Our Ref: 541
August 2025

Freedom of Information Act Request

Under the Freedom of Information Act, I would like to request the following information:

This request is to establish methods of support in place for the mental health of colleagues following a traumatic experience. Particularly surrounding the traumatic death of a patient.
I
would like your response to include the following areas
Accident and Emergency dept.
Theatre
ICU
Delivery suite
Neonatal ward
Children's ward
Mortuary

For each of the above areas I wish an in dividual response to the following questions.
1. At ward/ dept. level what methods are in place to support colleagues following the death of a patient? i.e. hot debrief, cold debrief, peer support, follow up with those present/involved

Where a significant patient safety incident has occurred this would initiate a request for the Division to coordinate a cold debrief which would include initiating support from the Professional Nurse Advocate (PNA) and Professional Midwifery Advocate (PMA) team and other support services. The PNA team are automatically informed of all significant patient safety incidents and proactively offer support to the Division.

DBTH PNA / PMAs take referrals from Ward areas to offer a restorative clinical supervisi on session or debrief facilitated by a PNA/PMA in response to a range of situations including following the death of a patient.

There are trained PNAs/PMAs in all of the above areas (apart from the Mortu ary) who also support colleagues following a range of s ituations including following the death of a patient. Whilst the mortuary team do not have any allocated PNA/PMA within their team they do hav e access to the PNA/PMA contact details and support .

A hot debrief by the most appropriate person on shift would take place in some circumstances. Both incidents would trigger a referral to the PMA if this related to a maternity service or

the PNA team in non -maternal circumstances.

2. How are the methods above triggered to support colleagues? Including self-referral or decision from senior clinical colleagues

The PNA / PMA team accept referrals via telephone and via a generic email inboxes in addition to department level referrals – these can be in the form of a self -referral, referrals from Managers, Senior Leadership team, People and Organisational Department and Health and Wellbeing Team.

Referrals for more extensive support provided by external teams or internally via Health and Wellbeing / Learning & Organisational Development (L&OD) team would be coordinated through Divisions and the L&OD team.

3. What follow up is in place and after how long does follow up take place?

Professional Nurse Advocate (PNA) and Professional Midwifery Advocate (PMA)

PNA / PMA in place for as long as the individual or the team request. Regular proactive supervision is offered and can be requested by individuals. Colleagues can be sign posted to the Trust Counselling services if accepted by the individual member.

The Key performance indicators for the Occupational health service are;

- Offer date for appointment within two days of receipt of referral
- Appointment offered within two weeks for initial assessment
- Appointment offered within six weeks for Occupational Health Physician

4. Are some teams identified as more at risk of psychological stress within your Trust?

Professional Nurse Advocate (PNA) and Professional Midwifery Advocate (PMA)

It is recognised that psychological stress is individual, and some may be triggered by past incidents/personal circumstances. It is recognised however that certain teams (all those identified above) have more exposure so are at risk due to that.

5. What support is provided by occupational health?

The Occupation al health service signposts to our employee assistance programme, provided by VIVUP. They offer face to face, online and telephone counselling. The Health & Wellbeing team will also go and visit teams or individuals if reque sted following traumatic events in cluding patient death. Details of the support from occupational health and Health & Wellbeing Team are detailed in the Trust's Occupational Health & Wellbeing policy.

The PNA/PMA team will signpost into Occupational Health services if a review is felt ne cessary by the team and is consented to by individuals.

6. How do you measure and monitor the effectiveness of these policies?

Usage of the VIVUP EAP offer and Trust's Occupational Health Service is evaluated and discussed at the Trust's Health & Wellbeing Forum, held bimonthly.
PNA/PMA sessions/support is logged on eithe r an MS forms (PNA) or database (PMA). Feedback is sought from those who attend/are given support. From a PNA perspective this is an MS forms (anonymous)

7. Do you record how often this support is offered and accepted?

Usage of the VIVUP EAP offer and Trust's Occupational Health Service is evaluated and discussed at the Trust's Health & Wellbeing Forum, held bimonthly.
PNA/PMA sessions/support is logged on either an MS forms (PNA) or database (PMA). Feedback is sought from those who attend/are given support. From a PNA perspective this is an MS forms (anonymous)

8. If a member of colleagues is absent due to work related stress do you record triggers and trends related to traumatic events and where are these presented?

Sickness absence themes and trends relating to work related stress are analysed in the Divisional Leadership Team People Business Partners meetings.
The PNA/PMA team collate themed data as part of the evaluation/activity log. Monthly PNA activity reports presented at the Health and Wellbeing forum meetings and shared as part of the NHS England Provider Workforce Return (PWR).

9. What assurance does the Trust senior team have that all departments are supported equally?

PNA service is offered to all nursing and midwifery team colleagues and the distribution of PNA's is considered when training places are being commissioned and recruited to. PMAs are available to all Maternity and Neonatal colleagues in addition to the PNA service.

10. 7 departments are listed at the beginning of my request, 1 of those may receive traumatic deaths from the other 6 within a working week. How do you ensure mortuary colleagues are resilient and cared for?

The Mortuary service manager can refer the individual team members to the Occupational Health Service or request support from the Health & Wellbeing team. Individual team members can also self -refer to occupational health, or acc ess support independently from the Health & Wellbeing Team and / or VIVUP EAP . The Health & Wellbeing team,

Occupational Health service and VIVUP EAP are also available to support all departments. On occasion, PNAs and PMAs also support other professionals where this involves supporting wider teams.

The PNA team offer sessions and have undertaken check -ins with Mortuary colleagues – the Mortuary team have also been provided with the PNA service contact details .
This same offer of support is available from the Trust PMAs. Divisional team meetings supported by People and Organisational Department partners include workforce related factors and colleagues wellbeing / sickness / absence themes would be explored through those Divisional processes.

If you are not satisfied with the handling of your request, you have the right to request an internal review. Requests for an internal review should be submitted within 40 working days from the date of this response, and should be addressed to d.wraith@nhs.n et.

If you remain dissatisfied after the internal review, you have the right to appeal to the Information Commissioner ’s Office (ICO). The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
Website: https://ico.org.uk/make -a-complaint/