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Version Number: <i>1</i>		Previous Trust/LHB Reference Number: <i>N/A</i>	
Guidance on running a Compassionate Information-Sharing Supportive Signposting Meeting (CISSS Meeting)			
Introduction and Aim			
<i>This document aims to support staff after serious adverse events.</i>			
Objectives			
<ul style="list-style-type: none"> • <i>Support staff after serious adverse events</i> • <i>To help management to support staff after adverse events</i> 			
Scope			
This procedure applies to all of our staff in all locations including those with honorary contracts.			
Equality and Health Impact Assessment		<i>An Equality and Health Impact Assessment (EHIA) has not been completed.</i>	
Documents to read alongside this Procedure		<i>N/A</i>	
Approved by		<i>Mental Health Clinical Board</i>	

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<u>Disclaimer</u>	
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate .	

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	26/05/2023	<i>Feb 2026</i>	<i>New Document</i>

Part of Supporting Staff after Serious Adverse Events: Guidance on running a Compassionate Information-Sharing Supportive Signposting Meeting (CISSS Meeting).

Running a CISS meeting makes greater use of the Compassionate management behaviours of **Attending** (acknowledging that something has happened) and **Helping** (with signposting staff to support) rather than **Understanding & Empathising**, although these do have their place in the time after incidents.

Occasionally very upsetting events occur with our patients which can have an adverse effect on staff and other patients. A patient may have seriously self-harmed or have died unexpectedly. A staff member may have been subject to physical assault, a serious accident or another very frightening and threatening event. Staff might have directly witnessed their colleagues experiencing these incidents.

The immediate response might include a sense of shock and disbelief, which for most gradually subsides over the following hours and days. Gradually, this sense of shock may be replaced by a range of feelings and reactions such as fear, helplessness, and guilt. Managers need to keep attending to how these might impact on staffs functioning in the workplace in the days, weeks and months following an adverse event.

People will react in diverse ways: some staff may cope by talking and some by thinking through things on their own. Also, some staff may suffer *no* adverse effects or traumatic reaction despite being subject to a traumatic event (see 'Supporting Staff Members Following a Traumatic Event: Guidance for Managers' which details a range of how people may respond)

Actions that teams, services, wards or hospital managers may want to take:

1. Convene a Compassionate Information Sharing and Supportive Signposting (CISSS) Meeting. The severity of the incident should determine who convenes the meeting to reflect the *Attending* principle of compassionate management. Managers may also want to consider opening the CISSS to other staff not directly involved but touched upon by the incident if it feels important and relevant to do so. As a principle keep these meetings small and focussed on those most directly impacted by the incident. If team leaders or ward managers have been involved in the incident then more senior staff should convey the meeting. A key function of the CISSS meeting is that staff get a message that the organisation has *attended & acknowledged the fact* that something adverse has occurred.

2. Highlight that the meeting will be to provide information about what is happening after the incident and to provide information on help and support. Organise this meeting within the following days (e.g. within 72 hours) and contact staff in advance with the *option* to attend, i.e. the meeting should not be mandatory. A key function of the CISSS meeting is to ensure that staff get the message that a range of support is available to them and *helping* via signposting.

3. Allow for the possibility that some staff may want to meet with their manager individually, rather than in a group.
4. Ensure that people that do not attend (but might have been expected to) are actively followed up and informed of support available.

Running a Compassionate Information-Sharing Supportive Signposting meetings (CISSS) after an adverse event

1. Use the meeting to provide relevant information, but also to ensure staff know that the clinical board knows about the upsetting event and to ensure that staff are told about where to get help.
2. Acknowledge what has happened by briefly and factually describing the incident (i.e. what happened) but highlight that the focus of the meeting is to acknowledge the upsetting event and what support is available. Depending on the nature of the incident there may be other subsequent meetings, to look at the patients care and management as needed. Any further meetings should follow a just and learning culture which balances fairness, justice, learning – and taking responsibility for actions.
3. Tell people that they are free to leave the meeting at any point should they want to (e.g. if feeling overwhelmed). Check up on any staff who do leave as soon as possible. (see 7 below)
4. Explain that shock and disbelief are often common reactions following a traumatic event, and that these feelings sometimes get replaced by other feelings such as guilt, anger, helplessness over time (see 1 below)
5. Try to keep the focus on how people are coping now and any immediate actions in the light of the incident. Allow staff to talk briefly about their experience of the incident if they wish but, avoid protracted discussions where people recount incident in exact detail or where high levels of emotions are vented (research has shown such 'debriefing' methods may not be helpful). Attending and Helping are the management behaviours more than empathising & understanding used in a CISSS meeting.
6. Advise staff that they can contact you again if they want to talk more or obtain information on other forms of support and that you will check in with them again in a couple of weeks. Advise staff that you are very happy to lend a

listening ear, but that you will be unable to provide any counselling or therapy, per se. There are a range of supports available for staff. Signposting staff to them is an important function of the CISSS meeting especially to EWB and Canopi (<https://canopi.nhs.wales/>)

7. Managers should keep a watchful eye for staff that may not be coping well in subsequent weeks and months (signs may include the increased use of sick leave, changes in performance at work, low mood, increased irritability and/or reduced involvement with others).
8. Provide information about Employee Wellbeing Service and Canopi. Specific Information about PTSD is best left for later as for most staff the trauma will resolve in the shorter term. Understanding & Empathising are the compassionate management behaviours needed during this time period.

Other:

1. Advise staff they may feel better in a few weeks with support from colleagues, family and friends. The Chaplaincy service is also available. Staff can refer themselves to Canopi (https://canopi.nhs.wales) at any time, and where self-help, guided self-help, peer support, virtual face-to-face therapies with accredited specialists are available.
2. Make contact with staff members who take sick leave following a traumatic incident to offer support and check in on how they are doing.
3. Staff may want to personally request a wellbeing assessment via the Employee Wellbeing Service, who may then suggest referral on to other services including the Traumatic Stress Service; The Traumatic Stress Service offers a priority pathway for UHB staff who are experiencing traumatic stress symptoms as a result of a C&VUHB workplace incident
4. If managers note that staff are a) still struggling significantly after four weeks and are b) experiencing other problems such as alcohol or drug use, problems with mood or self-esteem or c) are displaying symptoms indicative of Post-Traumatic Stress Disorder then they should speak with EWS.

If you have any queries or comments about health and wellbeing in the workplace, please using the following contact information.

- For employee wellbeing enquiries please contact Employee.Wellbeing@Wales.nhs.uk

- For occupational health enquiries please contact Occupational.Health3@wales.nhs.uk
- For occupational health physiotherapy enquiries please contact Occupational.Health3@wales.nhs.uk