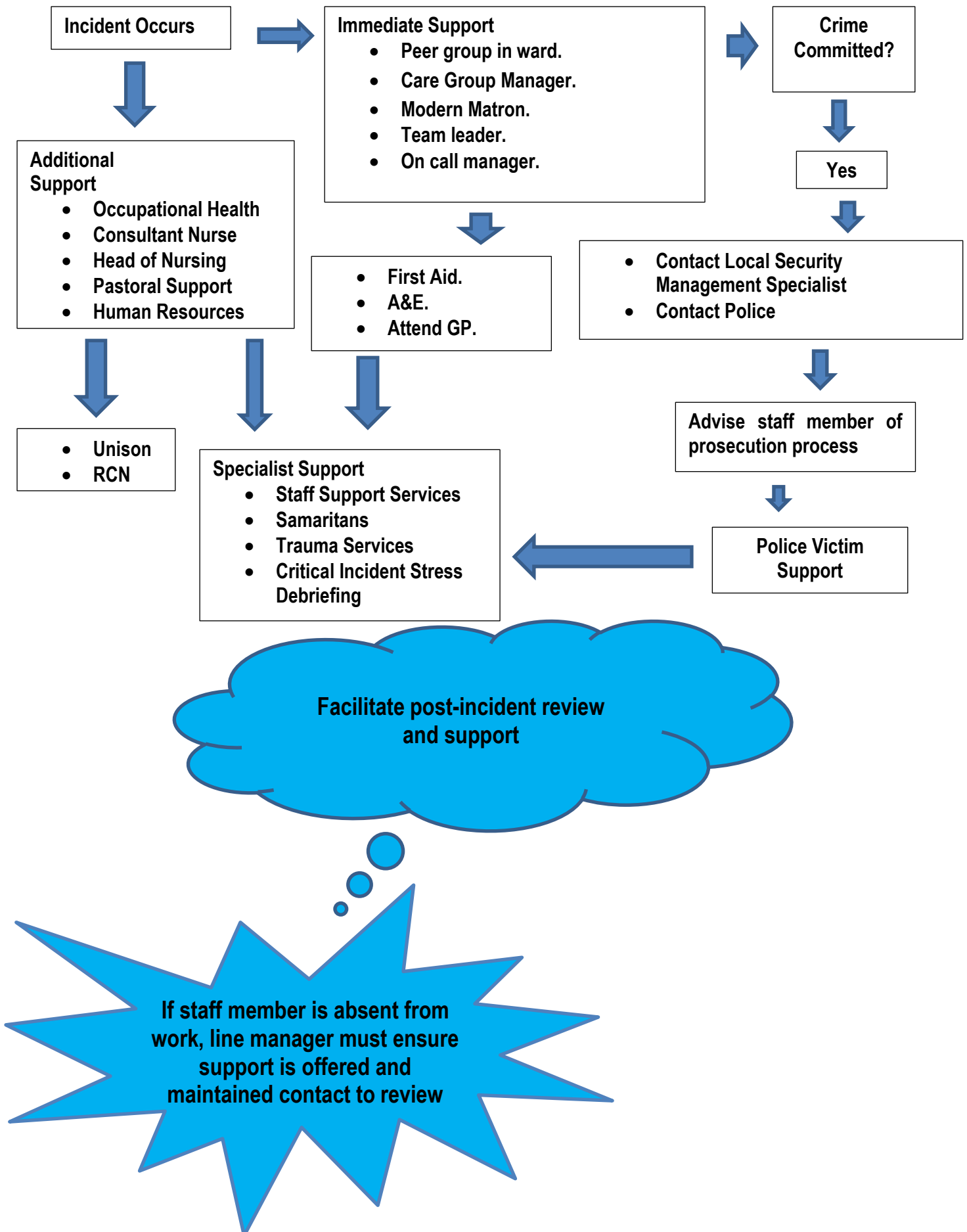
http://www.samaritans.org/how-we-can-help-you/contact-us?gclid=CNfotr_G-dMCFei87QodjxwAqA

Telephone number: 08457 909090

<https://www.relate.org.uk/relationship-help/talk-someone?gclid=CPzzldrG-dMCFe-87QoddXsCOw>

Telephone number: 0300 100 1234

APPENDIX E1 SUGGESTED POST-INCIDENT SUPPORT PROCESS FOR STAFF



APPENDIX E2 SUGGESTED POST-INCIDENT SUPPORT PROCESS FOR PATIENTS/FAMILY MEMBERS

