

**Information Governance Department**

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Ref: FOI/2025/11025

Date Received: 26<sup>th</sup> August 2025

Response Due: 23<sup>rd</sup> September 2025

Date: 1<sup>st</sup> December 2025

Dear Sir/Madam

With reference to your request for information received on 26<sup>th</sup> August 2025, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

**This request is to establish methods of support in place for the mental health of staff 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 individual response to the following questions.**

**1. At ward/dept level what methods are in place to support staff following the death of a patient?**

**i.e. hot debrief, cold debrief, peer support, follow up with those present/involved.**

Accident and Emergency dept = Hot debrief or cold debrief, peer support, follow up with the team usually lead by governance, self-referral to wellbeing team.

Theatre = Hold and cold debrief plus TRiM (Trauma Risk Management).

Theatre Wrightington = Hot debrief or cold debrief, peer support, follow up with the team usually lead by governance, self-referral to wellbeing team.

ICU = Hot debrief or cold debrief (not as per ICS guidance), peer support, follow up with those present/involved and referral to ICU Clinical Psychologist where appropriate.

Delivery suite = We offer managerial and Professional Midwifery Advocate (PMA) support. The Bereavement Team and Perinatal Mental Health team also provide support to colleagues as required (Level 1 support). Our maternity service leads regularly hold hot debriefs after significant patient safety events with a focus on immediate emotional support. Cold debriefs are held but require a more formal approach. The TRiM team are available to provide Peer Support and undertake a risk assessment to identify those who require further support. PMAs are often utilised here also (Level 2 support).

Level 3 support is provided by Occupational Health, Psychological Wellbeing Services, Coaching Services, and the Chaplaincy. Details of the Employee Assist Program are on the Trust Intranet as well as all the details for these support services.

We are currently finalising guidance in Maternity Services to support managers through this tiered approach utilising the FIT assessment tool and the ASSISTME model with follow up and named managerial support and oversight throughout the journey. This model with agreement could be replicated throughout Maternity and Child Health Division.

Neonatal ward = Hot and cold debrief but they are variable in both the need and the ability to provide (for instance, the night team needs to go home but only just handed over a resuscitation that is ongoing).

Children's ward = Hot and cold debrief but they are variable in both the need and the ability to provide (for instance, the night team needs to go home but only just handed over a resuscitation that is ongoing).

Mortuary = There is peer support for junior staff, senior/mortuary management support each other.

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

Accident and Emergency dept = Self-referral or senior/team leader advisory referral

Theatre = Both are available, self-referral or senior advisory referral.

Theatre Wrightington = Self-referral to wellbeing team, who provide trauma debrief and support from chaplain as required.

ICU = Self-referral or decision by senior clinical colleagues.

Delivery suite = This support can be triggered by managers or self-referral. All details are on the Trust Intranet. Rotas for PMAs are available and details in clinical area.

Neonatal ward = Educational supervision meetings and pastoral care of the team. There are also discussions at handover and individual meetings for people to talk through.

Children's ward = Educational supervision meetings and pastoral care of the team. There are also discussions at handover and individual meetings for people to talk through.

Mortuary = 1-2-1 meetings, return to work interviews and appraisals.

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

Accident and Emergency dept = Follow up is on a individual basis and is escalated via Team leader.

Theatre = Depends on individual circumstances and needs.

Theatre Wrightington = Follow up is on a individual basis and is escalated via Team leader.

ICU = Follow up is based on individual needs and circumstances.

Delivery suite = Immediate support is offered with follow up within 72 hrs. Signposting or referral to higher levels of support is undertaken as required.

Neonatal ward = Emotional support is complex and happens over much longer time periods, things that happened years ago are still discussed years later.

Children's ward = Emotional support is complex and happens over much longer time periods, things that happened years ago are still discussed years later.

Mortuary = This depends on the type of referral.

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

Mortuary staff are high on this agenda.

Maternity and Child Health Division recognise that the risk of a traumatic response is higher where the:

- Outcome is poor for the patient
- Perceived degree of responsibility for the event is high
- Incident involves young, previously healthy, or multiple patients.

Therefore, deaths of mothers and babies and children can be high risk for psychological stress.

Maternity and Child Health Division also recognise that governance teams are at indirect risk of psychological stress from dealing with adverse outcomes on a daily basis.

**5. What support is provided by occupational health? Please provide copies of your policies for support given to members of staff following such events.**

Occupational health would signpost the employee to the most appropriate psychological support service. Occupational health does not offer psychological support as such, however they will advise the employee/employees manager on any reasonable adjustments for the workplace and provide advice on the impact of health on work and work on health.

If the employee is absent, Occupational health would advise regarding fitness to work/return to work, if requested by the manager. The Occupational health team do have an experienced mental health case worker, who these cases can be assigned to, however this is also on an advisory basis relating to work, rather than targeted psychological support.

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

Please see the above response.

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

Accident and Emergency dept = Support is offered to any staff impacted

Theatre = It is embedded within the culture so will always be offered; however our capture requires improvement.

Theatre Wrightington = personal file.

ICU = Yes.

Delivery suite = Not currently. Maternity Services have a new guideline under ratification which prompts a managerial checklist to document levels of support triggered (Level 1-3) and this is to be saved on the staff members personal file to ensure follow up until end of support journey. Audit will be possible following this process. Currently PMAs record how many staff have required support and any themes arising which has Trust oversight but the reasons for support are varied. As access to support can remain confidential and staff can self-refer in confidence accurate data capture would be challenging.

Neonatal ward = offers are made routinely and accepted mostly.

Children's ward = offers are made routinely and accepted mostly.

Mortuary = Mortuary management offer junior staff support through return-to-work interviews, 1-2-1's and appraisals.

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

Accident and Emergency dept = people off work with stress related illness is recorded and presented Divisionally

Theatre = They would be captured and discussed within monthly HR meetings.

Theatre Wrightington = Yes, in personal file but some discretion is used.

ICU = Yes.

Delivery suite = people off work with stress related illness is recorded, and it is presented to the executive team.

Neonatal ward = people off work with stress related illness is recorded, and it is presented to the executive team.

Children's ward = people off work with stress related illness is recorded, and it is presented to the executive team.

Mortuary = No staff have been off with work related stress.

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

The Trauma Risk Management (TRiM) service was introduced in 2023 following approval by the Executive Management Team.

It is available to all WWL staff across every site. Our TRiM Coordinators send information leaflets (psychoeducation) and offer an assessment to everyone we are informed has been involved/affected by the incident. Opting to have an assessment is voluntary on the part of the individual. There is an option to refer individuals to the Staff Psychological Support Service after an assessment if they require a higher level of psychological support.

The Trust has trained TRiM Practitioners who can provide support to all the departments listed at the start of the FOI request.

The TRiM Coordinators review TRiM uptake on a quarterly basis - including department/division in which incident occurred, job roles of those involved, types of incidents reported, uptake of assessments and referrals on to staff psychological support.

**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 staff are resilient and cared for?**

There has not been a formalised defined support programme in place for the mortuary department but staff have recently been advised support that's offered via TRiM, and other wellbeing offers. The Mortuary sits within our Urgent Care and Live Well Division and the Senior Leadership Team oversee the support and leadership provided to the team.

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Juliette Tait  
Chief People Officer

**PLEASE NOTE:**

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire, SK9 5AF

Helpline number: 0303 123 111