**Camden and Islington Trust**

**Restraint Debrief Service**

**Background and context**

The National Institute for Health and Care Excellence (NICE) guidelines [NG10] Violence and aggression: short-term management in mental health, health and community settings and [CG136] Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services state that debriefings should occur after the use of a restrictive intervention to manage aggression in inpatient psychiatric settings. The debriefings allow issues of physical harm and the emotional impact on service users (SU’s) or staff following a restrictive intervention to be addressed and on-going risks to be identified and managed.

Camden & Islington NHS Foundation Trust (C&I) has offered debriefing of this kind to SU’s for some time but recognised that uptake has been low when a debrief is offered by staff. The feedback we received was that a lot of patients did not want to discuss these incidents with members of staff for fear of causing offence or future care being affected. They are often upset, angry and traumatised by their restraint experience and so this can make relationships between patients and staff difficult.

Here at C&I we have previously used SU volunteers to help collect SU feedback in other areas. This led to higher returns of feedback with many SU’s reporting feeling more comfortable and at ease providing such information to volunteers. We also recognised that using volunteers with lived experience of mental ill health may result in them being better placed to empathise with SUs. We consulted with several of our SU volunteers, some of whom had previously been restrained themselves, about the idea of providing debriefing sessions for patients with volunteers. They fully supported the idea. A proposal was subsequently put to our Director of Nursing who agreed that a pilot project be trialled.

The pilot project was started on two wards with just two volunteers. It was decided that volunteers should undertake ‘Conflict Resolution & Breakaway Training’ from a safety perspective for volunteering on our wards with patients who had demonstrated violence and aggression. It was also determined that they should undertake our ‘Positive and Caring Environment Training’ which staff also undertake which covers:

Awareness of guidance around restrictive interventions.

Identifying restrictive interventions in our practice

Identifying individuals at risks of restrictive interventions

Understanding clinically challenging behaviour

Have an understanding of ‘Safe wards’ and how it applies to practice

What to include in a behavioural support plan BSP

NEWS physical health monitoring following rapid tranquilisation

Alternative injection sites training

After Action Review AAR in practice

Volunteer debrief process and practice

The introduction of the Restraint Debrief offer with volunteers was very successfully received with patients commenting on it being a helpful intervention and that they were able to see that the relevant points coming from the debrief discussion were actioned and they saw the changes to their care plan in action. We were able to obtain valuable information from patients that we didn’t have previously, which allowed us to give more patient centred care. We were also able to identify themes from patient’s responses and share these with senior leaders so they had a better understanding about what was happening from a patient’s perspective. With this in mind it was agreed we should continue to scale the offer to include more wards. We did this over a period of about 16 months expanding to an additional 6 wards, bringing the offer to a total of 8 out of 11 wards. This was covered by 6 volunteers, but it was recognised that we needed to recruit more volunteers in order to reach more patients as we were unable to reach every patient that experienced restraint with the numbers that we had.

Scaling the project

Since the Trust secured funding and the support of Helpforce we have been actively working in a number of areas to scale our innovation internally.

Steering Group Committee

The Trust set up a Volunteers Debrief Steering Group at the start of the project which comprises of the Voluntary Services Manager, Debrief Project Manager, Quality Improvement Coach, Violence Reduction Specialist & Reducing Restrictive Practice Lead, clinical colleagues and project volunteer representatives. The project volunteers are an important component of the group as they are ones delivering the intervention and building the relationships with the patients that the intervention serves. They also bring their valued lived experience to the group.

This Steering Group meets on a monthly basis and discusses the project progress, updates, reflections and challenges, seeking to find potential solutions and so to keep the project on track.

When we started the project our innovation was offered on 8 out of our 11 acute inpatient wards. Initially the Steering Group agreed that we would hold off scaling up to our remaining wards so that these could be used as a control group to compare against the wards where Debrief was already on offer. This has allowed to measure the impact the debrief intervention in a way that we hadn’t been able to previously permitting us the opportunity to compare wards where debrief wasn’t offered with those where it was. This has been really valuable and shown that the volunteer debrief intervention makes a significant impact in allowing us as a Trust to gather learning and preferences of patients and include evidence of this in care plans for much more patient centred care.

In December 2019 the Steering Group agreed to commence the Debrief Offer on the remaining wards from January 2020, aiming for one new ward per month. We now have a much more robust plan for introducing the Debrief offer to any new wards, having had time to reflect on what we have learnt so far. We now meet with the relevant Matron & Ward Manager, attend business meetings with staff and community meeting with patients prior to starting. This has led to much more successful and easier starts with all parties to be able to ask any questions or raise any concerns, resulting in increased understanding of the benefits of the service, why it’s important and how it benefits everyone involved. We are having at least a month to embed the service in each ward ensuring we have time to address any hiccups and plenty of time to arrange space at the required meetings before commencing on the next ward.

Volunteers

Our Debrief volunteer numbers have increased over the duration for the project from 6 up to 13. The impact of this rise in Debrief volunteers has resulted in increased hours available and thus increased numbers of Debrief offers to patients experiencing a restraint. Increased Volunteer numbers has also allowed us to increase the offer to include wards where Debrief has not previously been provided.

There are a total of 8 volunteers ‘in process’ and expected to join the project going forward, which would the take us to 21 volunteers having been recruited to the project.

The Volunteer Management section provides details of our recruitment approach to scaling.

Patient Engagement

At the very beginning of the project and before our Helpforce funding the Voluntary Services Manager introduced the project to patients at Community Meetings held on the wards. This happened as a one off event and therefore didn’t capture the change of patients on a more ongoing basis. Therefore the only information for patients was a Debrief poster on the ward and the details communicated with patients when Volunteers attended to offer an actual Debrief.

Since taking the project forward with the support from Helpforce we have created the space to reflect on what has and hasn’t worked well previously. So we now periodically arrange for Debrief Volunteers to attend patient Community Meetings to inform patients about Debrief offer and enhance our patient engagement.

We now arrange for both Volunteers and the Project Manager to attend a Community Meeting on any new wards where the offer is being introduced, shortly before commencing Debrief on that ward.

The Community meetings provide a good opportunity to raise awareness of the Volunteer Restraint Debrief role and also volunteering opportunities to all in-patients wards. And we also work more in collaboration with the Occupational Therapy department to promote our innovation.

Having our Volunteers as part of our Steering Group also means that we capture the feedback they gather from patients and share with us. As some of these volunteers have been or still are patients they ensure the patient voice is at the centre of what we do within the project. It was noted that on some occasions patients voiced that they still felt the Volunteers were ‘part of the system’ as they were wearing an NHS lanyard and therefore maybe not impartial. This led us to purchasing new Volunteer Lanyards in yellow in order that patients can more readily distinguish between staff and Volunteers. This appears to have helped avoid this confusion for patients and created clarity regarding of the Volunteers role being independent to the ward and NHS system.

Staff Engagement

Again on reflection, at the outset of the project our staff engagement about the Volunteer Debrief offer was limited and consisted of an email sent to the Ward Manager to let them know we would be starting. We were reliant on the Ward Managers to forward on and from it to have gleaned enough about the project to address any staff questions. This resulted in some staff becoming concerned about introduction of the project and thought that it might be ‘used against them’ in some way or used to ‘check up on them’. This led to the Volunteers and the Voluntary Service Manager having to spend considerable time allaying staff fears and ensuring they understood how the offer benefits both them and patients.

We have been able to take these learnings to ensure that we engage staff prior to commencing on new wards. We have used the ward Business Meetings to do this, where we share information about the project; how it will benefit them and patients, its processes, paperwork and key learnings. This has proved successful so far on our introduction to Rosewood and Dunkley Wards. The Project Manager has also attended the Business meetings on Coral and Opal wards to maintain staff engagement on wards where the Debrief is already imbedded. The Project Manager continues to liaise with ward Managers on all acute in-patient wards where the Volunteer Debrief offer happens to share the data and learnings from restraints. This is an ongoing publicity and promotion processes, to refresh awareness of the aims of the project, sharing restraint debrief learnings and relevant Volunteer reflections.

Our staff engagement was also enhanced with the Restraint Debrief Volunteer Team winning a Trust C&I Star Award. Resulting in some staff saying ‘Here comes the award winners’ when Debrief Volunteers visited the wards. It is felt this also helped to raise recognition of the project amongst staff. So ensuring volunteering is prominent in the organisation is key. Additionally through collaboration with our ICT and Communication teams, a screen saver about the project including Volunteer photos, where their faces became familiar to staff, proved successful.

Systems for measuring and sharing impact

Prior to our engagement with Helpforce we didn’t have in place robust systems for measuring the impact and effectiveness of the Debrief intervention. But being able to recruit a Project Manager for the innovation has allowed us to put these systems in place.

Hearing the patient voice through Care Plans and Behavioural Support Plans

The Project Manager checks Care Plans and Behavioural Support Plans to see if learning from the Debriefs completed with Volunteers, where appropriate, is captured and embedded in the patients care and support plans. This is captured in the data collected for the project.

We have been able to use the wards where Debrief wasn’t offered during the first 6 months of the project as a control group and check in these care and support plans to see if learning post restraint was evident. The outcome of this was that we found was no apparent evidence of learning following a restraint incident or record of a staff debrief with patients evident in the care or support plans.

This has allowed us to demonstrate the value of the Volunteer Debrief innovation, which shows significant evidence of learning incorporated in care/support plans from Volunteer Debrief on the wards where this is offered. This ranges from 18%-57% of patient records where a Volunteer Debrief was completed showing learning has been incorporated. In comparison with 0% of patient records, on wards where Volunteer Debrief was not offered, showing any learning following restraint.

Additional systems in place to introduce the project to new wards allow us to ensure that staff are made aware that they should be capturing and incorporating learnings from Debriefs into care plans.

All of this supports our delivery of more patient centred care.

Hearing the patient voice within leadership

Prior to the project Senior Leaders recognised that as a Trust we weren’t capturing the patient voice/ experience of their restraint, and the valuable learning this could provide via staff offering and completing Debriefs with patients. Patients were regularly declining a Debrief offer with staff and as a result we were not meeting NICE guidelines requirements, [NG10] Violence and aggression: short-term management in mental health, health and community settings and [CG136] Service User Experience in Adult Mental Health: improving the experience of care for people using adult NHS mental health services. The expansion and scaling up of the project has allowed the patient voice to be heard in a meaningful way, with richer data and information able to be fed into senior leadership forums so that positive changes can be made to policy and procedures where appropriate.

Our Positive and Proactive Care Group, a meeting of senior leaders working together to reduce violence and aggression and restrictive practice across the Trust, we now have a regular slot for the Restraint Debrief Project in their meeting agenda. This allows the group members to hear our patient voices, the data and themes collated, volunteer reflections and key learnings from the project. It has become an integral part of our systems.

Hearing the patient voice through training

In the course of the project the Trust has recruited a new Violence Reduction Specialist & Reducing Restrictive Practice Lead. This person has joined our Steering Group and has been extremely impressed with the project: how it meets the NICE guidelines, incorporates the lived experience volunteers and the richness of the learning captured. As a result he is now assimilating the Debrief narratives collected in his training sessions with staff.