**Camden and Islington Trust**

**Restraint Debrief Service**

**How we developed the service infrastructure**

**IT Systems and Processes**

Datix: an incident reporting system that is used record any restraint incidents. The Voluntary Services team can access this to obtain in-depth information on the incident report and the name of the patient.

Microsoft Outlook: to enable the service to receive incident reports about restraints via email as an initial notification that a restraint debrief is required and also communicating with volunteers and ward colleagues in terms of arranging debriefs.

Volunteer shared drive: to allow shared access within the team of the all the required documentation for the Debrief project.

A new system of Volunteer email account to offer digital Debrief an option of the Service new Debrief Intervention model. Volunteers will be accessing incident reports and names of restrained patients via email.

A new system to provide phones within The Trust’s guidelines for Volunteers creates new meaningful activities for Debrief Volunteers. The new Debrief Intervention model will offer an option to patients who are not comfortable talking face to face. Also due to Covid-19 pandemic, patients missed Debrief offer opportunity due to isolation and stay at home restrictions. Volunteers who are assessed as high risk will utilise this new model of our Service.

Volunteers assessed as at high risk to offer face to face Debrief can utilise the post Covid intervention model.

**The Debrief Template Tool**

The Debrief template was developed to provide a focus and guide for volunteers in their debrief conversations with patients and record the discussion. Having a paper form means that it is easy to photocopy and allows it to be shared with the patient and ward manager.

It includes the following questions:

* In your own words can you describe what happened?
* Prior to the incident can you think of anything that was making you particularly upset?
* Is there anything that would of helped prevent it from happening & could this be done in the future?
* Do you need any further support around this incident? (Advocate, informing relatives, pursuing a complaint)

These questions were initially put together by our then Lead for Reducing Violence and Aggression to try and ensure that were capturing important learning to stop incidents happening in the future but also that they were meeting the needs of the patient. They were checked with our Positive and Proactive Care Group of senior leaders and also by our volunteers with lived experience to ensure they were felt appropriate by both groups.

What is recorded on the form is checked with patients to ensure everything has been understood correctly and includes everything they want to share. This gives control to the patient about what is being shared and this is particularly important at a time when they may feel like that they have no control.

A copy of the form is given to the patient as this is their document, about their care and the project is just the conduit to enable their voice to be heard. Having a copy of the document would allow patients to challenge staff if they recognise that their voice is missing from their care plan, although I don’t think this happened.

If they have indicated wanting support around the incident they are given details about the independent advocate service and information about our advice and complaints service. The volunteers do not support with making a complaint. If relatives were to be informed this would be actioned by staff.

The Ward Manager or Charge Nurse will also receive a copy of the completed Debrief. This allows them to action the patient voice by ensuring anything relevant is incorporated into the patients care plan. They can also use the completed debrief in supervisions and team meetings to assist with staff learning and reflections.

A third copy comes back centrally to the Project Manager; they will run through the Debrief to understand the discussion that took place. They will collate any themes that have emerged and incorporate this in our learnings to share with our senior management group. They will also identify if any safeguarding issues/serious concerns are raised and flag these with the relevant Matron and Head of Nursing for Acute Services.

Initially the Debrief template form to record the discussion was a one page landscape document which had columns for completing the questions/discussion. As patients had a lot to say and share this didn’t work for volunteers and was very difficult to complete. So the form was amended to a two page portrait document with more space which was easier to use.

**Referral process**

Our referral process is automatic as we receive notification that a restraint incident has taken place via its recording on an electronic Incident reporting system. Once the incident is recorded on the system the VSM and Project manager receive an automatic email notification. This alerts us that a volunteer debrief is required and we start our process of contacting volunteers to check their availability to arrange. We liaise with our Clinical Governance team in order to be able to gain access and receive information for the relevant wards where we offer debrief.

In case an incident isn’t recorded for some reason or have been unable to offer a debrief we also have information posters about the Debrief offer and how to contact us up on the wards to allow patients to self-refer if they want to. Patients can refer themselves for a debrief via telephone or email. Once this is received would again be alerted that a volunteer debrief is required and we start our process of contacting volunteers to check their availability to arrange. We would then contact the patient directly to let them know the details of the debrief appointment as well as the ward. In this instance if we were unable to find a record of the incident on Datix (our reporting system) we would also contact our Violence Reduction Specialist & Reducing Restrictive Practice Lead to let them know a debrief was requested by a patient but not recorded as having happened on our system to follow up as necessary.

The process steps:

* Restraint incident notification received via email.
* PM/VSM contacts volunteers for availability
* PM/VSM matches/pairs volunteers and advises them of the details date/time/location
* PM/VSM contacts ward manager, or patient if self-referred, to inform date/time volunteers will attend
* PM/VSM prepare paperwork for volunteers including template with: incident number, date of incident, ward and patients initials. As well as copy of the incident report with patients name. The copy of the incident is not shared with patients, only the completed debrief template form.
* Volunteers collect and read through paperwork prior to seeing the patient
* Volunteers attend the appropriate ward and check with staff the patient is well enough to be offer a debrief.
* Volunteers explain the debrief opportunity to patients and offer.
* If accepted the debrief is undertaken with patients in a confidential space.
* The completed debrief is photocopied with one copy to the patient, one to the ward manager/charge nurse and one brought back to the PM/VSM.

The reason that volunteers offer Debrief in pairs is so that the patient can be given full attention at all times. One volunteer can engage in the conversation, maintain eye contact and open body language whilst the other volunteer is writing up what is being said. It is explained to the patients that we have two volunteers so that we can ensure that we don’t miss things and give them full attention whilst they share with them. For some patients on reading the initial incident you can get an idea of whether male, female or a combination of the two might be more appropriate for them.

**Steering Group**

The steering group was set up to include a range of our key stakeholders to the project. Senior leaders to show their buy in and the importance of the project. Clinicians to ensure we fully recognised how the project sits and supports within their relevant areas and to help us unlock any challenges faced clinical areas. Quality Improvement colleagues so that we were following the trusts recognised systems and framework for improving quality across the organisation. Volunteers with lived experience as they deliver the intervention and if we didn’t have them the project wouldn’t exist. Volunteers also ensure that with their lived experience the patient voice remains at the centre of the project. Finally the Project Manager and Voluntary Services Manager who manage the day to day running of the project and the data collection and learning sharing.

**Marketing and Communications Plan**

At the start of the Restraint Debrief Volunteer offer we didn’t have an embedded marketing and communications plan but on reflection it’s key to ensure that staff understand the project, to allay any fears about the project, answer questions and ensure they understand their part in it. We now this in place. We visit the Wards staff business meeting and a patient community meeting prior to starting on a new ward and go back to wards where we already offer debrief to provide learning from the project and awareness of the project to new staff and patients. This allows more effective and open communication channels with both staff and patients.

**Budget**

In addition to the Voluntary Services Manager post the funding we received from Helpforce has enabled us put in place a Project Manager. The Project Manager generally looks after the day to day running of the Debrief service, supports the debrief volunteers, enables the collation the value learning from patients voices to share with colleagues, checks that the patient voice is reaching their care plan and allows us to measure the impact of the intervention.

A co-ordinator or project manager post has proved essential in scaling the debrief offer as the VSM has responsibility for managing and growing the whole trust volunteer service and lacks the resource and capacity to do everything that is required. As a result C&I are planning to have this co-ordinator type post made permanent.

Having budget for an administrator has also allowed us to quicken up our recruitment process and support applicants with lived experience through the process. It also helps us build more supportive and stronger relationships with volunteer applicants coming through. We also plan to have some administration support going forward to continue this.

Finally we have also set up Reflective Practice sessions with our Lead Psychologist for volunteers to ensure that they have space outside of the steering group and management support mechanisms where they can talk about their experiences together in a safe space. It’s a confidential space but if they want information from these sessions to feed in to other areas they can agree this between them. As our debrief volunteers are discussing such sensitive subjects with patients and things that might be triggering for them these session are essential for helping us support volunteer wellbeing. We will continue with these and our Lead Psychologist will be building this into their teams work going forward as well as picking up individual sessions if there becomes a need for this.