

# An evaluation of patients' experience of staff support and support needs, following a serious incident within a low secure service

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## Introduction

Serious incidents within secure settings can significantly affect patients' sense of safety and psychological wellbeing. Following such events, appropriate support is essential to help patients process the experience. Currently, within our Health Board, TRiM sessions are offered for staff exposed to potentially traumatic events within inpatient secure settings but no such mechanism of support is available for patients nor an understanding of what support patients may need themselves, following exposure to such events.

This evaluation explored patients' experience of support provided by ward-based staff and lower intensity supportive interventions (e.g. information leaflets regarding trauma, patient support sessions) following a serious incident (fire) within a low secure unit, where all patients and staff were evacuated immediately and patients were moved to another hospital environment.

## Objective

The evaluation aimed to:

- Evaluate the benefit and acceptability of lower-intensity, supportive interventions following patients' exposure to a serious and potentially traumatizing incident.
- Understand the support needs of the patient group and whether the support offered is sufficient to meet these needs, following exposure to a serious and potentially traumatizing incident within the Unit.

Findings may provide guidance and insight regarding provision of appropriate staff support following patients' exposure to serious and significant incidents within the service that may be traumatizing for patients.

## Methodology

### Design

- Evaluation form combining quantitative (5-point Likert scale) and qualitative (open-ended) questions.
- Administration supported by the (external) Patient Experience Group to reduce potential bias.

### Data collection

- Evaluation form given in paper copies or Microsoft Forms.
- Data held on an Excel database on the secure shared drive.
- Administered by project administrators to maintain anonymity and confidentiality.
- No control group

### Sampling

- Participants: All patients within the Low Secure Unit were invited to participate as it affected the service as a whole.
- Attendance at the patient support session was voluntary and not part of the study
- No randomised groups were used.

### Data Analysis

- Quantitative data: Descriptive statistics
- Qualitative: Thematic analysis

## Ethical considerations

- Health Board guidelines followed and approval obtained (Joint Study Review Committee / Information Governance/ Directorate permissions)
- Information sheet provided, explaining purpose of the evaluation and that taking part is entirely voluntary.
- Informed consent was obtained before participation. No identifiable information was collected
- Participants able to withdraw or decline to take part without giving a reason or affecting their care. Safeguarding concerns raised were shared with clinical team following standard procedures

## Preliminary findings

Despite a small sample (N=3), participants responded positively to the support provided following the incident. All identified the support session as helpful in making sense of their feelings and how to cope with any subsequent, challenging psychological experiences. Two participants identified the support session helped them share their feelings and support each other. One participant noted their relief/the importance of all patients remaining together after being moved from the Unit. None of the participants suggested additional forms of support that might have been beneficial. Overall, the feedback suggests that the support was timely, informative and helpful.

## Implications/ Recommendations

Despite limitations with the current sample size, these findings will contribute towards future approaches to patient support following serious incidents within the Unit. Low-intensity supportive interventions appear to offer benefits for patients as do decisions that reduce patient separation from their peers/peer support. Encouraging/supporting wider patient participation in service evaluation is recommended.