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| SUPPORTING STAFF INVOLVED IN A TRAUMATIC INCIDENT, COMPLAINT OR CLAIM including potential never events | Policy Register No: 08070 Status: Public |
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| Consulted With | Post/Committee/Group | Date |
|----------------------------------|-----------------------------|---------------|
| Nadine Lipscombe / Sara Chaudhry | PALS & Complaints Manager | November 2017 |
| James Day | Trust Secretary | November 2017 |
| Lynn Thomas | Head of Patient Experience | November 2017 |
| Julie Shepard | Claims and Legal Manager | November 2017 |
| Sue Freeman | Occupational Health Advisor | January 2018 |

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| Professionally Approved by: | Lyn Hinton, Director of Nursing | 8 th December 2017 |
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1.0 Purpose

- 1.1 The aim of this policy is to provide guidance to senior staff, supervisors and line managers in relation to supporting staff for whom they are responsible involved in a stressful or traumatic incident, complaint or claim or those who may be required to appear as a witness
- 1.2 The policy describes the need for managers to assess the impact of an event upon the staff involved and for providing immediate and on-going support where this is indicated. The policy includes details of the support available to staff, both internally and externally, and how this can be accessed.

2.0 Introduction

- 2.1 In a service as large and complex as the NHS, things will sometimes go wrong. When they do, it is recognised that those involved, whether they are staff, patients, and carers, are affected and sometimes traumatised. The Trust recognises the importance of supporting individuals involved in a stressful or traumatic incident, complaint or claim and recognises the need to ensure all parties are provided with timely, appropriate support to minimise ongoing stress.
- 2.2 Details of the process for supporting patients, their relatives or carers are provided in the Trust's Being Open and Duty of Candour policy.
- 2.3 The Trust values its staff and has a duty of care to look after both physical and psychological well-being of staff.
- 2.4 Staff who have been involved in a significant incident complaint or claim may feel traumatised to a degree that affects them personally and/or professionally. Staff may experience stress, depression or feelings of shame and guilt. When a stressful or traumatic event occurs, staff should be aware of what support is available to them in the short and longer term, both internally and externally, and should be provided with details of how to access that support.
- 2.5 The need for support is not a sign of weakness and any support offered must remain confidential.
- 2.6 It should be recognised when applying this policy that different individuals will have differing responses to the same event and will therefore require different levels of support.
- 2.7 The type and timely provision of support will be dependant on the event and individual circumstances. Whilst an incident will normally be identified immediately, a complaint may not be received for several weeks or months after the episode and pursuit of a claim may occur many years after the event.

3.0 Scope

- 3.1 This policy applies to all staff employed within the Trust. It relates to, but is not exclusive to, the provision of support for staff involved in a stressful or traumatic

incident, complaint or claim. Managers should implement this policy at their discretion.

3.2 The policy also applies where staff may experience challenging situations including appearing as a witness, be it as a result of a major internal investigation, in a court of law or Coroner's Court.

3.3 The provision of support for staff involved in the disciplinary process is described in the Disciplinary Policy.

4.0 Definitions

4.1 Incident

4.1.1 For the purposes of this policy, any unintended or unexpected incident that could have, or did, lead to harm for one or more patients receiving NHS funded healthcare.

4.2 Complaint

4.2.1 A complaint is any expression of concern or dissatisfaction relating to service provision by the Trust which requires a response.

4.3 Claim or other legal matter

- A claim against the Trust in respect of allegations of clinical negligence.
- A non-clinical claim against the Trust's Public or Employers Liability Schemes, Professional Indemnity Scheme, Property Damage or Product Liability Scheme.

4.4 A traumatic or stressful incident, complaint or claim can be defined as an event that invokes unusually strong emotions, overcoming normal coping abilities in those involved. Examples of traumatic incidents, complaints or claims may include the following:

- Unexpected patient death;
- Investigations into an incident, complaint or claim;
- Never event;
- Traumatic clinical situations;
- Allegations of gross negligence;
- Dealing with a significant incident or complaint and face-to-face meetings patients or their relatives;
- Involvement in cases of child or adult abuse;
- Providing witness statements and/or information for the Trust;
- Appearing as a witness at internal investigations or Coroner's Court or representing the Trust as a witness in a court case;
- Being interviewed by the police.
- Managing and supporting staff involved in such an event.

5.0 Responsibilities

5.1 Managing Director

5.1.1 The Trust is committed to protecting the health, safety, and welfare of its staff and recognises that traumatic incidents, complaints or claims can cause distress. The Managing Director has ultimate responsibility for ensuring effective systems are in place to support any member of staff who may be involved in incidents, complaints or claims and for staff who may be required to appear as a witness.

5.2 **Director of Nursing**

5.2.1 The Director of Nursing has delegated responsibility for ensuring effective systems are in place to support any member of staff who may be involved in incidents, complaints or claims and for staff who may be required to appear as a witness.

5.2.2 The Director of Nursing with the Medical Director will on being notified of such an event support immediate decision making on whether the clinicians involved should continue to practice for patient and staff safety.

5.3 **Trust Secretary**

The Trust Secretary will:

- Act as initial point of contact with the Trust's appointed solicitors;
- Provide advice and support to staff and their managers regarding this policy on a case by case basis and
- Offer appropriate individual support to those asked to attend the Coroner's Court as a witness.

5.3.1 **Head of Governance, PALS and Complaints Manager and the Claims and Legal Manager**

- Provide advice and support to staff and their managers regarding this policy on a case by case basis.
- Ensure that where a serious incident investigation or clinical or non clinical review is underway, that this policy has been adhered to.
- Offer individual support to those who are asked to attend a face-to-face meeting with a complainant, relatives or the Coroner's Court as a witness.
- Ensure that the final version of any investigation report is anonymised before publication.
- Monitor levels of compliance with this policy.

5.4 **Divisional Directors, Clinical Directors and Associate Directors of Nursing, Associate Directors of Operations**

5.4.1 To ensure this policy is put into practice within their area of responsibility and to act as a source of direct support or advice to individuals and line managers.

5.4.2 To immediately notify the Medical Director and Director of Nursing of any such incident and to support prompt decision making on whether the clinicians involved should continue to practice for patient and staff safety.

5.5 Line Managers/Lead Clinicians

- Ensure this policy is put into practice within their Department or area of responsibility and be a source of direct support or advice in this process.
- Arrange for the de-briefing of staff following traumatic incidents, complaint or claims and deal with any subsequent absence in a compassionate manner.
- The line manager is responsible for supporting staff directly or indirectly during the investigation process and ensuring they are kept informed of progress and outcome.
- The line Manager is responsible for notifying the relevant specialist department including Governance / Health and Safety / LSMS, Fire or Security for support post incident.
- The line manager should undertake an initial assessment to establish the effect of the incident, complaint or claim on the staff involved. They should ensure immediate support is offered and that any ongoing needs are met directing staff to internal and external sources of support. Any intervention must be appropriately documented and stored in the member of staff's personal file.
- Where a member of staff experiences difficulties as a result of an event, they should refer the individual to Occupational Health and seek advice from HR on the appropriate action.
- Facilitate staff attendance at appointments with any support services.

5.6 Occupational Health

5.6.1 The Occupational Health Department offer confidential advice and support to all staff. The Occupational Health nursing team have all completed their Mental Health First Aider course which enables them to signpost staff to various self-help agencies available to include the Trust's Psychological Therapies Service for support and counselling and to the relevant Trust Policies. Staff may wish to self-refer to the department or their managers may wish to complete a management referral in order for them to seek appropriate advice from Occupational Health regarding the management of their staff member. Both referral forms are found on the Occupational Health page on the Trust's Intranet; together with additional supportive information which is updated on a regular basis.

5.6.2 Psychological Therapies Team

The Psychological Therapies Team are available when a traumatic incident takes place to provide timely support to individual members of staff, or groups of staff where there is serious distress. This could involve a face to face meeting to explore the immediate impact of the event and to assess what further support may be required, be it signposting to other services, a team focused response and / or a staff counselling referral.

5.7 **Human Resources**

5.8.1 Provide support to individuals and managers where staff experience difficulties as a result of traumatic incidents, complaints or claims.

5.8 **Staff side representatives, professional supervisors and professional bodies**

5.9.1 The Trust encourages staff to utilise these sources of support and advice on accessing this support can be sought from line managers or Occupational Health.

5.9 **Health and Safety Manager**

5.9.1 The Health and Safety Manager has a responsibility to support staff post incident and support staff through investigations, both internal and external and provide debriefs to staff following completions of investigations.

5.9.2 The Health and Safety Manager and / or LSMS, as appropriate, will attend the scene of any significant incident as soon as practicable following notification by staff present and will provide support to those involved. In serious incident cases the Health and Safety Manager and / or LSMS will offer a debrief session to staff post incident and following investigation completion.

5.10 **Local Security Management Specialist (LSMS)**

5.11.1 The LSMS has a responsibility to advise on the implementation of the Trust Security and Violence and Aggression Policies and to support victims of violence and aggression, and victims who have been affected by a crime or offence during the course of their work.

5.11.2 The LSMS and / or Health and Safety Manager as appropriate, will attend the scene of any significant incident as soon as practicable following notification by staff present and will provide support to those involved. In serious incident cases the LSMS and / or Health and Safety Manager will offer a debrief session to staff post incident and following investigation completion.

5.11.3 Following an incident where a crime has occurred, if notified by a staff member that they are called to court, the LSMS will arrange to attend the court case for the duration the employee is required to attend.

5.11 **Chaplains**

Chaplains are available to provide support where required.

5.12 **Investigating Officer**

Ensure that the investigation report includes details of whether staff required and / or received appropriate support following the traumatic incident, complaint or claim event.

5.13 **All Employees**

5.13.1 All staff should report any incident and near misses as per the Trust's Incident Policy and should promptly notify their senior leadership where a significant incident or potential never event has occurred.

5.13.2 All staff should be prepared to access a source(s) of support if they are having difficulty following a traumatic event. This could include:

- Informing their manager if they are experiencing difficulties as a result of an incident, complaint or a legal matter or due to the requirement to act as a witness;
- Informing their manager of the need to facilitate time away from the workplace when attending the counselling service;
- Self-referral to counselling services or other sources of support;
- Informing their manager if a colleague's behaviour changes in circumstances that could indicate a need for support.

6.0 Immediate Support Offered to Staff

6.1 Following a traumatic event including potential Never Events, the Line Manager / Lead Clinician, Divisional Director, Clinical Director, Associate Director of Nursing, Medical director and / or Director of Nursing should be alerted immediately. They in turn should ensure that the Director of Nursing and Medical Director are informed.

6.2 The most senior relevant clinician should undertake an initial assessment to determine the effect on the staff involved. They should provide immediate support to the members of staff involved and provide oversight for clinical decision making to support patient and staff safety and well-being.

6.3 This should include an assessment of whether individual clinicians should continue to practice in the immediate aftermath of a traumatic incident. They should also ensure the event has been reported appropriately in accordance with the relevant policy (refer to the Incident reporting, Complaints Handling and Claims Policies).

6.4 If a line manager / lead clinician has serious concerns about the physical or mental condition of the member of staff, arrangements should be made for immediate medical assessment or referral to Psychological therapies service for either a face to face consultation and /or a referral for staff counselling support. The Chaplaincy team and Occupational Health Team are also available for support.

6.5 In a situation where more than one member of staff is involved, staff should be given the opportunity to be supported as individuals or as a group, and the process described below adapted accordingly.

6.6 Initial Debrief

6.6.1 After a stressful or traumatic incident, it is important that there is an opportunity for the staff member(s) to discuss the event with their manager as soon as possible after the event. This debrief should occur in a suitable, confidential environment offering the member of staff the opportunity to talk and be listened to. The purpose of this debrief is to:

- Discuss the event in order to provide re-assurance to the member of staff and identify any immediate needs for support;
- Examine the details of the event to assess if immediate actions need to be taken to protect patients, staff or property;
- Inform the individual(s) what is going to happen both immediately and in the longer term (this may include details about the Complaints Process, Clinical/Non Clinical Review process, and incident investigation process).

- 6.6.2 The manager should document these actions and any immediate support offered /provided to staff. Managers may use the Support for Staff Checklist to document this discussion and the records must be filed in the individual's personal file (appendix 2). Involved staff should be made aware of internal and external sources of support (Appendix 1). Referral to Occupational Health Services including the Trust Counselling Service should be offered to help staff who may be experiencing difficulty following an incident.
- 6.6.3 Close and timely support by the line manager offers a vital opportunity to help the individual involved keep the issues in perspective and avoid feelings of isolation.
- 6.6.4 It is the responsibility of the line manager / Lead Clinician and in where indicated the Medical Director or Director of Nursing to consider, in conjunction with the member of staff, whether they are able to continue to practice or fulfil their responsibilities in the medium term. This can be assessed by referral to Occupational Health. The views of the member of staff should be taken into account, together with consideration of competence to continue and the risks involved. Temporary redeployment or restriction of duties may be considered.
- 6.6.5 If the event concerned is a complaint or claim, the investigation may not take place until some considerable time after the actual event. In such cases the staff member should be informed of the nature of the complaint or claim and what may happen as a result as soon as practically possible.
- 6.6.6 Where appropriate, the appointed investigating officer should be informed of support provided to staff enabling them to identify this on the Incident Investigation Report Form or Complaint Investigation Report Form.

7.0 On-going Support

- 7.1 The Line Manager/Lead Clinician and where indicated the Medical Director or Director of Nursing will assess the need for ongoing support which will vary dependant on the circumstances and the individual involved.
- 7.2 Once an investigation has been completed, the results should normally be shared with those staff involved.
- 7.3 An agreement should be reached between the line manager and the individual staff member as to the need for, and nature of, any ongoing support. This should include an opportunity to review the events in a calm fashion and to explore the member of staff's concerns after a period of reflection.

7.4 Regular reviews and one to one meetings with the line manager/clinical lead or appropriate person should occur to maintain support until no longer required and also to assess any further support needs (refer to Appendix 1).

7.5 The line manager should ensure that any identified training needs are met.

8.0 Action to be taken if the staff member experiences on-going difficulties

8.1 Where individuals are experiencing difficulties that are not being addressed, they should approach their line manager or, if this is considered inappropriate, a member of the HR Team.

8.2 The following supportive actions should be considered by the line manager in consultation with the member of staff and a Human Resources (HR) Manager.

8.3 If they have not previously attended, the member of staff should be requested to attend an Occupational Health appointment by the line manager to assess what additional support can be provided or action taken to help the staff member. As a last resort Occupational Health are able to recommend the redeployment or altered duties of the member of staff on health grounds to alternative employment within the Trust.

8.4 If a member of staff is still experiencing difficulties following a traumatic event after the investigation has been concluded, they (or their manager) may also wish to re-consider further internal or external sources of support (see appendix 1)

8.5 It is vital that the line manager and HR Manager work in partnership with the individual to ensure that all supportive measures are explored.

9.0 Record Keeping

9.1 File notes or the Support for Staff Checklist should be filed in the individual's personal file.

9.2 Referrals to the Occupational Health Department should be kept within the member of staff's personal file.

9.3 Occupational Health will retain the personal and confidential health records of anyone referred to them.

9.4 Any Psychological Therapies or staff counselling records will be kept strictly confidential by the respective departments in accordance with their usual processes.

10.0 Advice Available to Staff Providing Statements or Acting as a Witness

10.1 Where a member of staff is required to provide a statement for an internal Clinical Review / Incident investigation, a complaint investigation, a litigation claim, or the Coroner, they can refer to Appendix 3 and / or seek guidance the appropriate lead including the PALS and Complaints Manager, the Claims and Legal Manager and the LSMS, or from the Trust Secretary.

- 10.2 If a member of staff is to be interviewed as part of an incident investigation they will have the opportunity to bring along another person for support (this may be a trade union representative or a colleague).
- 10.3 In serious cases, formal statements may be taken on an MG11 form which can take staff out of their working department for an undefined period of time, formal statements are taken to ensure the most accurate data is captured and management are asked to ensure the appropriate time to provide a statement is given.
- 10.4 Statements of a formal nature (MG11) should be taken by trained statement takers within the Trust.
- 10.5 The Trust LSMS can take formal statements in conjunction with or on behalf of the police, LSMS staff are trained in taking formal statements and these can be used for ongoing investigations for both the Trust and for the external investigation.
- 10.6 Where possible staff involved in the incident should have the opportunity to comment on reports before they are published in an anonymised format. Reports and statements submitted to Court are not anonymised and must include the full name, signature and qualifications of the author.
- 10.7 Where staff are to be called as a witness for the Trust to an external venue such as the Coroner's Court or Civil Court they will:
- Be contacted by the Trust's Claims and Legal Manager and offered a preparatory meeting prior to their Court attendance with the involvement of the Trust Secretary, Medical Director or Director of Nursing as appropriate;
 - Have access to senior level support on the day they appear as a formal witness;
 - Receive a debrief meeting to discuss the events, the outcome and any need for ongoing support.
- 10.8 The Trust Secretary will provide advice to those witnesses required to appoint their own legal representation.
- 10.9 Staff may contact the Trust Secretary directly for advice if they are called to give witness testimony at other times such as at a criminal trial as a professional witness.
- 11.0 Monitoring Policy Compliance**
- 11.1 The Trust has a moral and legal obligation to ensure the confidentiality of personal, sensitive staff information. Maintaining confidentiality must be considered when seeking to assess compliance with this policy.
- 11.2 On an ongoing basis Service Leads, Heads of Department and members of the Director Review Group should seek assurance that where a traumatic event occurs, staff involved have been offered support.

12.0 Review

- 12.1 This policy will be reviewed at 3 yearly intervals or earlier in response to compliance monitoring or other local or national initiatives. This will include review of roles and responsibilities of individuals by the policy author to take into account changes in duties and organisational structure.

13.0 Communication and Implementation

- 13.1 This policy will be made available to staff on the Trust intranet.

Appendix 1

Sources of help for staff involved in a traumatic incident, complaint or claim event

| Internal | Support available |
|--|--|
| Head of Governance | Provides advice and support to staff and their managers regarding this policy on a case by case basis |
| Chaplaincy Team | Provides support for staff |
| Colleagues | Provide support for staff |
| Staff Counselling Service | Self referral service for staff - number 514838 |
| Trust Secretary | Offers advice on appearing as a witness in a coroner's court |
| Human Resources Managers | Support managers in identifying staff support needs and finding appropriate sources of support once identified. Providing support where appropriate. |
| Line Manager | Provides support and advice to staff involved in a traumatic incident, complaint or claim event. On a 1:1 basis or arranging debriefs etc |
| Local Security Management Specialist | Provides advice or support to staff following violent or security incidents at work. Will refer to NHS Protect where necessary and support staff through any resulting prosecution. |
| Health and Safety Manager | The Health and Safety Manager will provide support to staff following health and safety incidents and will support staff through external investigations conducted by the HSE. |
| Occupational Health | Advise on coping strategies for staff experiencing difficulties at work including advise following a staff accident |
| PALS and Complaints Manager | Provides support and advice to staff involved in a complaint. Advise and support staff on preparing statements. |
| Psychological Therapies service | Called upon when a traumatic incident takes place and support is needed for either individual members of staff, or a group (team, ward, or department). Offer a timely response consultation where indicated, usually involving 1 but up to 3 meetings, when members of staff are in serious distress. |
| Risk and Compliance Manager, | Advise staff involved in an traumatic incident, complaint or claim including advice regarding written statements or appearing as a witness at an external venue eg Coroner's Court |
| Claims and Legal Manager | Advise staff involved in a claim or inquest, including advice regarding written statements or appearing as a witness at an external venue eg Coroner's Court |
| Staff Side / Trade Union representative | Available to advise and support staff |
| External agencies | |
| GP | A resource for support for staff. Staff should self refer |
| BMA Counselling | Provides telephone counselling |
| British Association for Counselling www.bacup.co.uk | The 'seeking a therapist' section of the website lists qualified counsellors and therapists by area. |
| Cruse Bereavement Care www.crusebereavementcare.org | National charity providing information to anyone affected by a death |
| Medical Defence Union | Support for medical staff |
| General Medical Council | Support for medical staff |
| Nursing and Midwifery Council | Professional advice service for nursing staff |
| RCN Direct | Telephone information, advice and support service for nursing staff |
| Chartered Society of Physiotherapy | Support for Physiotherapists |
| Royal Pharmaceutical Society | Support for Pharmacists |

Appendix 2 Support for Staff Checklist - SSC1

This checklist may be used to document the provision of support to staff involved in an incident, complaint or claim.

The form should be retained in the individual's personal file. The appointed Investigating Officer should be informed and should include an update on the investigation report form accordingly. Further information can be obtained in the Supporting staff involved in a traumatic incident, complaint and claim policy.

| All staff | | |
|---|--|---------------------------------------|
| Name of Employee: | | Date of incident, complaint or claim: |
| Division: | | Department / Ward: |
| Reason for support: <i>include Datix number if applicable</i> | | |
| 1 | Was immediate support / debriefing offered? | Yes / No / NA |
| 2 | Was the member of staff made aware of what would happen next? | Yes / No / NA |
| 3 | Was the member of staff made aware of the sources of help for staff involved in an traumatic incident, complaint or claim event? <i>Given the sources of support sheet or sources discussed</i> | Yes / No / NA |
| 4 | Was staff counselling discussed with the employee? | Yes / No / NA |
| 5 | Have temporary role adjustments been discussed? | Yes / No / NA |
| 6 | Has a follow up meeting taken place? | Yes / No / NA |
| 7 | Has longer term support been offered to the member of staff? <i>e.g. OH, Chaplaincy team, Psychological Therapies Service, HR Managers</i> | Yes / No / NA |
| 8 | Has a referral to Occupational Health been made to assess fitness to return to work? | Yes / No / NA |
| 9 | Was a closure meeting offered? | Yes / No / NA |

| Staff required to provide witness statements or act as witness for the Trust only | | |
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| <i>Refer to guidance to staff on writing a statement Appendix 3 of the Support for staff policy</i> | | |
| 10 | Was the member of staff briefed about the process? | Yes / No / NA |
| 11 | Offered support with statement writing? | Yes / No / NA |
| 12 | Offered support in preparation for appearing as a witness? | Yes / No / NA |
| 13 | Were arrangements made to ensure the member of staff was supported on the day? | Yes / No / NA |
| 14 | Was the member of staff debriefed at the conclusion of the case? | Yes / No / NA |

| Please make any additional comments below / over the page |
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| |

SSC1

Guidance to Staff on writing an account of events

Account of Events Guidance

Situation

Any member of staff may be asked to prepare a written account of events (a statement) in relation to an incident/event in which they are involved or which involves matters where they have responsibility.

Background

Statements are used to capture a factual account of events, to support investigation and learning when things may have gone wrong. Accounts should be written as close to the time of the occurrence as possible, as memory degrades over time. Making notes after a significant event is not your statement and will help you recall what you knew when.

Please note that accounts of events/statements are disclosable - that is, they can be shared with third parties on request in the event of litigation, Coroner's Inquiry, complaints and incident investigations.

How to write a statement

You should assume that the reader of your statement knows nothing of the event(s), of the patient's medical history or of hospital practice. The statement forms a narrative which will give an account of the event as you remember it that a lay person, including the Coroner in the case of a death, will understand.

Use of the Trust template is not mandatory, but it provides a useful structure for anyone who is not familiar with preparing statements.

- If possible, your account of events should be typed and saved in electronic format, as it may need to be copied and circulated. If this is not possible it should be written neatly in black ink or black ballpoint as it will need to be scanned / photocopied.
- Always include your full name and job title and sign and date your statement. If you do not use the Trust template, begin your statement by saying who you are, your qualifications and experience, what post you hold and length of employment, at the time of the incident, and also at present if this is now different. Be clear about the times you were on and off duty and about what you saw and heard.
- Give a factual narrative account of your role in the patient's care, making it clear which parts are constructed from memory, the patient's records, or from your recollection of standard practice at the time. Remember short, precise paragraphs are easier to read. Use simple terms and avoid jargon; be as brief as possible while covering all the essential points.
- Describe the events in the order in which they occurred giving precise dates and times (being careful to use either "am" or "pm" or the 24 hour clock).
- When describing hospital procedures, explain what they are. Avoid general statements such as "routine observations were made". If normal procedures were not followed explain first what is normal and then why there was a departure from the accepted procedure. Relate any exceptional points, e.g. if ward in process of redecoration, etc.
- When referring to other people be precise and give their full names and job titles. Identify other staff involved in the patient's care if possible, especially if the signatures are illegible.

- Please note that you should only give factual information about which you have personal knowledge. You should not include opinions or judgements or matters where your knowledge is only based on what other people have said.

Double check your statement before signing it. You may find it helpful to have a more senior member of staff check your account of events before you sign it, to make sure that it is clear and that it does not contain irrelevant or inappropriate details. In order to ensure impartiality, this should not be a person who is directly involved in the events concerned or anyone who has management responsibility in relation to the events. Any version of your statement that you share with anyone else prior to the point when you are fully satisfied with it and ready to sign it should be clearly marked “draft”. Please note in Microsoft Word this can be done via Page Layout | Watermark.

Please note, you cannot refuse to make a statement but you can insist on time to seek professional advice. You may contact your professional body or trade union to discuss your account of events. Alternatively you may wish to contact any of the following, who will be able to advise you or suggest an appropriate person for you to talk to:

- Your Line Manager / Consultant
- The Trust’s Governance Team
- The Trust’s Legal Team

REMEMBER:

- making notes after a significant event will help you make your formal statement and avoid your memory degrading after the event
- you must be completely honest and there may be details you cannot recall – if that is the case, include this
- include facts not opinions
- avoid ambiguity
- avoid abbreviations
- explain why you made the decision you did or took a particular form of action
- keep a copy of any statements you provide
- making a statement is not the same as admitting guilt.

TRY NOT TO:

- only repeat what is written in the records - you should expand on what is documented there
- include opinions or speculations on what other people were doing – remember the statement needs to reflect the facts
- write a statement without access to the records.
- rush when writing your statement and so seek advice if you are unsure.

Account of Events

Please note: this template is to be used as a guide and can be amended

DRAFT

Before sending the final version of your account of events, please delete this text and the word 'Draft'.

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|---|--|
| Name | |
| Position/Grade | |
| Contact No | |
| Qualifications | |
| Relevant Experience <i>Please include how long you have worked in the Trust and in what capacity</i> | |
| Date of Event | |
| Statement in relation to <i>please include Datix reference number</i> | |
| Role in which involved in the events being investigated <i>E.g. present when the event happened / clinical responsibility for patient / management responsibility for area</i> | |
| | |
| Detail of involvement <i>Give a clear account of how you were involved at the time</i> <i>State the sequence of events, giving dates and times in the format dd/mm/yy and hh:mm and using 24 hour clock.</i> <i>Only include factual details where you have direct knowledge.</i> <i>Give reasons for your own actions, but do not speculate on other people's motives.</i> <i>If reporting conversation, use direct speech in inverted commas</i> <i>State observations, not opinions – e.g. "His breath smelt of alcohol" rather than "He was drunk".</i> <i>Avoid jargon or abbreviations.</i> | |
| | |
| Other persons present <i>Give names and roles. If persons were not present throughout, provide those details</i> | |

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| Records made <i>Indicate any written records made by yourself in relation to matters covered in this statement – eg clinical notes, incident form, training notes etc.</i> | |
| | |
| Any other relevant information <i>Give any other information which you feel is relevant and is not covered above.</i> | |
| | |
| Signature | |
| Date | |