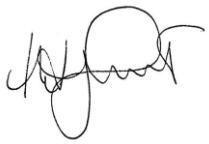
Birmingham and Solihull Mental Health NHS Foundation Trust

Trauma Risk Management (TRiM) Policy

Policy number and category	**C55**	**Clinical**
Version number and date	**1**	**May 2020**
Ratifying committee or executive director	**Trust Clinical Governance Committee**	
Date ratified	**June 2020**	
Next anticipated review	**June 2023**	
Executive director	**Executive Medical Director**	
Policy lead	**Chief Psychologist**	
Policy author *(if different from above)*		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

This policy outlines the Trust's approach in supporting staff who may become involved in traumatic or stressful incidents or events in the workplace. It also provides a framework of what support to expect, before, during and following such an event.

Policy requirement

This policy will:

- Provide an overview of Trauma Risk Management (TRiM);
- Explain the roles and responsibilities of those involved in implementing TRiM as part of a post incident response
- Outline the roles and responsibilities for Trust managers in supporting the TRiM process
- Provide the framework for managing a TRiM referral and the mobilsation of the TRiM response across the Trust.

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1: Introduction

1.1 Rationale:

- At BSMHFT we recognise that due to the complex and challenging nature of modern day mental health care, there will be occasions where you are required to deal with potentially traumatic incidents that may impact negatively on an individual's psychological and emotional wellbeing.
- We also recognise that increased awareness and early intervention following incidents allows the normalisation of post incident distress provides an opportunity to assess wellbeing, support mechanisms and facilitates access to psychological help and support that can aid recovery. When we refer to normalisation, this is recognition that whilst the incident itself is not normal, the distress felt afterwards is usual and, for most people, will subside with time.
- It is therefore important that we manage the risks associated with exposure to trauma appropriately across our Trust. This will enable us to support the personal wellbeing of all staff and meet our duty of care and legal obligations. In addition it will enable the development of a broader awareness of the appropriate management of potentially traumatic incidents, reduce the impact of post-incident distress and enhance psychological wellbeing within the Trust.
- To do this, we will utilise Trauma Risk Management (TRiM) which is an evidence based process to deliver post trauma assessment, provide active monitoring for staff and to triage appropriately for further support as required.

1.2 Scope:

This policy applies to:

- All BSMHFT Staff, regardless of role or seniority.
- Those working for BSMHFT for example, as a temporary or contracted staff member/ volunteers / trainees or students, who have been exposed to a potentially traumatic incident whilst performing duties for the Trust.
- This policy also applies to those trained to deliver TRiM on behalf of the organisation. All TRiM roles are completed on a voluntary basis in addition to the individual's substantive role.
- Training and support are provided and time is to be given to those people within these roles to complete all TRiM related tasks.

1.3 Principles:

TRiM is a peer led process intended to assess your individual response following exposure to a potentially traumatic incident. The process, consisting of a structured discussion and risk assessment, aims to provide support, advice, guidance and signposting and to identify whether you or your colleagues may benefit from further intervention. By doing this in a timely and organised way the TRiM process ensures that people are encouraged to access support when indicated which has shown to help people to recover more quickly.

TRiM originated in the UK Armed Forces and is based upon the 'active monitoring' model. The process is not treatment or counselling, but a recognised method of assessing risk after exposure to a traumatic event at work.

TRiM is fully compliant with the traumatic stress management guidance published by the National Institute for Clinical Excellence (NICE) Guidance [NG116: Guideline 26] and therefore does not cause any risk or harm to individuals.

It is an additional tool to support you and does not replace other processes and sources of support, such as that offered by managers, chaplaincy or occupational health / human resources.

TRiM is provided purely to support staff and is not in any way connected to investigatory processes *such as management, serious incident and health and safety reviews.*

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

The overarching aims and objectives of TRiM are:

- To provide information to those involved in an incident about typical responses to trauma and what can assist recovery, including where to get support.
- To effectively identify staff well-being needs, specifically as a result of exposure to a potentially traumatic incident and to identify at an early stage whether additional support is required.
- To ensure a consistent and systematic response is provided to BSMHFT staff following potentially traumatic incidents.
- To raise awareness and to promote positive health and wellbeing within the Trust.

It is important to note that the TRiM process does not provide or replace a clear requirement for urgent medical or clinical support. Therefore, if you or your colleagues are considered at risk on account of overt mental health concerns following an incident or are showing signs of severe stress and anxiety, you should be signposted either to the Trust Occupational Health provider or your Primary Healthcare services such as your GP, Emergency Doctor or Accident and Emergency. Please note all Trust staff have direct access to support 24/7 through occupational health to the Employment Assistance Programme, EAP service on 0800 882 4102 / pamassist.co.uk. Irrespective of this, all staff should be included in any TRiM response offered.

2. The Policy:

2.1TRiM Referral Criteria:

An incident that could benefit from a TRiM response is any incident with a set of circumstances that may produce a high level emotional response during, immediately post-incident or sometime after, in the course of someone's professional duties. That could include actual exposure / direct involvement, or indirectly learning about an incident that has happened to a colleague / patient.

As we will all react differently to potentially traumatic incidents, a decision to activate TRiM will be made by the Trust TRiM managers / co-ordinator, with reference to the incident itself, but also

guided by the observed or reported reactions of staff. TRiM is not designed to take the place of appropriate reflective practice / clinical supervision, line management and peer support, all of which should be offered to staff routinely and especially after serious or untoward incident. .

Incidents meeting the criteria below should be strongly considered for a TRiM intervention:

- Death and threatened death to staff or patient, including suicide
- Actual or threatened serious injury to staff or patient
- Serious actual or threatened violence including hostage / kidnap situations
- Serious actual or threatened abuse, injury or death of a child
- Near misses in relation to any of the above
- Any incident where the circumstances are so unusual or the sights and sounds so distressing, resulting in high levels of immediate or delayed emotional response

Please note that sometimes trauma impact may be delayed, triggered or re-triggered at a later date such as in the build up to, during or after an inquest or other court / legal / disciplinary proceedings. It is appropriate to enquire whether TRiM may be helpful to staff at these times, irrespective of whether staff have received TRiM in relation to an incident previously.

2.2 Trim Referral:

A TRiM referral should be made in relation to a specific incident in accordance with the criteria above. This should be done as soon as possible or even during an incident, by any of the following:-

- An Executive, Associate or Clinical Director
- A professional or corporate services lead
- A service or team manager
- A TRiM Manager or Practitioner
- Senior Director / Manager on call (out of hours)

Referral is via email to the dedicated TRiM email address (bsmhft.trim@nhs.net) or for out of hours via the Senior Director on Call.

Once a referral has been received a TRiM manager will contact the referrer and / or relevant manager to get further details about the incident, discuss the incident with TRiM managers and consider the appropriate response

Decisions to offer a TRiM intervention will be made by TRiM Lead/ TRiM Managers, and initiation documents will be sent to referrer outlining next steps (please see Appendices).

We recognise that in the course of our work within mental health there will be other situations that are stressful / distressing and potentially traumatic that may not meet the criteria for TRiM above. This may include a collection of smaller incidents or prolonged exposure to a highly challenging role which may have taken a toll on your psychological wellbeing. In these situations, whilst it may not be appropriate to offer a full TRiM response, advice can be sought from a TRiM manager via the TRiM inbox. It may also be useful to consider the following:

- Use of reflective and clinical supervision for team and individuals
- Referral to occupational health for psychological support and wellbeing advice
- Access BSMHFT resources via connect:

http://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helpline/

https://the-waitingroom.org/

3. The Procedure:

The recommended timescales for TRiM response and mobilisation are set out within the table below. The sooner a referral is made, the sooner the TRiM planning can commence. However there will be situations where it is not possible to work to these timescales due to operational issues, and the TRiM response will then be provided as close to these timescales as possible.

The TRiM inbox will be reviewed at least once daily Monday – Friday (excluding Bank Holidays). Usually a referral via email will be appropriate. However if you need advice about the immediate management of an incident, or due to the severity and nature of the incident, a TRiM Manager can also be contacted directly via the TRiM Administrator, details for which will be automatically sent by email in response to your referral, and out of hours also via the Senior Director / Manager on Call.

0 – 24 hours	TRiM referral to be made via process above. Consider TRiM in Practice guidance document [Appendix 2], and if possible seek advice from TRiM manager, re site and staff management during and in the immediate aftermath of the incident. Please refer to Appendices for guidance relevant to the incident. To make a TRiM referral managers should: Send an email to the TRiM inbox including, where possible, *i. details of the event including nature of incident and location,* *ii. approximate number staff involved (including non-clinical and support staff)* Or call and ask to speak directly to TRIM manager (via on-call senior managers) for support if more urgent response required.
24 – 72 hours **Planning Phase**	• TRiM managers will discuss incident and agree response. If the criterion for TRiM has been met a TRiM manager will be assigned and they will contact the referrer to seek further information. Once the required information has been received the allocated TRiM Manager will confirm next steps. This will usually involve the following:- The TRiM Manager will, in liaison with the referring manager, set-up and attend a planning meeting with relevant service managers and a Trauma Incident Briefing (TIB) will be arranged. The referring manager will ensure all staff identified will be able to attend the TIB and any subsequent assessment meetings, or for alternative arrangements to be made if this is for any reason not possible. See Appendix 3 for Referral Instructions and Referrer Responsibilities document.
72 hours **+ Intervention phase**	The TRiM Manager / TRiM Practitioners allocated to the incident will:- • Conduct a TIB for all those involved, • Conduct risk assessments with individuals or groups as discussed during planning phase or TIB • In collaboration with line managers, support staff members

	considered to be at risk to seek further intervention via Occupational Health for advice/guidance/treatment • Arrange follow-up meetings in 28 days and if required three months following the initial assessment as per TRiM model • Liaise with local service managers regarding any further support that might be required for staff or lessons learned Local service managers should: • Monitor staff for stress and seek advice form TRiM Manager if concerned • Encourage staff to contact the EAP if needed, make a referral to the Occupational Health Department if appropriate • Ensure staff are supported to attend TRiM assessment and follow up meetings follow-up assessment. • Review other available and ongoing support such as reflective practice / clinical supervision, peer mentoring, and review job design and job plans
28 days and 3 months **Follow-up**	Any follow up sessions will take place and any actions from these sessions will be guided by the TRiM Team. These will usually be arranged after 28 days, and if necessary, a further session will be arranged at the 3 month point. At any point of the process and following a TRiM assessment an individual may be referred into Occupational Health for specific trauma intervention via an agreed process with PAM. TRiM Managers will facilitate this through liaison with relevant line manager should continue to monitor and support and/or refer to occupational health if necessary.

3.1TRiM Interventions - What is involved?

For a detailed overview of the processes involved please refer to Appendix 2 and Appendix 3. At a ***Trauma Incident Briefing (TIB),*** a short presentation will be given which will include an operational update from a Senior Manager about the incident. The TIB will also include information which will help you and your colleagues to understand your reactions to the incident or event.

If you have been identified during the Planning Meeting as requiring a ***TRiM Assessment***, or you have requested one, this will be arranged with a TRiM Practitioner. A TRiM Assessment can be carried out either as a one to one session or if during the planning meeting there is a clear group of people who have had the same exposure during the incident it would be deemed more beneficial to complete a group session. Undertaking a TRiM assessment is voluntary and confidential.

During the TRiM Assessment you will be able to discuss what happened and how you are now. The TRiM Practitioner will take notes and use these notes to make an assessment on how you have been impacted by what happened. This assessment also allows us to guide you on the support that may be beneficial. We know that distress reduces over time following a traumatic incident and therefore it is important the TRiM practitioner sees you shortly after the incident and again a month later. You can then discuss how things have changed over this period and whether any further support is indicated.

3.2 Confidentiality

During the TRiM process any information that we collect about you will be treated confidentially. However, your safety is paramount, and therefore some information may need to be disclosed if the TRiM practitioner becomes concerned about any of the following:-

- You may cause harm to yourself or others
- You disclose something that relates to a criminal or disciplinary matter
- Where the TRiM practitioner has concerns about your wellbeing at work that may need to be discussed with your line manager.

The following records will be kept:

- Details of the incident
- Dates of TRiM briefing
- Names of those attended and/or not attended
- Names, dates and scores of TRiM assessments offered and attended
- Brief details of the information that you discussed during assessment
- Records relating to TRiM will be stored securely on a restricted shared drive, and access will be restricted to those with a responsibility for managing, or recording TRiM interventions.

3.3 Other Support

We recognise that it is not only large incidents or events that can have an impact on your Wellbeing. It is important that we have a number of options available to enable you to access the best support to meet your needs. If you are experiencing emotional or psychological distress in relation to your work we advise you to contact your line manager, human resources or occupational health for further advice.

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff		
Service, Clinical and Corporate Directors	Carry responsibility for ensuring the policy and procedure are implemented and Managers within their areas comply with and are aware of TRiM and its requirements.	
Policy Lead	Ensures that the policy and procedure are understood, is applied consistently and regularly updated.	
Executive Director	To ensure TRiM related Trust activity is reported to the Trust Board.	
Others…		

The TRiM Team
The TRiM Team consists of a TRiM Clinical Manager, a TRiM Lead, TRiM Managers and TRiM Practitioners.

Role of the TRiM Clinical Manager
The TRiM Clinical Manager has an overall view of all TRiM activity within the Trust and is the senior decision maker in relation to TRiM strategy.

Role of the TRiM Lead
The TRiM Lead has operational responsibility for ensuring TRiM is running effectively within the Trust and supporting TRiM staff.

Role of the TRiM Managers
The TRiM Managers are responsible for the identification of TRiM practitioners who will deliver the process to members of staff and the facilitation of training and professional updates. They will also be responsible for managing and coordinating the TRiM team and recording each TRiM intervention including those that have been declined.

Role of the TRiM Practitioner
- Alongside a TRiM Manager, identify the most appropriate timeframe with which a management strategy should be implemented following an incident
- Provide TRiM briefings and interviews where required
- Record all instances of intervention, including those that have been declined
- Decline involvement if they have had clinical involvement with the identified trauma
- Advise TRiM Managers and local managers when additional support may be required
- Keep details of an intervention confidential except where there is a suggestion of potential risk of harm or criminal disclosure.
- Decline to become involved in a specific incident or with a specific employee if for any reason they feel their involvement is not appropriate
- Attend TRiM team meetings and participate in continued professional development

5: Development and Consultation process consisting of:

An outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary	
Date policy issued for consultation	18/03/2020
Number of versions produced for consultation	1
Committees / meetings where policy formally discussed	**Date(s)**
NAC	Circulated March 2020

PAC	Circulated March 2020
AHPAC	Circulated March 2020
Local CCG's	Circulated March 2020
Positive and proactive Care Panel	Circulated March 2020
Workforce Committee	Circulated March 2020
Trust H&S Committee	Circulated March 2020
Staff Side	Circulated March 2020

Where received	Summary of feedback	Actions / Response
PDMG (May 2020)	Move Appendix 5 to Section 4-repsonsibilities. Add link for NICE Guidance. Complete Audit and assurance box.	Changes made.

6: Reference documents

National Institute for Health and Care Excellence (2018): NICE Guideline [NG116] *Post-traumatic Stress Disorder*

7: Bibliography

NICE Guideline (NG116): **https://www.nice.org.uk/guidance/ng116/chapter/Recommendations**

NHS *England Serious incident Framework* March 2015

BSMHFT R&S 11 *Management of Stress Policy*

BSMHFT C 38 *Learning from Deaths Policy*

BSMHFT R&S 02 *The Reporting, management and Learning from incidents Policy*

8: Glossary

None

9: Audit and assurance consisting of:

What steps will be undertaken to assess how well the policy is working

What criteria will be used to be assured that the policy is being met?

Element to be monitored	Lead	Tool	Frequency	Reporting committee
Number of	Philippa King	Microsoft Excel	Annually	Relevant sub-

referrals to TRiM		TRiM Spreadsheet		committee of the People Committee
Nature of referrals to TRiM	Philippa King	Microsoft Excel TRiM Spreadsheet	Annually	Relevant sub-committee of the People Committee
Number of TRiM interventions provided	Philippa King	Microsoft Excel TRiM Spreadsheet	Annually	Relevant sub-committee of the People Committee
Nature of TRiM interventions provided	Philippa King	Microsoft Excel TRiM Spreadsheet	Annually	Relevant sub-committee of the People Committee
Qualitative investigation of TRiM processes	Lizzie Newton	Interviewing staff that have received a TRiM intervention	To be completed in 2020	Relevant sub-committee of the People Committee
Qualitative investigation of TRiM processes and comparison to previous responses (CIT)	Lizzie Newton	Comparison of a number of measures post incident for example sickness, PAM, referrals, wellbeing, incidences of PTSD.	To be completed in 2020	Relevant sub-committee of the People Committee

10. Appendices

Appendix 1 Equality Assessment

Appendix 2 TRiM In Practice

Appendix 3 Referral Instructions and Referrer responsibilities

Appendix 4 TRiM Site Management Guide

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	TRiM Policy		
Person Completing this proposal	Philippa King	**Role or title**	TRiM Lead
Division		**Service Area**	
Date Started	08/01/2020	**Date completed**	

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.

This policy outlines the Trust's approach in supporting staff who may become involved in traumatic or stressful incidents or events in the workplace. It also provides a framework of what support to expect, before, during and following such an event.

Who will benefit from the proposal?

Service users and their families of BSMHFT, staff and contractors of BSMHFT and potentially the wider community in which they reside.

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*	*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			TRiM is available to all staff and contractors regardless of age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				

Disability	X			Individual staff who work within the policy will make adjustments to ensure those with physical or sensory impairments have equal access to it.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			The policy will not impact negatively or positively on gender or gender reassignment with any differentiation.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			The policy highlights that staff who experience a potential trauma at work are not confined to any ethnic group.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				

Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				**This policy is not intended to interfere with the Convention rights of any person or group. The rights that are being protected under it are:** • **Article 2: Right to life;** • **Article 3: Prohibition of torture or dehumanising treatment;** • **Article 4: Prohibition of slavery and forced labour;** • **Article 5: Right to liberty and security;** • **Article 6: Right to a fair trial;** • **Article 7: No punishment without law;** • **Article 8: Right to respect for private and family life;** • **Article 9: Freedom of thought, conscience and religion;** • **Article 10: Freedom of expression;** • **Article 11: Freedom of association and assembly;** • **Article 13: Right to effective remedy; and,** • **Article 14: Prohibition of discrimination in respect of these rights and freedoms.**
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No X**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

10.2 Appendix 2

TRiM IN PRACTICE

0 – 24 hours	**IS THIS A TRiM INCIDENT?** **Do any of the following apply?** • Death and threatened death to staff or patient, including suicide • Actual or threatened serious injury to staff or patient • Actual or threatened violence including hostage / kidnap situations • Serious abuse, injury or death of a child • Near misses in relation to any of the above • Any incident where the circumstances are so unusual or the sights and sounds so distressing, resulting in high levels of immediate or delayed emotional response **REFERRAL** If a TRiM criterion is met, the Senior Director / Professional Lead / Manager should send a referral email to the TRiM inbox including, where possible, • details of the event including nature of incident and location, • approximate number staff involved (including non-clinical and support staff) • contact details **bsmhft.trim@nhs.net** **SITE MANAGEMENT** If possible, seek advice from a TRiM manager regarding site and staff management during and in the immediate aftermath of a serious incident (see Appendix 4 TRiM Site Management Guide for further guidance). Care must be taken to: • Minimise number of staff involved in incident/exposed to trauma (reduce exposure) • Actively manage/support those staff involved (immediate/acute distress) • Ensure any hand-overs are of a tactical nature, factual and concerned with what has happened and what the staff members responsibilities were/will be In the event of a larger scale incident, it may also be necessary to: • Liaise with emergency services, local managers and Communications department as appropriate • Consider moving staff between high stress/lower stress

	environments (task rotation) especially if incident is of a long duration • If appropriate, allocate a "quiet space" away from the incident site and ensure refreshments are available **FURTHER ADVICE** Usually a referral via email will be appropriate. However if you need advice about the immediate management of an incident, or due to the severity and nature of the incident, a TRiM Manager can also be contacted directly via the TRiM Administrator and, out of hours, via the Senior Director on Call. **TRiM Administrator: Tel: 0121 301 1306**
24 – 72 hours **Planning Phase**	TRiM managers will discuss the incident and agree a response. If a criterion for TRiM has been met, a TRiM manager will be assigned and they will contact the referrer to seek further information. Once the required information has been received, the allocated TRiM Manager will confirm next steps. This will usually involve the following: • The TRiM Manager will co-ordinate and attend a planning meeting with relevant service managers • A Trauma Incident Briefing (TIB) will be arranged
+72 hours **Intervention**	The TRiM Manager / TRiM Practitioners allocated to the incident will: • Conduct a TIB for all those involved • Conduct risk assessments with individuals or groups as discussed during planning phase or TIB • In collaboration with line managers, support staff members considered to be at risk to seek further intervention via Occupational Health for advice / guidance / treatment • Arrange follow-up meetings in one month and if required, three months following the initial assessment as per TRiM model • Liaise with local service managers regarding any further support that might be required for staff or lessons learned Local service managers should: • Monitor staff for stress and seek advice from TRiM Manager if concerned • Encourage staff to contact the EAP if needed, and make a referral to the Occupational Health Department if appropriate • Ensure staff are supported to attend TRiM assessments and follow up meetings • Review other available and ongoing support. This may include: - Reflective practice / clinical supervision - Peer mentoring - Review of job design and job plans

28 days + **Routine Follow-up**	Any follow up sessions will take place and any actions from these sessions will be guided by the TRiM Team. These will usually be arranged after 28 days. At any point in the process an individual can be referred into Occupational Health for specific trauma intervention via an agreed process with PAM. TRiM Managers will facilitate this through liaison with the relevant line manager who should continue to monitor and support and / or refer to occupational health as necessary.
Longer term Follow-up	If necessary, a further follow-up session can be arranged at the 3 month point. Please note that sometimes trauma impact may be triggered or re-triggered at a later date such as in the build up to, during or after an inquest or other court / legal / disciplinary proceedings. It is appropriate to enquire whether TRiM may be helpful to staff at these times, irrespective of whether staff have already received TRiM in relation to the incident. It is good practice that the manager informs the allocated TRiM Manager of any key dates as they become known.

10.3 Appendix 3

Referral Instructions and Referrer responsibilities

If you have requested a TRiM response for an incident within your work area and this fulfils the TRiM criteria a TRiM manager will contact you. Below is a summary of the TRiM process and how managers can support it at each stage.

Request for information

In order to ascertain who needs to be included in the TRiM process the TRiM manager assigned to the incident will contact you as soon as possible to gather some more detailed information. For example, they will need to know details about the incident – where it took place and when, who was involved and how. How they have been affected and any injuries and interventions that have taken place will also be useful information. The TRiM manager will need to know details of all of those staff affected in any way by the incident. At this point in the process TRiM managers will aim to be over, rather than under, inclusive. So, a list of staff affected should be drawn up by the referring manager and shared with the TRiM manager which should include:

A. Those directly involved in the incident
B. Rescuers and helpers
C. Those involved at a distance – for example, the rest of the a team, security staff, people who cared for a patient but were part of another team, those answering the telephone
D. Those who should have been present but for some reason who were not (e.g. late, swapped shifts or visits)
E. Vulnerable people –e.g. involved in a similar incident or friends/close colleague of those involved
F. Those who witnessed the event – for example walked past or came because of curiosity

Staff not employed as permanent members of staff by BSMHFT involved or affected should be included. This may include contracted staff, agency or temporary staff, students or trainees

Planning meeting

Within 24 hours a planning meeting should be held. This planning meeting is vital to fully consider the needs of staff and to put together a management strategy to address the needs of those who have been exposed to the traumatic incident. The referring manager has an essential role in the organising this meeting as they will know most about the incident and staff involved. The meeting should be organised between the TRiM manager, requesting manager and other key people knowledgeable about the event and the staff involved in it. The person who has responsibility for the wellbeing of the staff who have been involved should always be included in the planning meeting. Other key players can also be included at the meeting such as representatives from other staff groups or teams, organisations or areas such as HR, occupational health, chaplaincy if this is appropriate to the situation. All of these people involved in the planning meeting will have information about the event which is crucial to the successful management of those exposed.

The planning meeting will help the organisation and key players to properly consider the psychological wellbeing of those staff exposed to the trauma and to make and be able to enact a robust plan for their support.

At the meeting the TRiM manager will first describe the TRiM process and make clear the aims and advantages of systematic, organised traumatic stress management. The meeting will take approximately an hour. As well as setting the context for Trauma Risk Management the planning meeting has three key aims.

1) Managers brief the TRiM manager on the incident that has taken place and the facts that are currently available to share. It will also be helpful to know what is unknown at this stage and what processes are been undertaken. For example, we may know that a person died but are awaiting a post mortem to ascertain cause of death, or someone may have been attacked and police are still searching for one assailant but have arrested and bailed another. At the planning meeting the manager and TRiM manager agree factual account to be shared by the service manager as a part of a Trauma incident Briefing (TIB).
2) The TRiM manager will need to make a full list of those involved. The manager who best knows the staff should be prepared for the meeting and be able to provide background information and a written list of staff names, roles and contact details. This list should be over-inclusive (see bullet points above). Thinking about all of these groups of people should ensure that all people get consideration and nobody is missed. All staff identified should be invited to a TIB . At the planning meeting The TRiM manager and others present will go through the list, person by person, and make a decision about those people who will also be offered individual or group risk assessments following the TIB. The further information given by managers who know the staff well during the planning meeting will aid these decisions - for example information about how the person was involved in the incident, what they witnessed or experienced, how they reacted, who had similar experiences to them , whether the person has any personal challenges or mental health or physical health issues, if its known whether they have been involved in previous traumatic incidents either personally or professionally.

3) Planning a Trauma Incident Brief (TIB) which should take place within 72 hours of the incident. This will include practicalities such as when, where and who and agreeing how invitations will be sent. It is helpful if the referring or team manager can send the invitations and also speak to their staff about the importance and benefits of the TRiM process for psychological wellbeing and encourage them to attend. The invitation to the TIB should be explicit about its length and purpose.

<u>Trauma Incident Briefing (TIB)</u>

The TIB enables that all of those who have been involved to be given the same factual information about what happened (which dispels myths) and also to be given information about reactions they may experience which can help to normalise these thoughts / feelings. At the TIB staff will be given information about how they can help themselves to cope and recover and what additional help and support is available. They will also be given information about the next stages of TRIM (if deemed as required).

It is really helpful for managers to encourage and support all staff involved in the incident to attend the TIB. It is fine for people who will also be offered a TRiM assessment to attend the TIB but it's also a good vehicle for giving staff who were not directly involved, or friends / colleagues of those who were, relevant information. A lot of people can be educated via the TIB in a non threating environment. They will not be expected to participate in the way that they would in an assessment. There may well be some vulnerable staff that were not identified at the planning meeting who will both receive information and advice that can help them in the TIB and will also be given the opportunity to self-select for a TRiM assessment.

If some staff can't attend (for example they are off sick or on nights) managers can help facilitate an individualised TIB with a TRIM practitioner so that staff member is given the same information as other team members who attend the TIB and receives the same support. If necessary several smaller TIBs can be held to allow everyone to attend.

Mangers play a vital role in organising TIB time, date and location to facilitate as many people attending as possible. The room needs to be private, quiet and large enough to comfortably seat all of those involved. If possible refreshments should be provided.

At the TIB roles are split between the referring manager and the TRIM manager / practitioner.

The referring manager should

- Introduce the TRiM manager/practitioners and staff to each other
- Thank everyone for their attendance to the TIB and support during incident
- Give a factual overview of the incident as agreed at the planning meeting

The TRIM manager/ practitioner will then

- Use the opportunity to cover some of the reactions and emotions that people can experience following traumatic events.
- Normalise reactions by reminding people that there is no right or wrong reaction – staff are normal people who have been involved in an abnormal situation.
- Encourage people to try not to isolate themselves and to talk to colleagues, family or friends and to use helpful coping strategies.
- Encourage people to look after each other and to look after themselves and seek support if necessary. They will remind staff of the support options available. This will include an open invitation for an individual TRiM assessment if people think this would be helpful to them.
- The TRiM manager will also make people aware that they will be contacting a number of people involved in the incident to offer a TRIM assessment.
-

Leaflets are distributed (sometimes electronically) summarising the briefing.

The referring manager will then thank everyone for attending the TIB and say that they and the TRiM manager/practitioners will be around for a few minutes if people have questions or would like to talk.

Individual TRIM assessments and follow ups

A number of people, those most likely to be most impacted by the incident, will have been highlighted as requiring a group or individual TRIM assessment.

It is normal to have distressing thoughts and feelings and reactions to a traumatic event, these usually diminish over time. A TRIM practitioner will therefore meet with each staff member on at least two occasions. The first, soon after the TIB, and a second time a month to 6 weeks later. This allows them to see whether reactions have reduced or whether some support may be beneficial to the individual.

The purpose of this assessment is neither to directly eliminate or treat mental health issues nor to prevent these from occurring but to screen people who may be at risk of psychological distress due to a traumatic event and to signpost them for help and support as necessary. This support should be arranged by their manager and go through the normal routes within the organisation. Once this has been done ongoing support should be provided and monitored by the staff member's manager (not the TRIM practitioner). The role of TRiM is to pick up potential issues as soon as possible by

the systematic screening process offered so that the staff member can then be supported by their manager and the organisation as necessary. Although TRiM practitioners can not organise or monitor the support that may be needed, they may provide information from their assessment to assist with an occupational health referral.

The referring or team manager has a very important role in supporting individual TRiM assessments. Firstly, it is helpful if they can encourage staff to take up the opportunity. Helping to remove practical barriers to attend by allowing time off from duties and perhaps booking a quiet room for staff to use can also be helpful. If there is any feedback from the assessment such as things that the TRiM practitioner and staff member feel would support the person, at work or with their wellbeing, this will be discussed, with full knowledge of the staff member, with their manager following the assessment. This will enable the manager to organise support for the staff member in the work place in line with their needs and organisational processes and policies. Where no concerns or support is identified managers will be informed of this along with generic details of which staff members were seen and a brief description of how they are.

Coroner's court or other processes

In mental health attendance at coroners court or investigations or other procedures can sometimes follow an incident. In our experience these are also times when distressing thoughts and feelings about the incident can arise. Managers should support staff through these processes and be vigilant for changes in their wellbeing. At key times such as these it will be helpful for the manager to contact the original TRiM manager so that they can offer reassessment and support to those involved should they want this.

10.4 Appendix 4

TRiM Site Management Guide

Psychological management of incidents can be challenging due to nature of the incident and intense stress, high levels of emotion, shock and uncertainly it can be difficult to make decisions about manging the site and personnel. People do their best under exceptionally difficult circumstances. Although these incidents are rare, occasionally within our work in mental health settings we will be involved in a traumatic incident. If you are a staff member involved in managing an incident we list here some key considerations for the management of traumatic incidents as they unfold. We will think about two areas: - site/environmental management and staff management

Effective site management should take account of the experiences of all of those directly and indirectly involved I the event including support staff. This may include those not geographically present at the event but none-the-less involved for example in taking phone calls or managing the event.

Communication

Ideally a communications person/people should be appointed, this may be a Trust Loggist, who is aware of the situation, to liaise with services to ensure accurate and appropriate information is communicated as required. It is helpful to make a log of the people involved and their roles to be sure they are included in post incident support. This person may already be a Trust loggist. Consideration should be given to contacting a TRIM Manager who can advise or potentially assist with site management. This can be done by contacting the TRiM team via email (**bsmhft.trim@nhs.net**) or telephone-Friday 09:00 hrs -17:00 hrs. or out of hours via the manager on call.

The communications person can have a role in ensuring that people are given the amount of information that they need for their role (not more – see reducing exposure below). People who need to access the scene should be fully briefed as to what to expect (sights, smells etc.) before they enter in order to avoid surprises and reduce potential distress.

Reducing Exposure

Only those staff that need to be exposed to the scene of the incident should be. Other staff and people should be removed from the area. This is the only safe method reducing post traumatic stress disorder.

If it would be helpful in ensuring the above someone can be stationed at the scene to ensure that people who do not need to access the scene do not gain entry. The ‘guard’ themselves do not have to access the scene. As above they may brief people entering before they go in.

Use of screens, covers etc. should be considered to avoid distress to people who do not need to witness the traumatic event or scene to minimise exposure.

Rotation Through Tasks and Providing a Quiet Rest Area

Designate a quiet area for staff to go to away from the observation of others – food and drinks should be made available. Consideration should be given to the type of food depending on the nature of the incident, for example keep things plain and simple and avoid foods reminiscent of the incident scene (odours, texture, sights).

For staff feeling overwhelmed or showing significant levels of distress there should be an opportunity for them to access a quiet environment and be supported by a staff member. Where necessary they can be gently removed from scene. This needs to be done sensitively to avoid giving unhelpful messages (for example that they are unable to cope). Indeed, after a break, they may be able to return to the site to assist which can help people feel valued.

Rotation through tasks should be considered for all of those staff manging the incident. It is important that if there are a number of tasks to be completed that staff are rotated between high stress roles, breaks in a designated quiet and low stress roles. Those staff showing distress can be asked to do a lower stress task providing that they are happy to do this, preserving the feeling that they are contributing whilst also reducing distress. Promote feelings of achievement by allowing people to complete tasks that they are doing before rotating to another role where possible.

Specific considerations and reactions when handling dead bodies or clearing incident scenes when someone has died.

Occasionally in our work we may have to assist in an incident when someone has died and this may include attempting to resuscitate them, handling their body or personal effects or cleaning a scene of an incident. Some practical and effective advice is reported here which may assist both individuals and managers to manage the issues raised when dealing with a death/s and cleaning the scene; this has been adapted from guidance used in the United Kingdom armed forces.

When someone has died use screens, partitions or barriers to shield observers from viewing the bodies unless it is absolutely necessary. Volunteers should be sought for difficult tasks, as there is clear evidence that volunteers do better from a psychological stand point. Managers should give accurate and unambiguous briefings to ensure that those who do volunteer make an informed choice.

Try to prepare people for what they will be seeing and doing if they have to visit the scene and complete tasks. Allow them as much time and access to information as possible. It is far better to be over-prepared for the worst than to be under-prepared for the task. Some things that you may consider are as follows:

- Give people information about the circumstances of the tragedy. It can be helpful for people to try to understand the situation in a similar way that a historian or reporter would tackle it.
- People should be encouraged to recognise the importance and value of what they are doing. It can be helpful to think about the larger purpose that is being accomplished. If more than one person has died encourage people to focus on the larger picture rather than on each individual.
- Pair people up to complete a task, perhaps a senior with a more junior staff member, this protects and supports the individual and prevents social isolation.
- Remember that this is no longer the person, but only their remains. If it is of help, people can say their own prayers for the dead, and conduct whatever discreet personal ceremonies their own beliefs and background recommend.
- Wear protective clothing for tasks connected with the body/cleaning a scene.
- If there is odour it may appear to help to mask this during a task with disinfectants, air-fresheners, or deodorants or perhaps use other scents when taking a break from the task in hand. This can be helpful but people should be aware that a masking scent has the

potential to vividly bring back memories of the experience afterwards as smells often persist in the imagination.

- If a person needs to collect personal effects they should be reminded not to let themselves look closely at, or read personal effects.
- Tasks should be paced and people should be allowed to take frequent breaks away from the scene if it is a long task and to eat and drink regularly. Good personal hygiene should be maintained.
- A meeting should be held, preferably at the end of each task, to talk about what are the worst, and the best things about the task, sharing thoughts, feelings and reactions with each other. Emphasis should be placed on the value of the work and the professionalism of the group.
- People should be encouraged to act if they find themselves becoming o distressed or overwhelmed and not to ignore the stress. They should seek out someone to talk to and realise that there are other people within the team who may be feeling the same way. Managers should monitor people's wellbeing after the event closely. TRiM should be initiated.

Additional Hours and Returning Home

Before going home staff should have the opportunity to hand over what they have been doing and their responsibilities to a manager/ the person co coordinating the incident and to brief any staff member taking over specific duties from them. It is important that they have a 'check in and check out conversation' with a manager. They should be given the opportunity to describe what they have done in relation to the incident and what needs handing over. The manager should ask whether they are ok, whether they are able to get themselves home safely, who is at home and what support they have and whether there is anything that they can do to help. Normalising likely responses following a traumatic incident can be helpful. The staff member should be aware of who they can ask for support.

Be mindful of staff staying over doing extra hours due to the incident. This may be helpful in order to complete the necessary tasks rather than others taking over which could both be devaluing to the staff member present and potentially traumatising to another staff member. As above breaks can be provided and people should be given the opportunity to return home as soon as is practicable. Consideration should also be given to when they are next expected to be in work and whether this is reasonable given the circumstances. Arrangements may be necessary to replace them

There is no blanket guidance about whether staff should be sent home immediately following an incident. We know that the support of colleagues at work in the immediate aftermath may be really helpful to some staff. This would be consistent with the TRiM approach that states the importance of peer support, normalisation etc. However, staying at work should not involve continuing with clinical duties on that day. A return to clinical duties would ideally follow a review with a manager, and if possible access to a TRiM assessment.

If the individual chooses to go home, or feels that they cannot continue to remain at work, it would be important that a manager or colleague checks that they can get there safely (they may need a

lift home). They should ensure that the staff member thinks that they will be ok at home, have company or access to support.

A manager should make contact with the individual/s later that day or the following day to check on staff members' wellbeing, to see what further support may be helpful and discuss return to work or time off as appropriate.

Managers should also consider those staff continuing with normal duties post incident, they may be short staffed or shaken by what has happened to their colleagues or patients and may feel distressed or vulnerable. Management support should be considered for those continuing normal duties and replacement and addition staff should be organised as needed.