

Guideline for the care of staff after the unexpected death of an employee.

This guidance has been written to help teams manage in the terrible event of a staff member's death. It may also be helpful as a guide for similar cases such as critical illness/injury or the unexpected death of a patient.

****MAJOR INCIDENT****

If the death has occurred at work or affects a member of staff who should be on shift then this represents a **MAJOR INCIDENT** for your area and the areas that staff member and their team would have been working in.

Escalation should be in line with the **MAJOR INCIDENT PROTOCOL** for your area.

Immediate actions

It is important that escalation occurs quickly so support for staff and service can be rapidly enacted. Staff should escalate via their normal routes to the duty clinical and managerial teams who will then take on coordination of the response.

The core leadership team for the affected area (ie Clinical Director, Clinical Nurse Manager, Clinical Service Manager) must be informed and **should attend or nominate a depute to attend as soon as possible**. Contact details will be in your areas Major Incident Protocol or available through switchboard.

Subsequent actions will require that **2 lead roles** are allocated. One person to lead for staff care and one to lead for patients and service. These need to be senior members of the affected team who will be able to lead through this difficult time. They don't have to be members of the core leadership team but will have to work closely with them and each other.

Lead for patients and service

Ensure safety of patients and service

- Following an adverse event and when safe to do so, staff affected should stop clinical duties
- Consider the work that needs to be covered: the work of absent person, team members affected by the news, any members of staff involved in the episode
- Pull staff from other service areas to support workload. Consider calling in additional staff from home
- Consider cancellation of routine workload (immediate and over subsequent week+)
- Consider effect on allied services
- Ensure escalation has occurred to site and/or service management teams and take their advice on further escalation. If in doubt follow Major Incident Protocol for escalation.
- If there is likely to be media coverage ensure Communications team are aware and that the Security team at the area of work are alert to stop any unauthorised access
- Coordinate with the Lead for staff care to ensure message is consistent

****It is important to note that in managing the operational aspects of this incident your focus and efficiency may be misconstrued as a lack of compassion about the situation. Be mindful of this in your communication with others, if possible have face to face or telephone conversations rather**

than using email. For further communication advice see Appendix **

Lead for staff care

Ensure the pastoral care of staff

- Following an adverse event and when safe to do so, staff affected should stop clinical duties
- **Be a visible source of support for all staff on shift**
- Check in with staff involved and assess their needs (eg staying at work, being sent home, listening to their concerns)
- Ensure you have mechanism for following up with them over the next few hours/days
- If there is Police involvement ensure staff that need to be questioned are expecting this and are supported through it
- Agree communications strategy with Employee Relations/ Communications team and core leadership team
- Consider the mechanisms for providing support- local team, chaplaincy team, peer support networks, staff counselling services. Assemble a support team
- Prepare the team lead checklist (appendix) for staff to use at every huddle
- Co-ordinate with the Lead for patients and service to ensure message is consistent

****In the initial stages after an event there are likely to be limits placed on the information that can be relayed to staff. This will be upsetting for staff members. Mitigate against this by being open about the constraints and regularly checking in with staff so concerns are addressed early.****

Phase 2

Lead for staff care

- Enact communications strategy. Advice around communication can be found in Appendix
- Communication needs to be early, sensitive and supportive
- Ensure the majority of communication is face to face or via telephone rather than email
- Consider use of informal networks eg staff whats app groups
- Consider how, and when, to inform staff who are absent or on annual leave
- Liaise with service team leads daily to ensure they are supported to deliver the daily checklist (appendix) and raise concerns as they arise
- Use support team to ensure staff support is in place and available at all sites affected
- If the adverse event occurred at work staff involved should be given the opportunity of a group or 1:1 informal debrief with a member of the core leadership team or support services
- Individuals will have different feelings about both being in the workplace and the amount of input, in terms of support, they require. It is important to be sensitive to these variations and to try and get the balance right for each staff member

Lead for patients and service

- Ensure shifts of absent staff members are covered
- Discuss with core leadership team when to resume 'normal service'
- Consider situations that might put additional stress on the team and have a plan to mitigate against this. (eg patients presenting with similar complaint/demographic as staff member, potential other victims or perpetrators of crime)

Phase 2 cont

Core leadership team

Allocate family liaison. The family's wishes will inform the information released and the next steps

Allocate an area for staff to grieve and leave flowers. Put a memory book in this area that they can add to if they wish. This area must be safe, secure, monitored, accessible and out of open community/Press access

For services or staff groups that cover more than one site ensure each site has an available space for staff to meet and grieve

Formal notification of the wider staff group and/or media statements should be considered in conjunction with the Communications team

Phase 3

Core leadership team

Liaise with family over funeral arrangements and family's wishes around staff attendance, flowers/donations

Formal letter of condolence should be sent on behalf of the board. The core leadership team may wish to do this on behalf of the department as well

If it is felt a memorial service is appropriate then hold as close to funeral date as possible

Lead for staff care

- Regular updates should be available for staff through safety briefs +/- email
- Support for the staff support team should be put in place, either access to 1:1 sessions or group sessions
Ensure support team are having face to face meetings with team leads and individual staff members to discuss further support requirements eg facilitated group sessions
- Remember staff that may have been away at the time of the incident will be at a different stage to those involved from the start
- Ask staff when it is ok to close the memorial books, remove flowers etc.
- At 6 week point assess if any staff members are still struggling. Consider referral to GP/ Occ health/ NHS Lothian counselling service depending on need

Phase 4

Core leadership team and leads for patient and service, staff care

Consider lessons learned and update process/guidance as appropriate

Appendix

Communication

- It is very easy to be misunderstood in emotionally charged situations
- The best form of communication is face to face, followed by telephone and then written communication
- The communications should be personal and generally should come from the leads of the affected team rather than someone outside of the team
- Communication should be structured in 3 distinct parts the first part should relay a 'human', empathetic connection, this should be followed by details of support available and thirdly any system information that needs to be passed on
- Giving the same message in 3 different forms can be helpful in avoiding any misunderstandings eg face to face, in the safety huddle, follow up via email.

Suggested transcript for initial message.

Some sad news.

I'm sorry to have to let you know that our colleague [insert name] has [died suddenly/died in accident] on [date]. I know this will come as a shock to most of you, we will let you know if more details become available.

[Name of Lead for staff support] is our Lead for staff support at this time and can be contacted on [contact details]. The [room] will be available for staff to grieve and place flowers and members of [chaplaincy/counselling services] will be available for support. Alternatively you can contact them on [detail].

We know that people grieve in different ways. Some of you will find solace in work, others will be unable to come to work initially. Please let us know how we can help you through this difficult time. Please contact [lead for staff support] if you would find it helpful to have a 1:1 meeting or if there is any other support we can offer you.

Team lead checklist

For use by the shift lead at the start of every shift/hospital huddle

Has everyone heard the sad news? [if no, have a brief summary prepared with offer to discuss further after the huddle] It is terrible, really awful.

If anyone feels unable to work now, or at any point during the shift please let me know. We will support you in this.

There [room] is available for staff to grieve and place flowers and members of [chaplaincy/counselling services] will be available for support. Alternatively you can contact them on [detail].

We know that people grieve in different ways. Some of you will find solace in work, others will be unable to work initially. Please let us know how we can help you through this difficult time.

Look after yourselves and your colleagues.

Useful contacts and information

Chaplaincy links

<http://intranet.lothian.scot.nhs.uk/Directory/spiritualcare/Pages/SpiritualCare.aspx>

Chaplains have access to a confidential space in which a person may be seen 1:1 by them. In the event of a critical incident it is likely these could be made available by arrangement to allow for other forms of support to take place e.g. manager – staff

Peer Support Service

<http://intranet.lothian.scot.nhs.uk/Directory/PeerSupport/Pages/default.aspx>

Staff counselling service

<http://intranet.lothian.scot.nhs.uk/Directory/OccupationalHealthAndSafety/StaffSupportAndCounselling/Pages/default.aspx>

Occupational Health service

<http://intranet.lothian.scot.nhs.uk/Directory/OccupationalHealthAndSafety/Pages/default.aspx>

HR online guidance for 'Death in service'

Includes list of support services available for staff

<http://intranet.lothian.scot.nhs.uk/HR/az/deathinservice/Pages/Death%20in%20Service.aspx>

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