Document Title	Positive and Safe Management of Post incident Support and Debrief			
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Review Date	Jan 2019			
Version number	V01			
Review and Amendment Log	**Version**	***Type of change***	***Date***	***Description of change***

This policy supersedes:

Document Number	Title
	New Policy

Positive and Safe Management of Post incident Support and Debrief

Appendix No:	Description	Issue No:	Issue Date	Review Date
Appendix 1	Immediate Debrief Form (example)	**1**	**Jan 18**	**Jan 19**
Appendix 2	Full Debrief Form (example)	**1**	**Jan 18**	**Jan 19**
Appendix 3	Debrief Incident – Flow Chart	**1**	**Jan 18**	**Jan 19**

1. Introduction

Northumberland Tyne and Wear NHS Foundation Trust (the Trust/NTW) does not accept the occurrence of incidents of aggression and violence, and the restrictive interventions required to manage such incidents, as inevitable in our mental health and learning disability services. We aspire to eradicate aggression and violence, self-directed and towards others, from our services by implementing an organisational strategy that enhances our understanding of the causes and allows us to progress the interventions necessary to promote a service that is safe for our patients, staff and the wider community working together with stakeholders to achieve this goal.

NTW Positive and Safe Strategy

2. Purpose

All patients and staff will have access to post incident support and debrief following every occasion, where there has been a use of a tertiary intervention or significant other event.

The following policy has been developed to ensure consistent procedures are in place to provide support for staff, service users and others following incidents. This guidance should be utilised following incidents of self-harm, aggression, violence and/ or the use of tertiary intervention.

Seclusion and/or restraint (S/R) should only be used in the face of imminent danger and when unavoidable. S/R may cause trauma or re-traumatisation in an already vulnerable group and may also cause trauma, stress and injury to staff. The use of force or coercion is a sign that treatment should be reviewed and alternative strategies developed.

3. Duties accountabilities and responsibilities

Roles and responsibilities:

- NTW clinicians must ensure the involvement of the patient in all post incident support /debriefing activities either in person or via an intermediary, where a patient has been involved. If a service user declines to be involved it should be recorded within the clinical record and revisited when deemed appropriate, where involvement has been declined

- A rota should be drawn up identifying who will act as the designated staff member who will coordinate post incident support/debrief

- Staff who are part of the debrief team will have taken part in training

- The debrief team will comprise all members of the MDT and where possible senior managers

- The immediate post incident designated member of staff must ensure the situation has been made safe, including any witnesses to the incident and carry out necessary follow-up work and complete documents

- Wherever possible senior clinicians and managers will be involved in full debriefings.

4. Process

If a tertiary intervention occurs the Nurse in Charge (NIC) will notify the designated member of staff (wards will have a copy of the debrief rota). The designated member of staff will carry out immediate post incident support/debrief. If the tertiary intervention occurs at a time outside of the rota then the Nurse in Charge (NIC) will notify the Point of Contact (POC) or Night Coordinator. Every effort should be made to involve the service user in post incident support and debrief. This should include, in addition to the use of visual debrief or other form of communication aid. Wherever possible parents, carers and significant others should form part of a comprehensive/post incident/debrief process.

4.1 The designated member of staff will decide whether the incident should be referred for a full debrief. The grounds for this decision are discussed below.

4.2 If the incident reaches threshold for a full debrief a full debrief is carried out.

4.3 Relevant data is utilised by the debrief team (discussed below), who ensure that actions take place, are followed up and that the MDT are made aware of lessons learned and action any relevant changes to the care plan.

5. Immediate Post Incident support

A rota of debrief staff will be made available to wards and the admin team. Where an incident of S/R occurs the NIC should call the identified MDT member at the first opportunity. The identified MDT members' first task is to ensure that all people involved are safe, to assist in returning the ward to a pre-crisis state and to ensure that ward procedures are being followed. The Identified member of the MDT will carry out a series of interviews and gather other data making use of the forms provided (please see Appendix 1 & 2).

5.1 Does the incident require a full debrief?

- The member of staff carrying out the immediate debrief will need to consider whether or not to refer the incident for a full debrief. If a full debrief is indicated then the member of staff must inform the multi-disciplinary team. A rota system will allocate the manager or clinician who will oversee the organisation and administration of debrief

- If uncertain, the allocated member of staff should consult another member of the debrief team to discuss the incident and decide together whether or not this incident requires a full debrief. Where the decision is made not to pursue a full debrief a reason must be stated on the form for this decision

5.2 Factors indicating a full debrief is required:

- Someone was hurt
- Seclusion was used
- There has been a pattern of incidents involving the same person
- The restraint was prolonged
- There are lessons to be learned
- The service user, carer or member of staff, where appropriate, wishes this to happen.

6. Full Debrief

The aim of the full debrief is to develop a comprehensive understanding of a single incident, to place the incident within the wider context of the person's care (physical environment, their treatment, staffing, their pathway etc) and to bring about actions that will reduce the likelihood of further incidents. The debrief should take place as soon as possible following the incident and no later than two weeks following the incident.

6.1 The full debrief forms the initial part of the PDCA cycle:

- Plan: define the problem, work out antecedents and potential solutions, devise an action plan
- Do: implement the plan
- Check: evaluate the implementation through agreed measures
- Act: consider wider implications – policy change, system change

6.2 The Do, Check, Act components of the cycle will be described in the action plan. This may include various aspects of the unit system including the Clinical Team Meeting, the Clinical Operations Group, or group quality or business meetings.

6.3 Personnel involved in the full debrief:

- It is recommended that a professional note taker is employed to record responses in order that the chair can concentrate upon the content and management of the meeting.
- The patient should be present. They may wish to be accompanied or represented by a peer support worker or advocate. Their consent should be sought and their participation supported in any way indicated.
- The full debrief should be carried out by a senior member of staff or from the wider trust (e.g. Clinical Manager, Medical Director, Senior Nurse, etc.). The person leading the debrief needs to be skilled and knowledgeable about the common steps in the process of a behavioural escalation that leads to the use of S/R and opportunities for effective staff interventions to de-escalate or as a last resort utilise if S/R as necessary, to avoid injury and minimise trauma.
- The staff on duty at the time of the incident should be present – or if they are unable to attend in person, their attendance by telephone or video link should be supported; their written account should be made available.

Every effort should be made to include agency and bank staff and staff who may have attended the incident.

- The designated member of staff who responded to the incident should be present.

6.4 The content of the full debrief can be found in Appendix ii: It is the responsibility of the manager or clinician overseeing the full debrief to ensure that an action plan is developed and to convey the contents of the action plan.

6.5 The outcome of each debrief should be communicated back to the patient and or carer irrespective of whether they agreed to be part of the initial process.

6.6 Where an after action review is required this will suffice as a full debrief but must take into account the framework set out within this policy.

7. Training and Support

All staff who are identified as part of the debrief team and who are on the debrief rota require basic training on how to effectively take part in the debrief process. This training will include the following information:

- The purpose of debriefs, the philosophy of debriefing and helpful attitudes
- The administrative process of the rota, the procedures and the paperwork
- How to carry out debriefs including as much role-play / modelling as necessary; this may include staff who are new to the rota shadowing more experienced staff
- Information on the way in which debriefs should influence treatment planning, policy, rules, procedure.
- The supervision component for the team is highly important and is one of the function of the debrief team meeting. The need for such should be identified by the local team.

7.1 Directors, Associate Directors, Senior Nurse, Clinical Managers

Each locality should ensure all clinical areas comply with the policy and develop systems to monitor both compliance with the trust standard and analyse themes emerging from the post incident support /debrief process at Director level.

Any action plans developed as a result of the debrief process should also be monitored to ensure lessons are learned and embedded in practice.

Each locality group should provide regular updates to the Trust Positive and Safe Strategy Implementation group via the identified representative.

8. Administration

The paperwork carried out as part of the 'immediate debrief' should be completed by the clinician or manager identified on the debrief rota. This information should be recorded legibly.

8.1 For the full debrief a professional note taker should be used.

8.2 This paperwork should be forwarded to the appropriate identified group support officer, a monthly report of themes identified must form part of the appropriate group quality assurance structure.

- Number of immediate and full debriefs.
- Reasons for not proceeding to full debrief.
- Individuals involved, patient and staff.
- Any patterns / trends in the data (and evidence to support this).
- Actions identified (tagged to specific incidents).

9. The Debrief Team Meeting

This is a meeting of staff involved in delivering debriefs to maintain the team and its members in their task and ensure fidelity to the model.

- This meeting should take place on a regular basis.
- It should be chaired by the most senior member of the MDT available.
- All members of the debrief team should attend this meeting.
- Senior clinicians and managers who are not part of the debrief rota should attend this meeting where possible.
- The team should utilise the completed reports and examine them thematically.

9.1 The main purpose of the Debrief meeting is twofold 1) to ensure the Do and carry out the Check and Act components of the PDCA cycle, 2) to ensure the debrief strategy is effective and sustainable. This will include:

- Have clear S (Specific), M (Measurable), A (Achievable), R (Realistic), T (Time-frame) recommendations been identified – **SMART**.
- Are the recommendations being implemented?

- Provide resources and direction where recommendations have not been implemented (this should include appropriate measurement of any new intervention and that a feedback mechanism has been identified)

- To identify where policy and procedure requires amendment and act decisively to bring about changes at a ward, unit and organisational level

- To provide feedback to patients, carers, parents, staff, peer and advocates regarding the key finding of debriefs and the actions put in place to remedy identified problems. Feedback should include data on the number and type of incidents in the unit and the number of debriefs provided

- To ensure that the running of the debrief process is taking place effectively, that there are sufficient staff available to deliver debriefs, that appropriate levels of training and support are available.

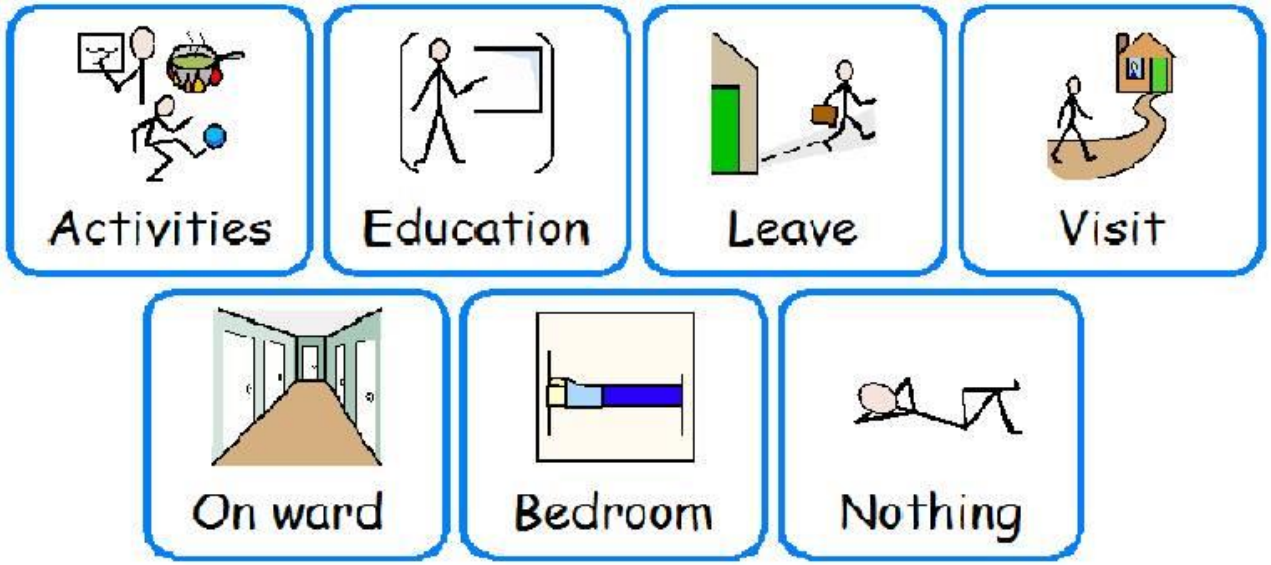
Post Incident Debriefing

Offer the Patient
"What do you want to talk about in this debriefing?"

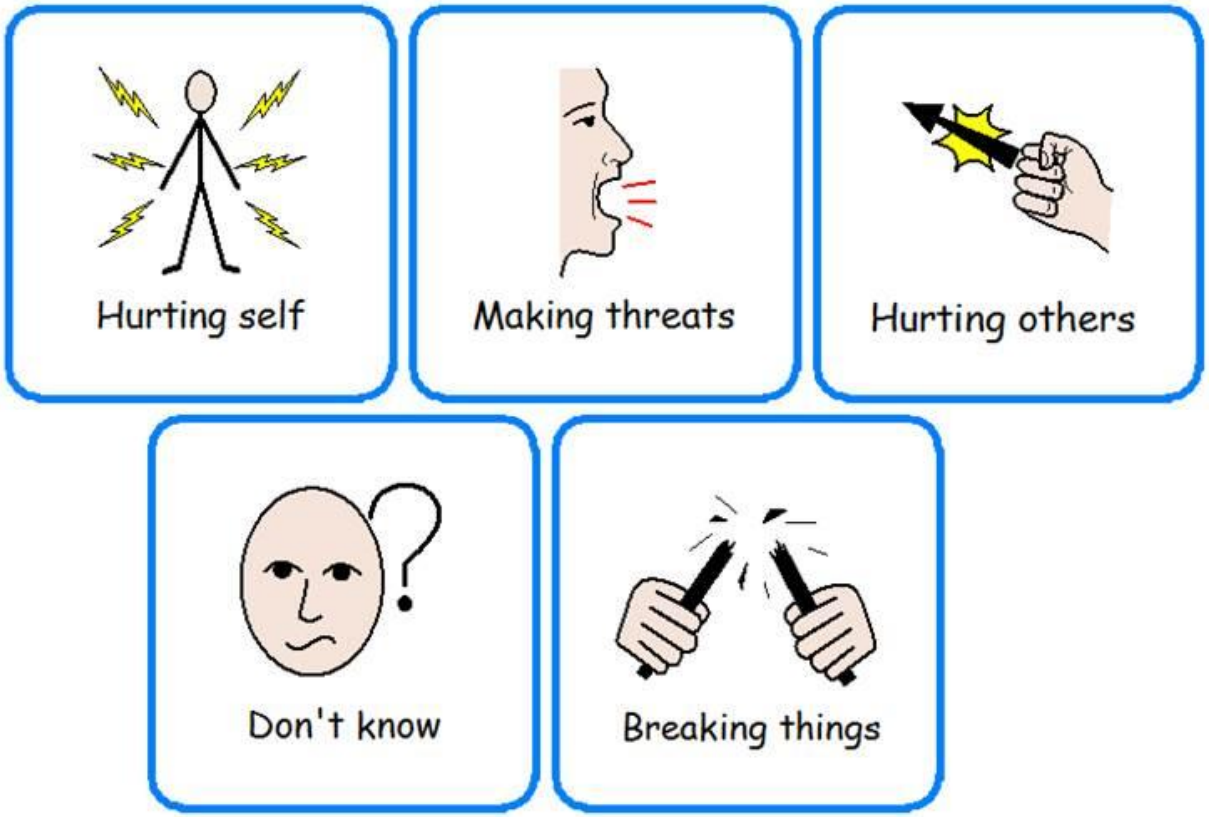
Explain why we need to do a debriefing

Before the incident

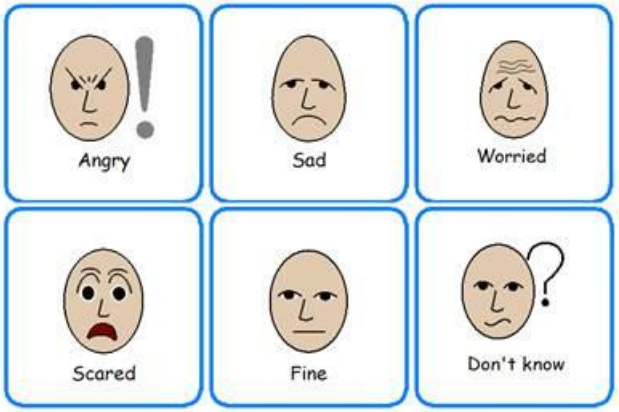
1. What sort of things were you doing that day?



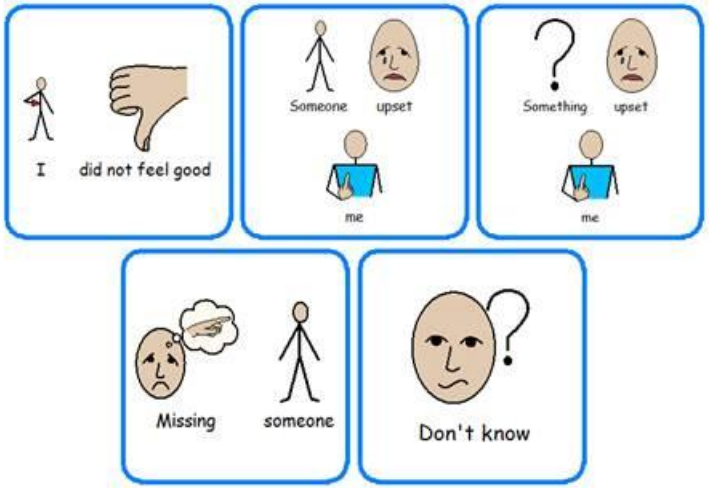
2. Can you remember what happened before you were restrained / secluded?



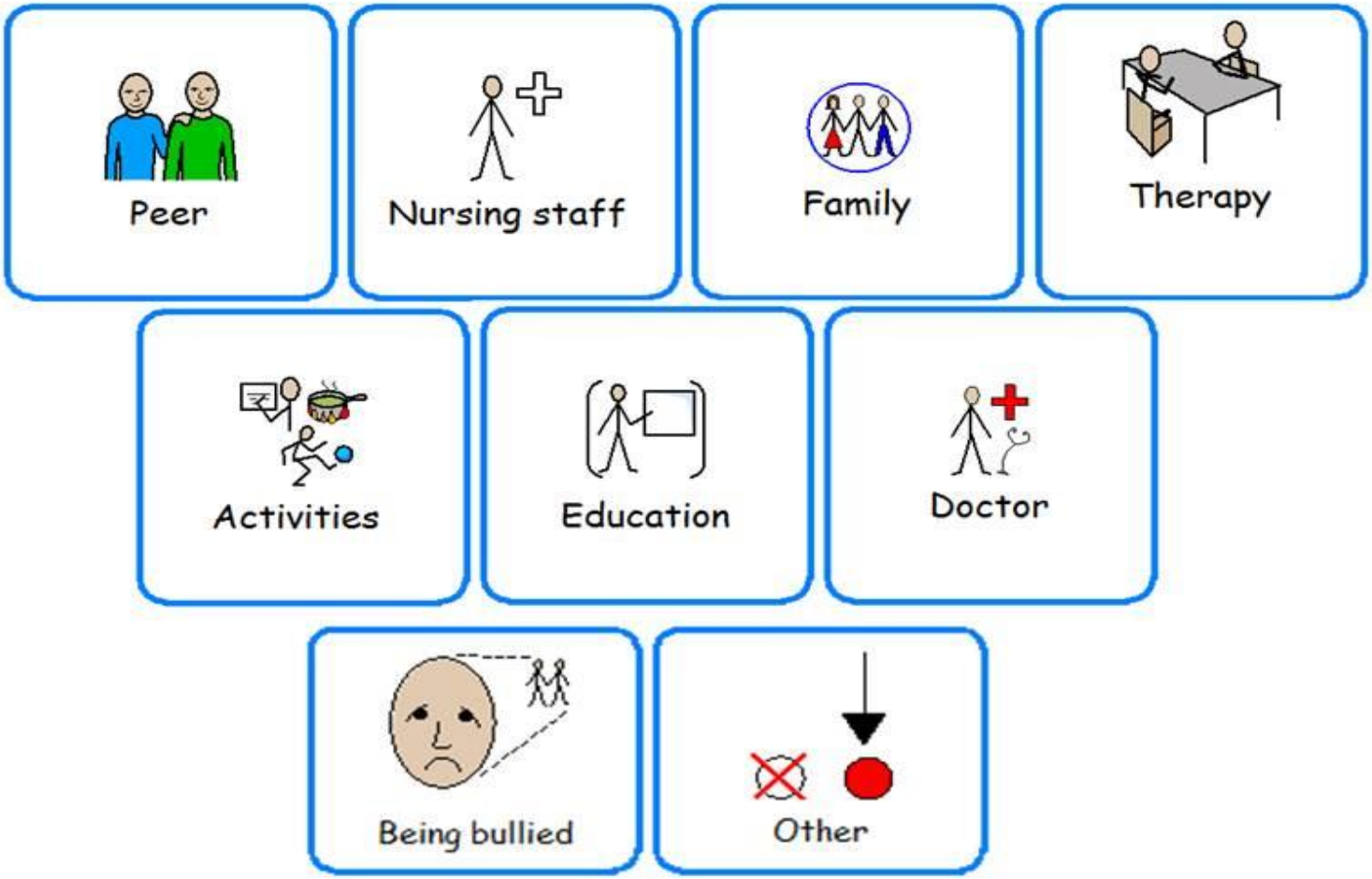
3. Can you remember how you were feeling?



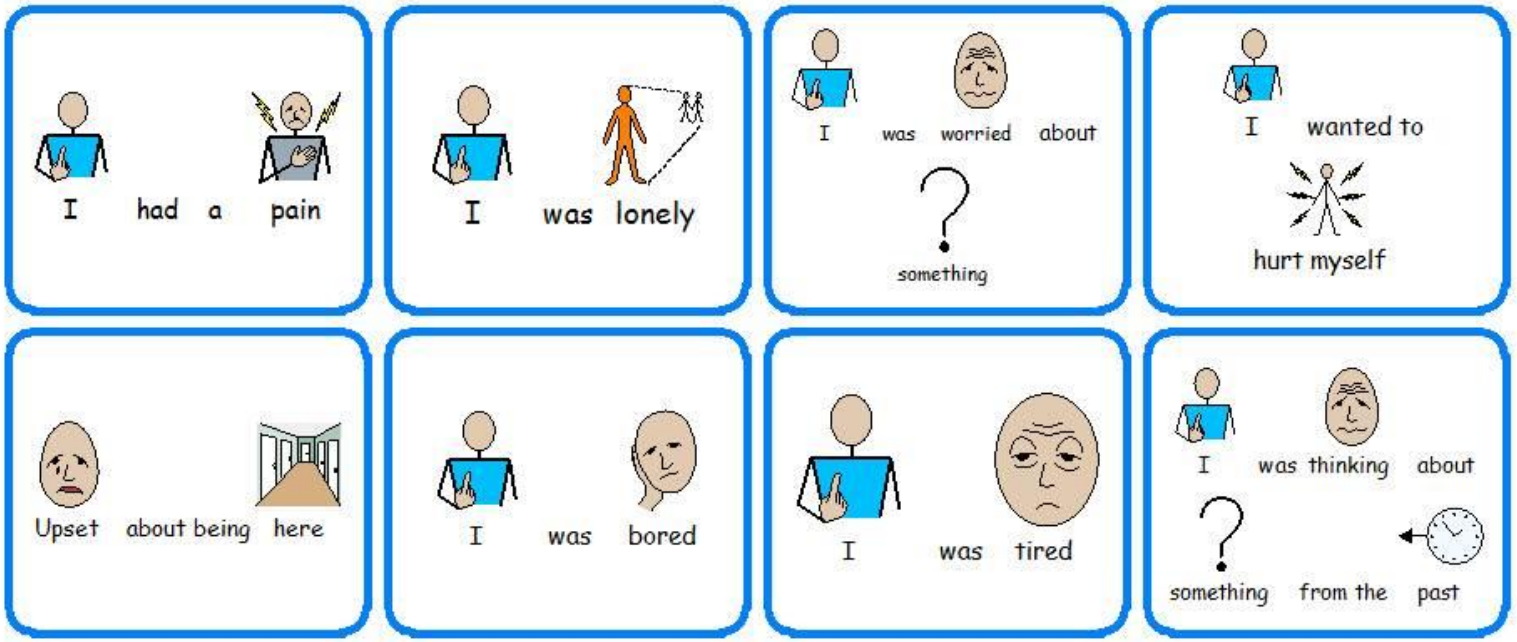
4. Do you know why you were feeling this way?



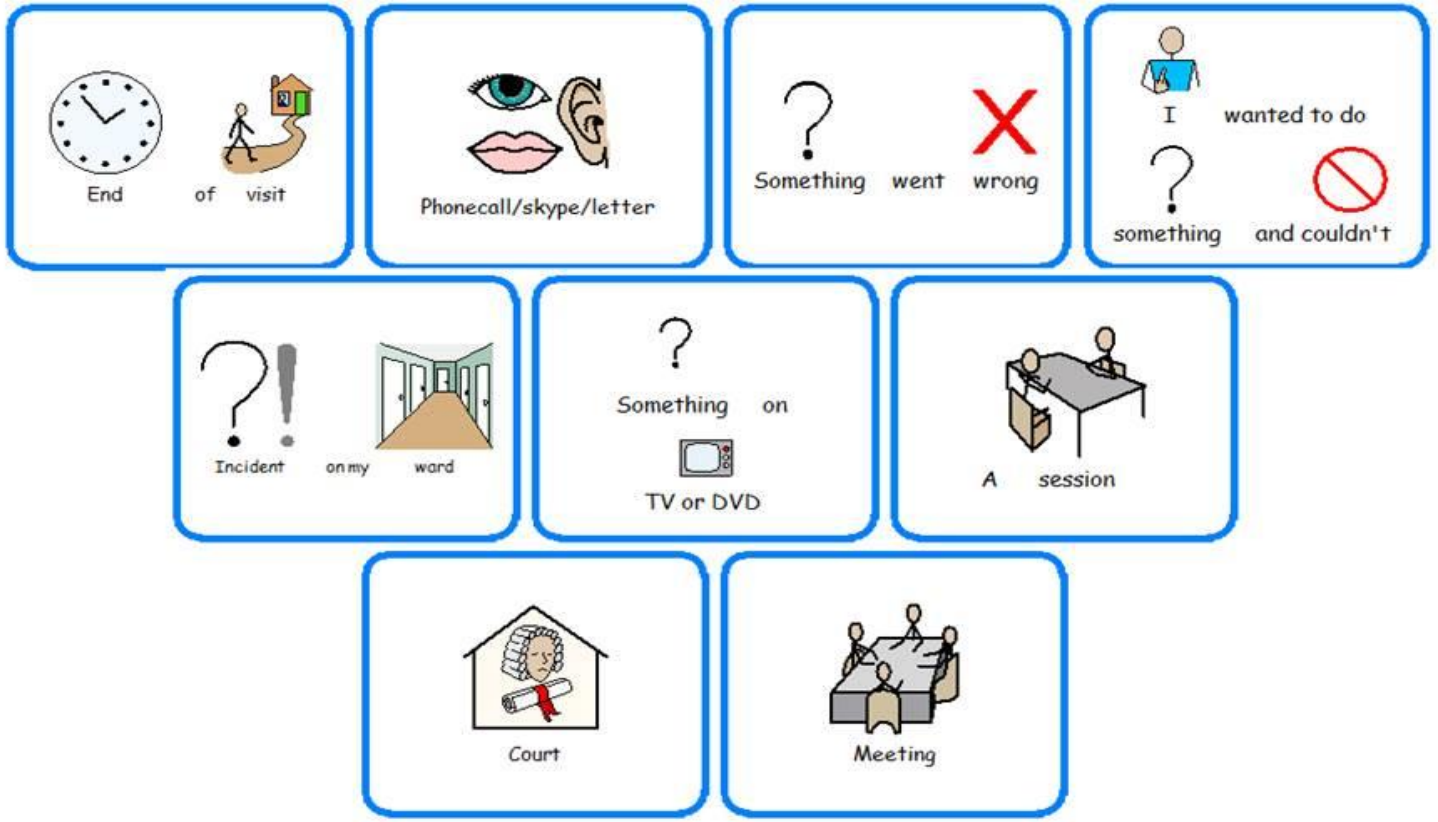
Someone upset me...



I did not feel good because…



Something upset me...

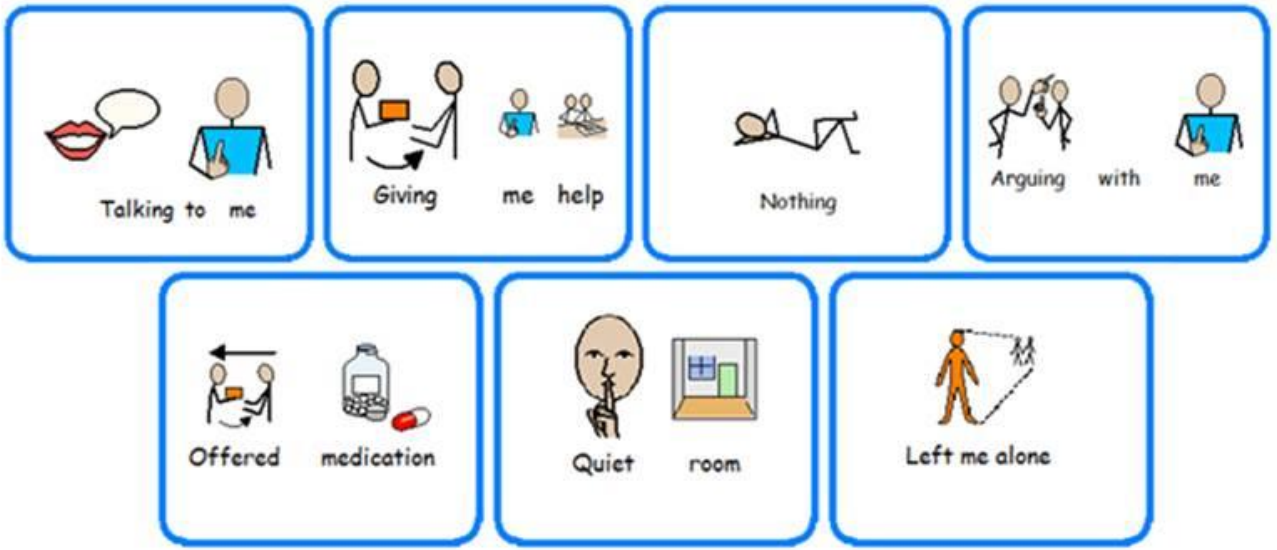


(If **yes** to answer 4 confirm feeling and triggers)

5. So you felt.....

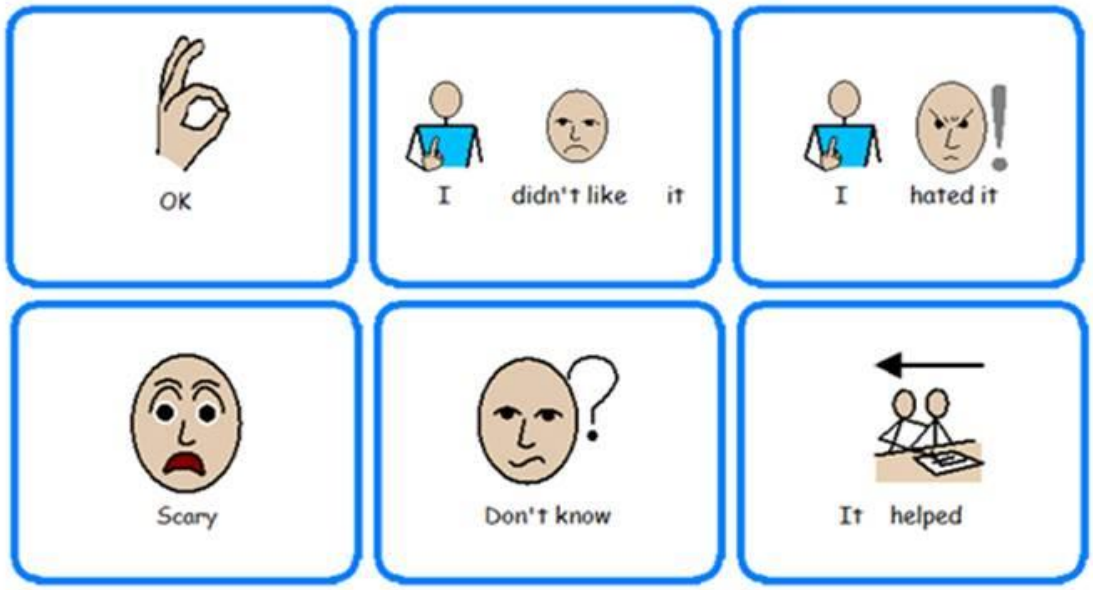
When.....

6. What were staff doing with you before the restraint?

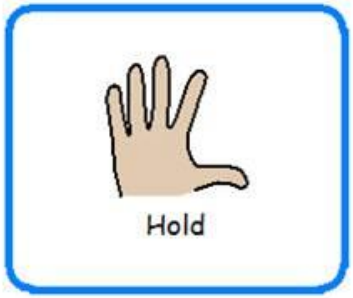


During the incident

7. What did you think about the **restraint**?



8. What was ok/not ok about the restraint?

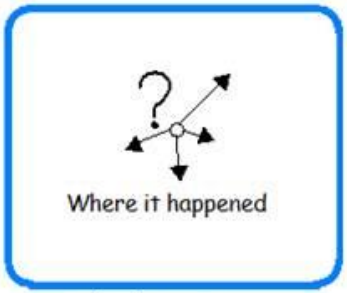


OK ☐ Not OK ☐

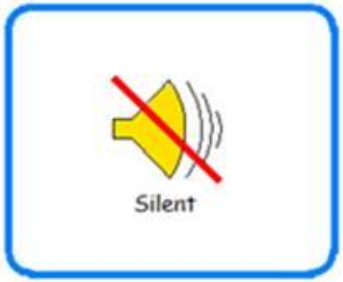
OK ☐ Not OK ☐

OK ☐ Not OK ☐

OK ☐ Not OK ☐



OK ☐ Not OK ☐



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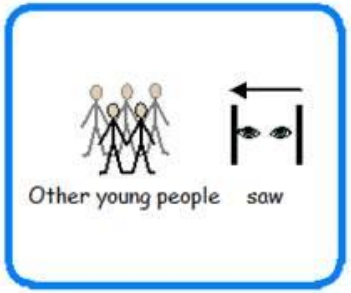
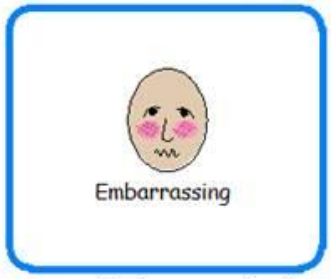


OK ☐ Not OK ☐

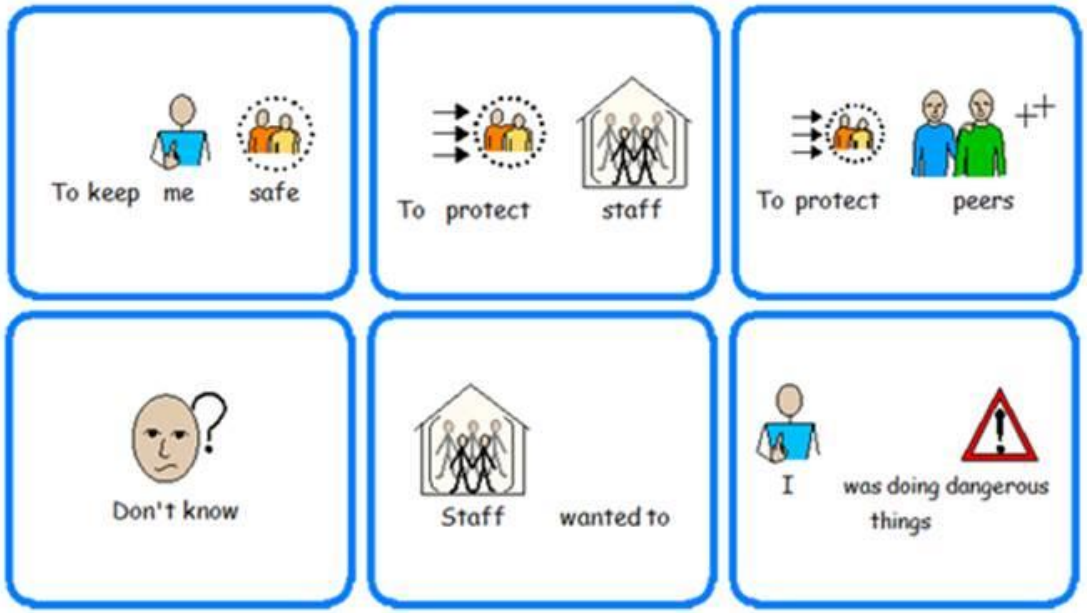


OK ☐ Not OK ☐

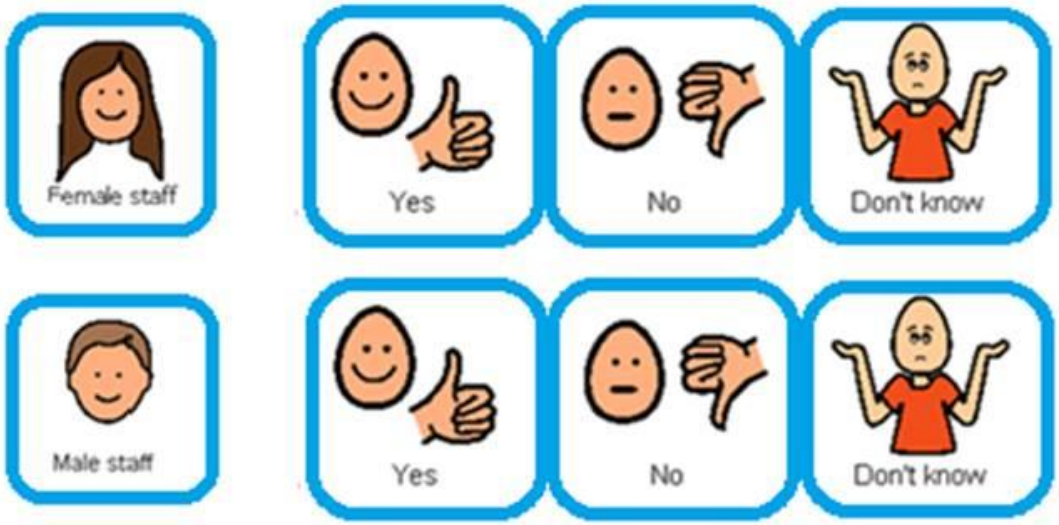
OK ☐ Not OK ☐

OK ☐ Not OK ☐

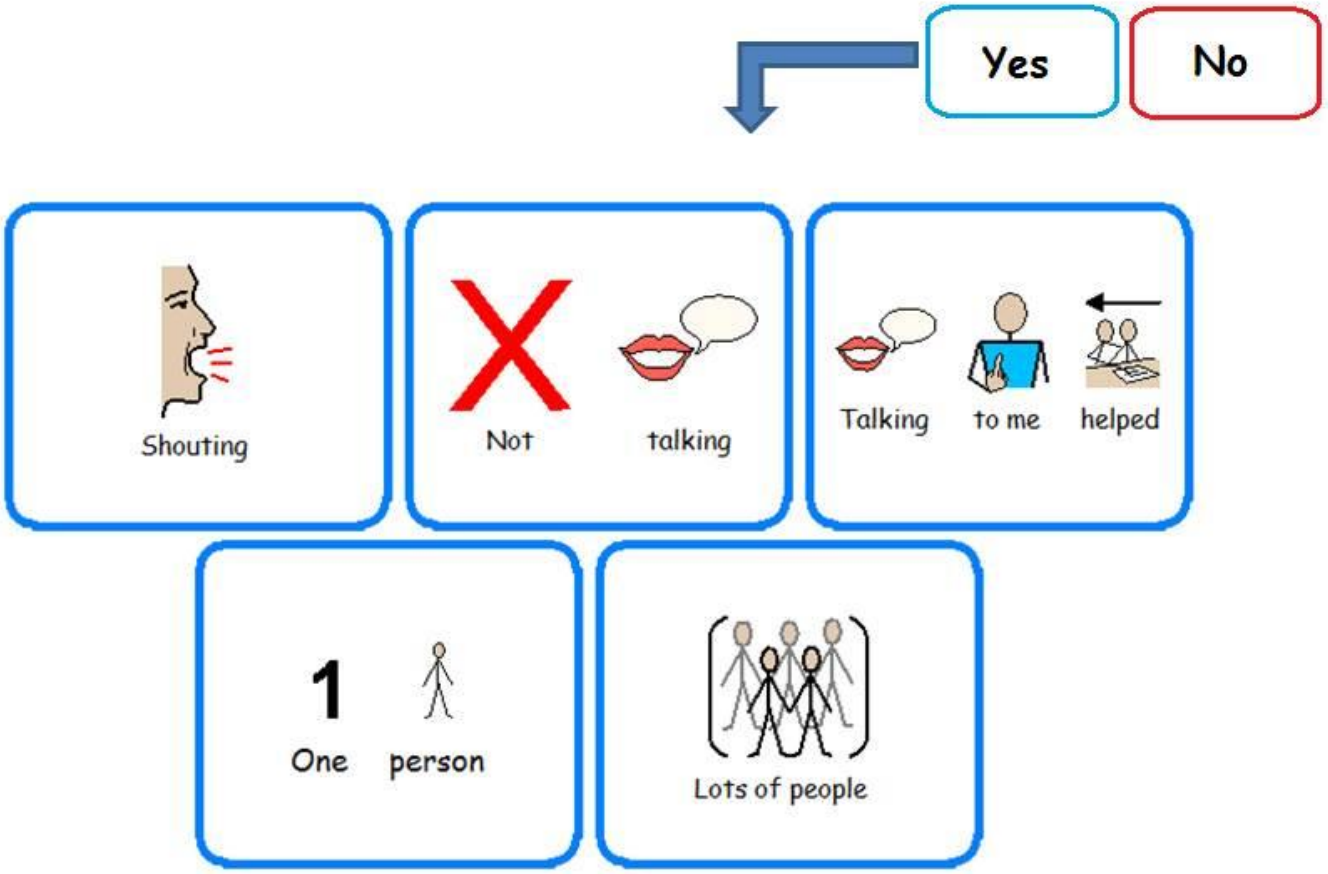
9. Why do you think you were restrained?



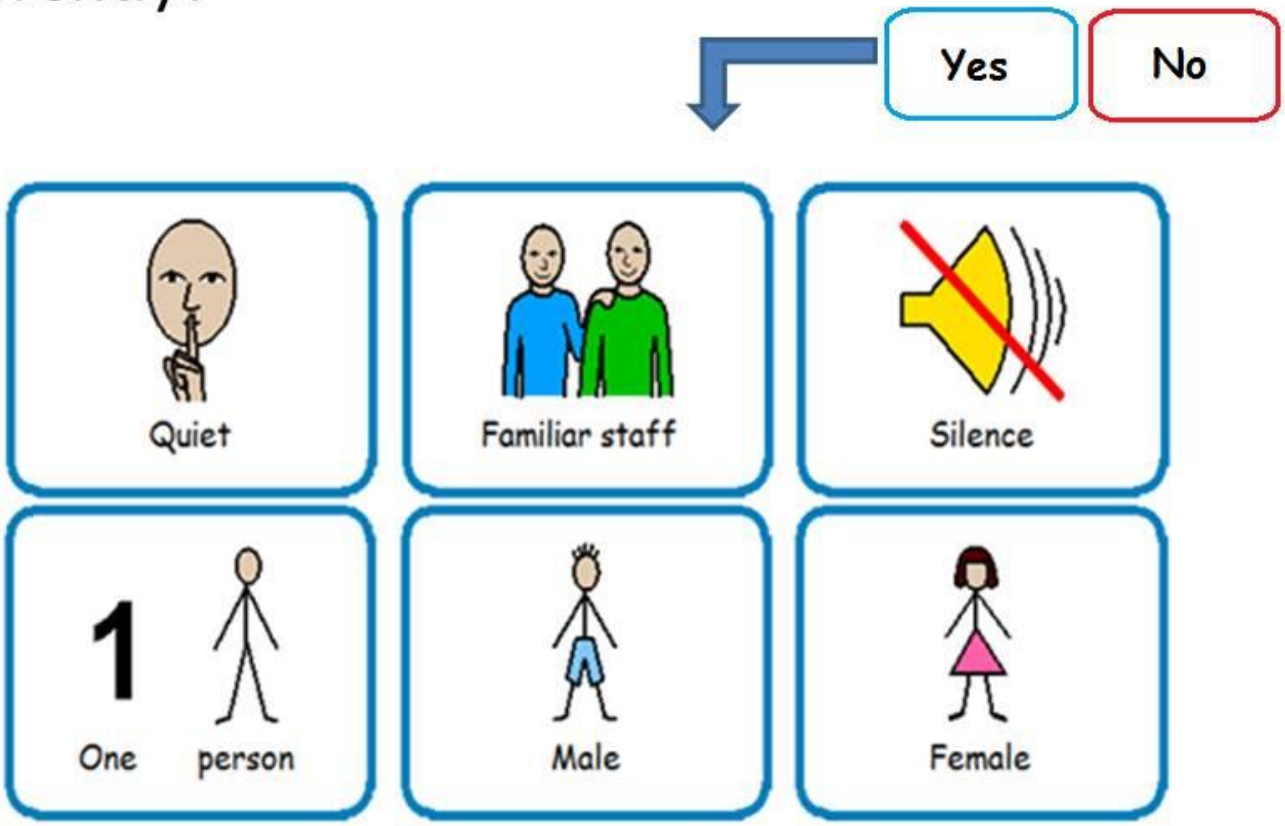
10. What did you think about males or females being there?



11. Can you remember staff speaking to you?



12. Would you like staff to speak to you differently?



13. How were you held in restraint?


On your front


On your back


Arm holds sitting


Arm holds standing

14. How would you like to be held?


On your front

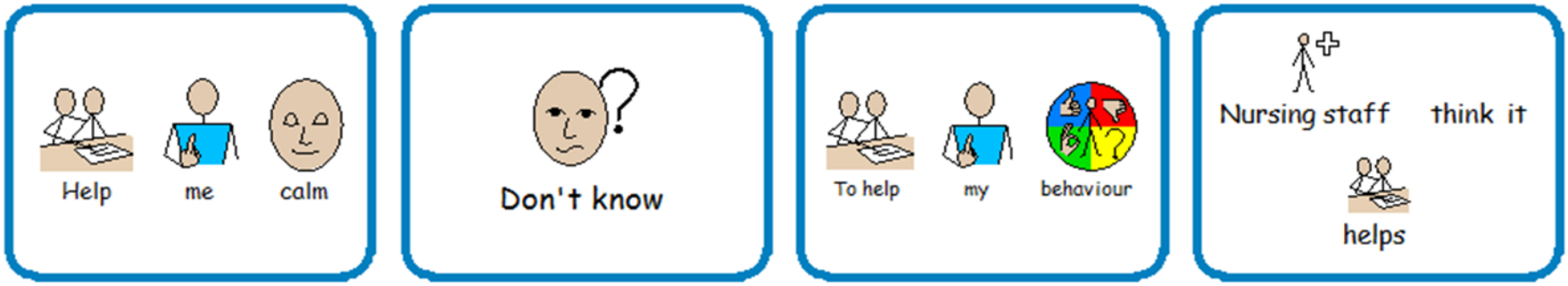

On your back


Arm holds sitting

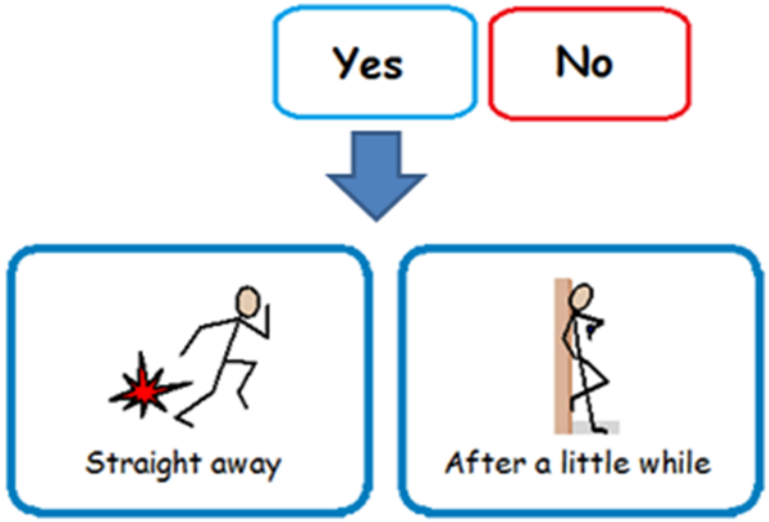

Arm holds standing

(If patient received medication)

15. Do you know why you were given medication?

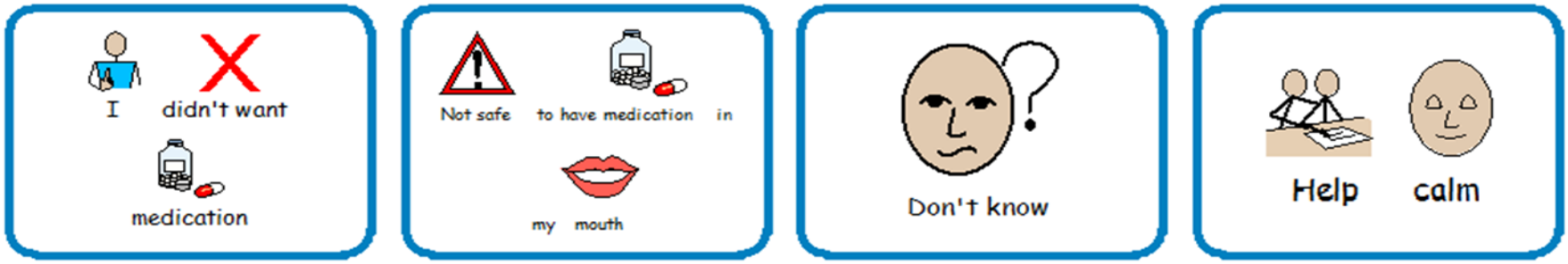


16. Did it help?

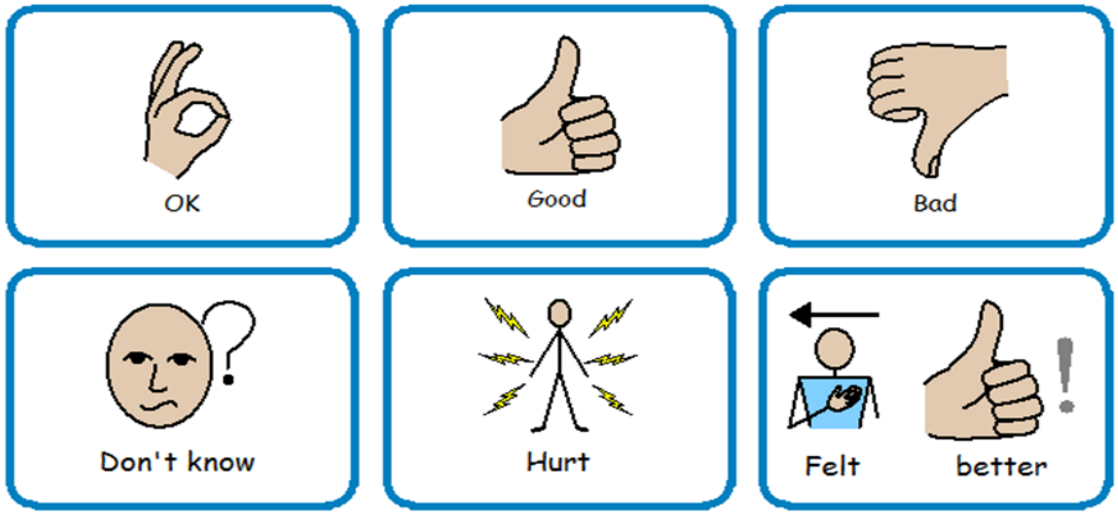


(If patient received IM)

17. Do you know why you had an injection?

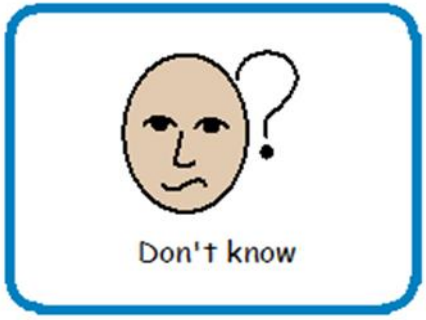


18. What do you think?



(If patient needed MRE)

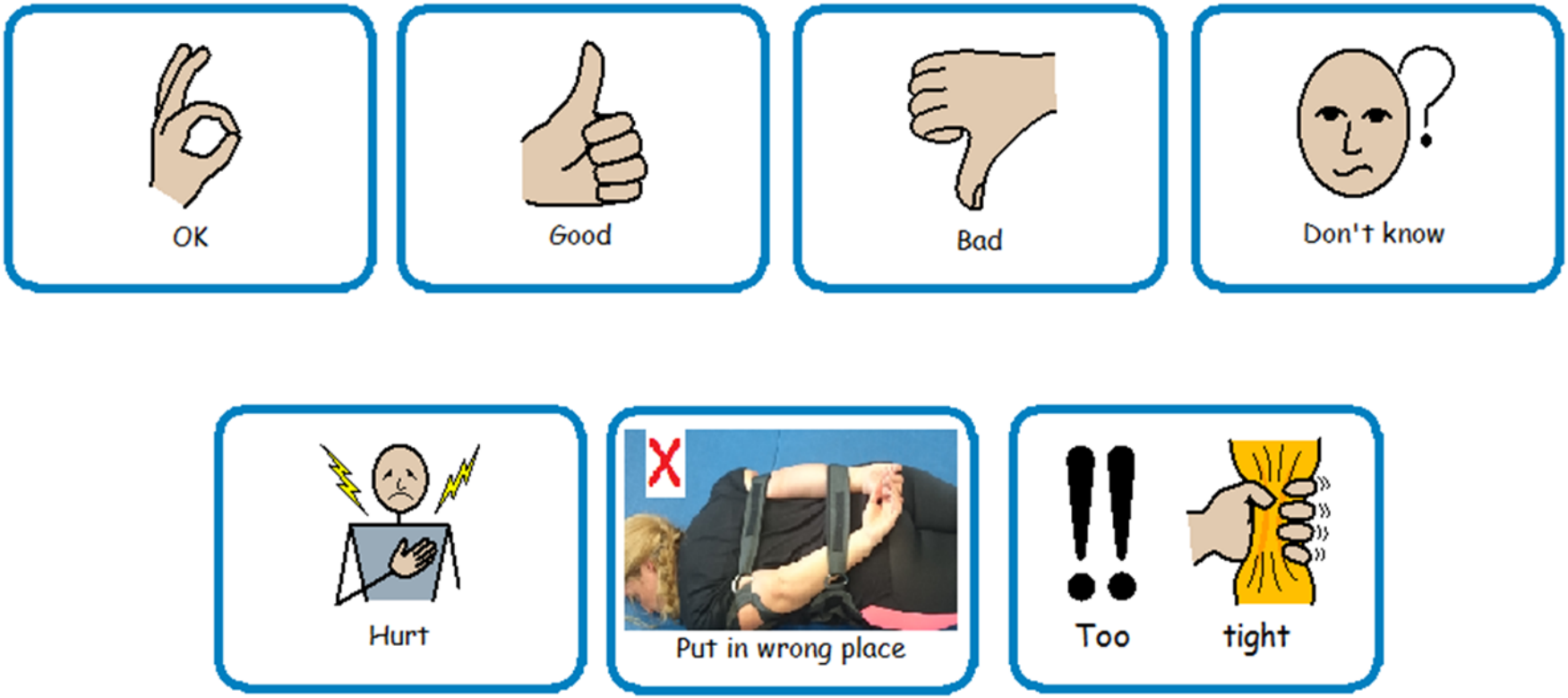
19. Do you know why belts or cuffs were used?



Which way?

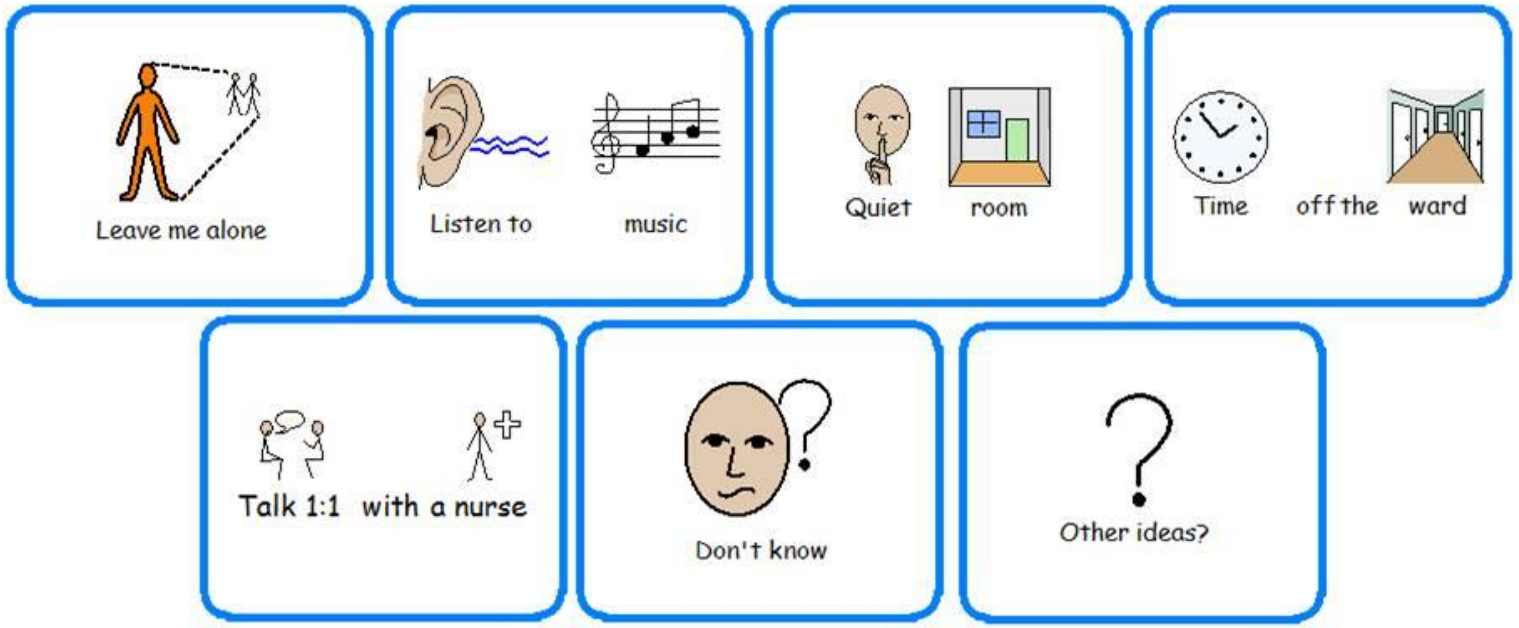
(If patient needed MRE)

20. What did you think about these?

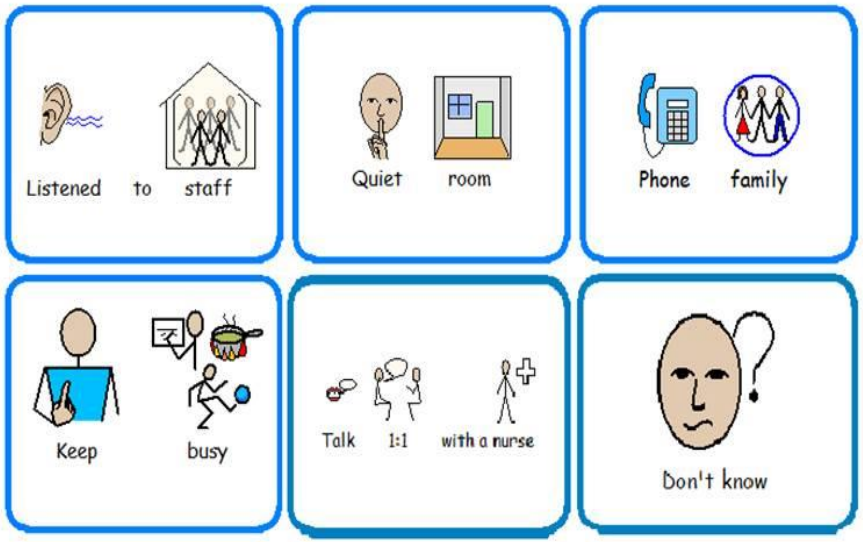


Action Plan

21. What could staff do that would have helped?



22. What could you have done that might help?



Action Plan

Lets talk about what we can do to make sure these helpful tips happen in the future…….

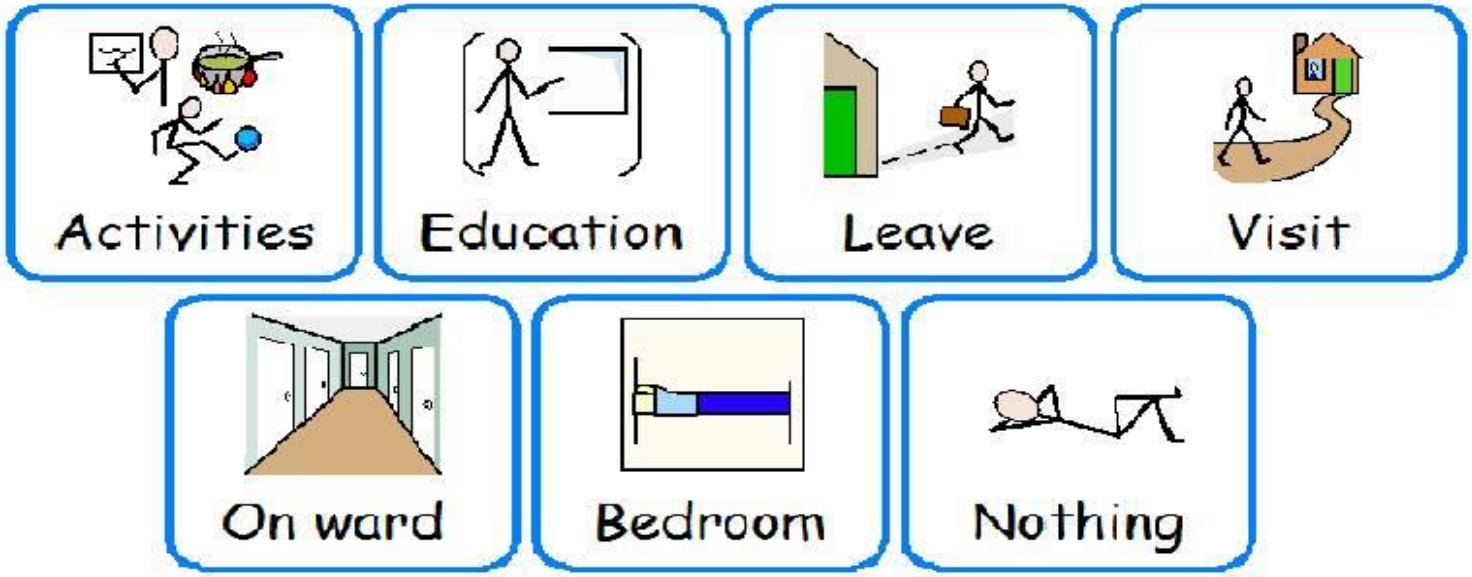
Post Seclusion Debriefing

Offer the Patient
"What do you want to talk about in this debriefing?"

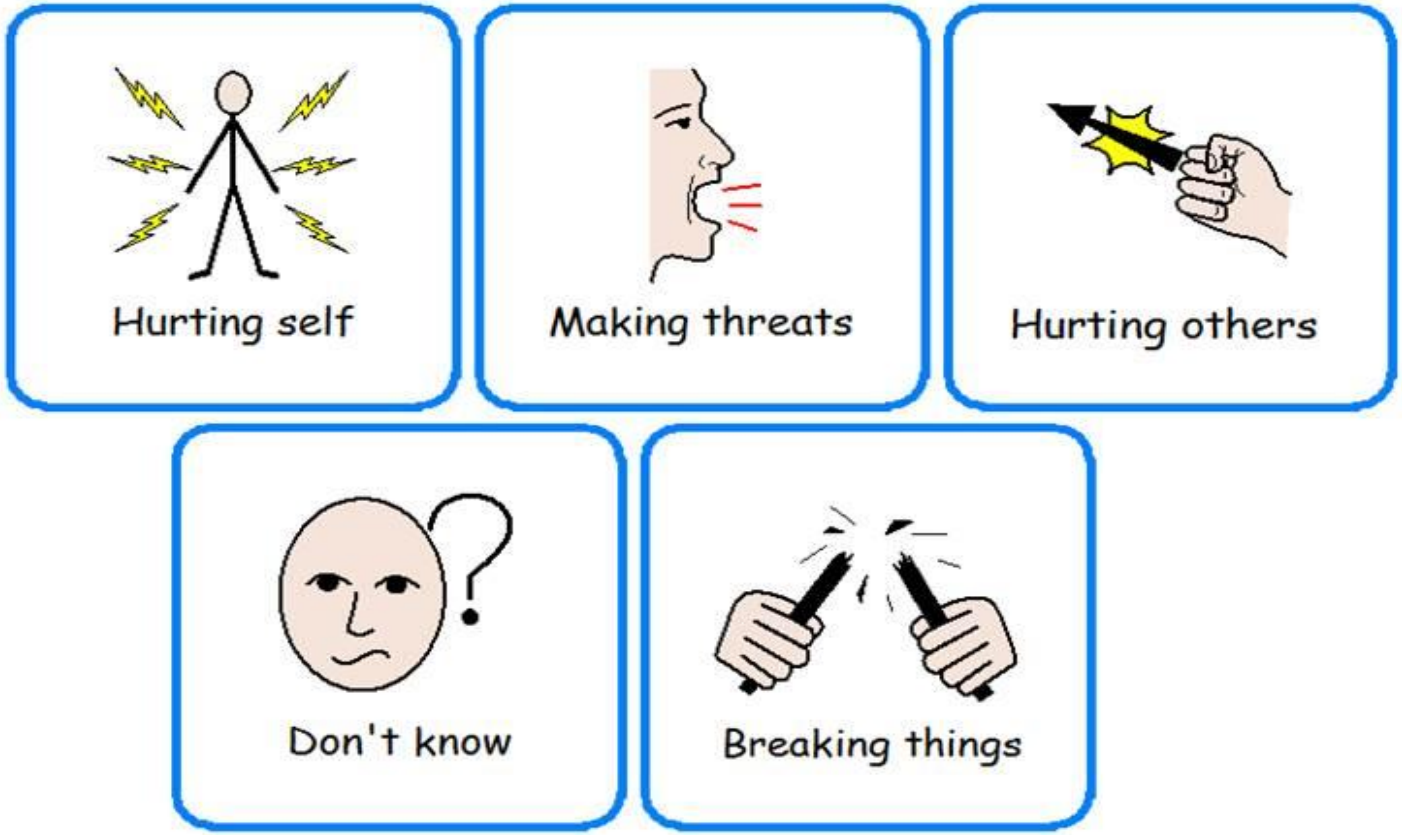
Explain why we need to do a debriefing

Before the incident

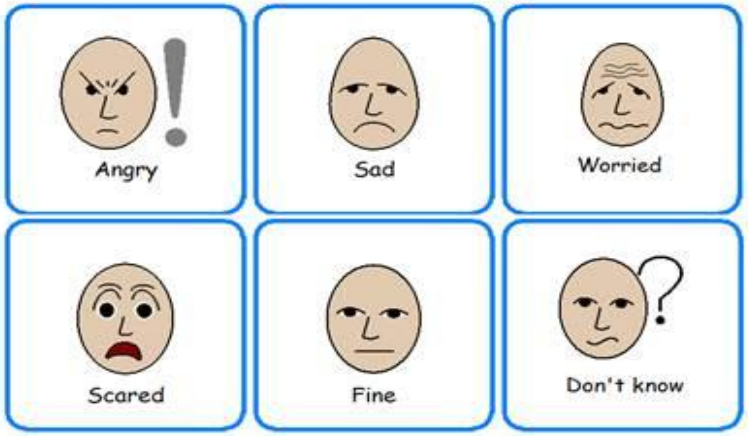
1. What sort of things were you doing that day?



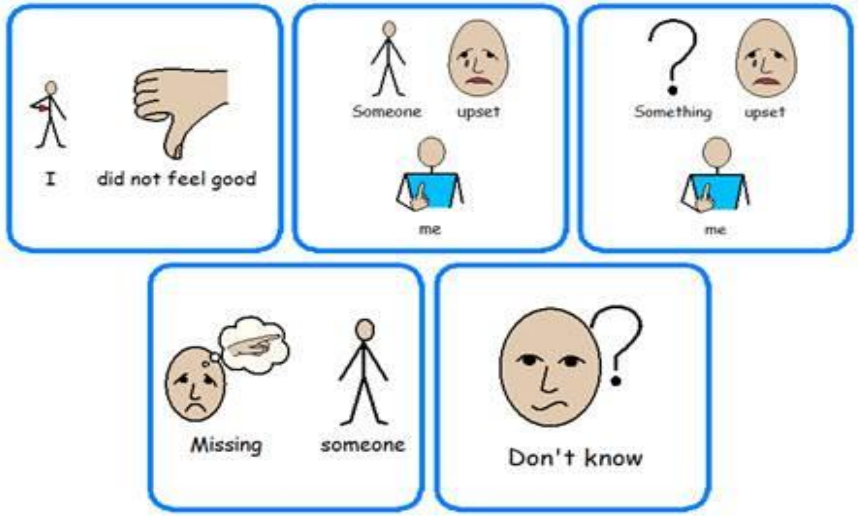
2. Can you remember what happened before you were restrained / secluded?

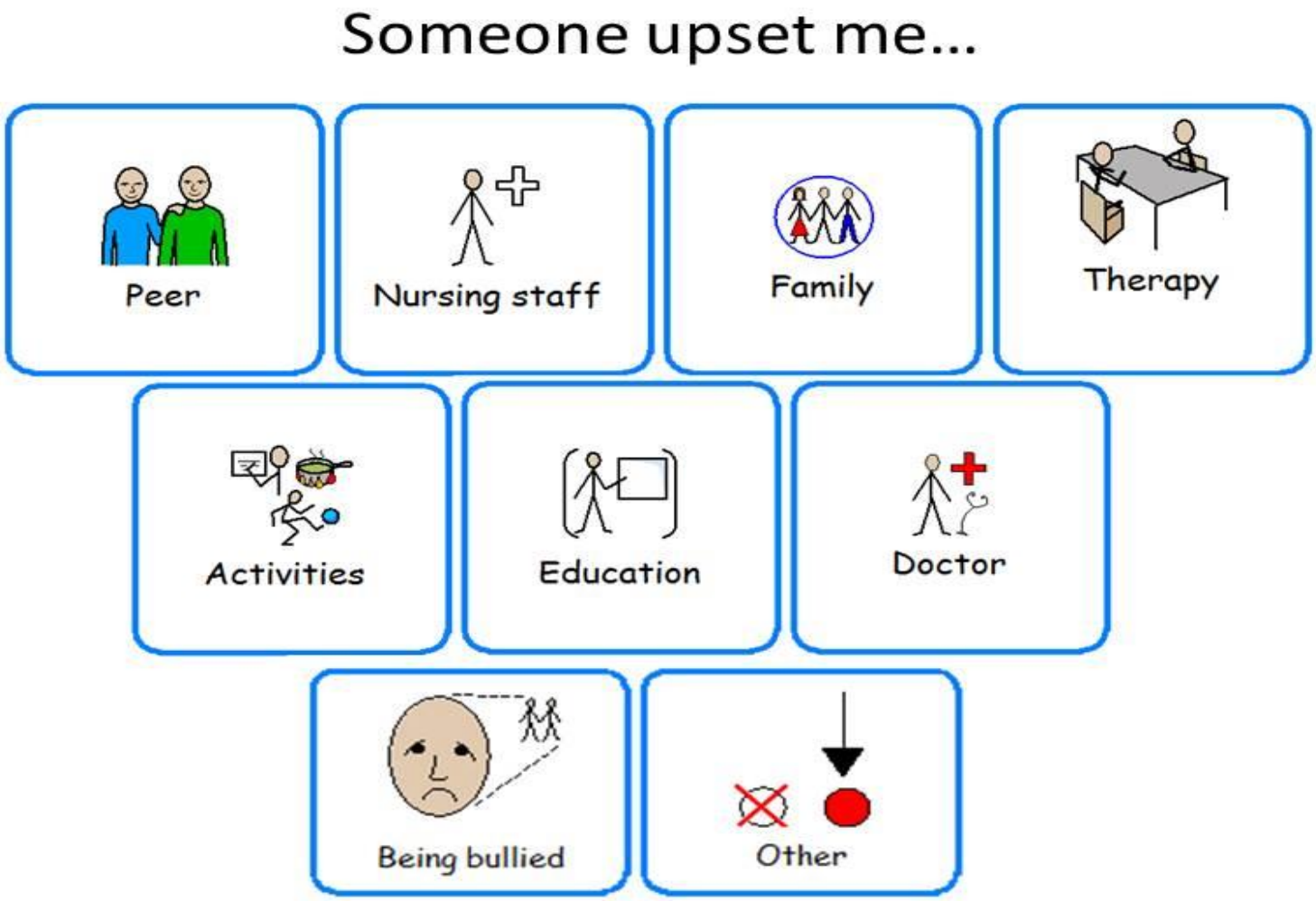


3. Can you remember how you were feeling?

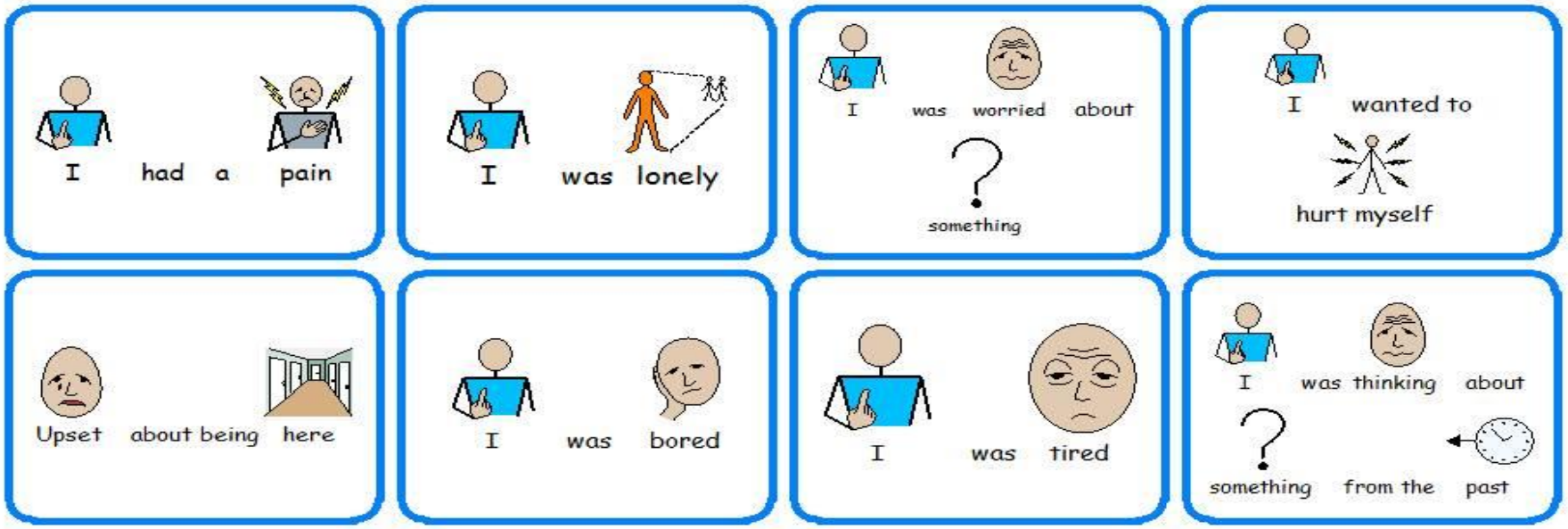


4. Do you know why you were feeling this way?

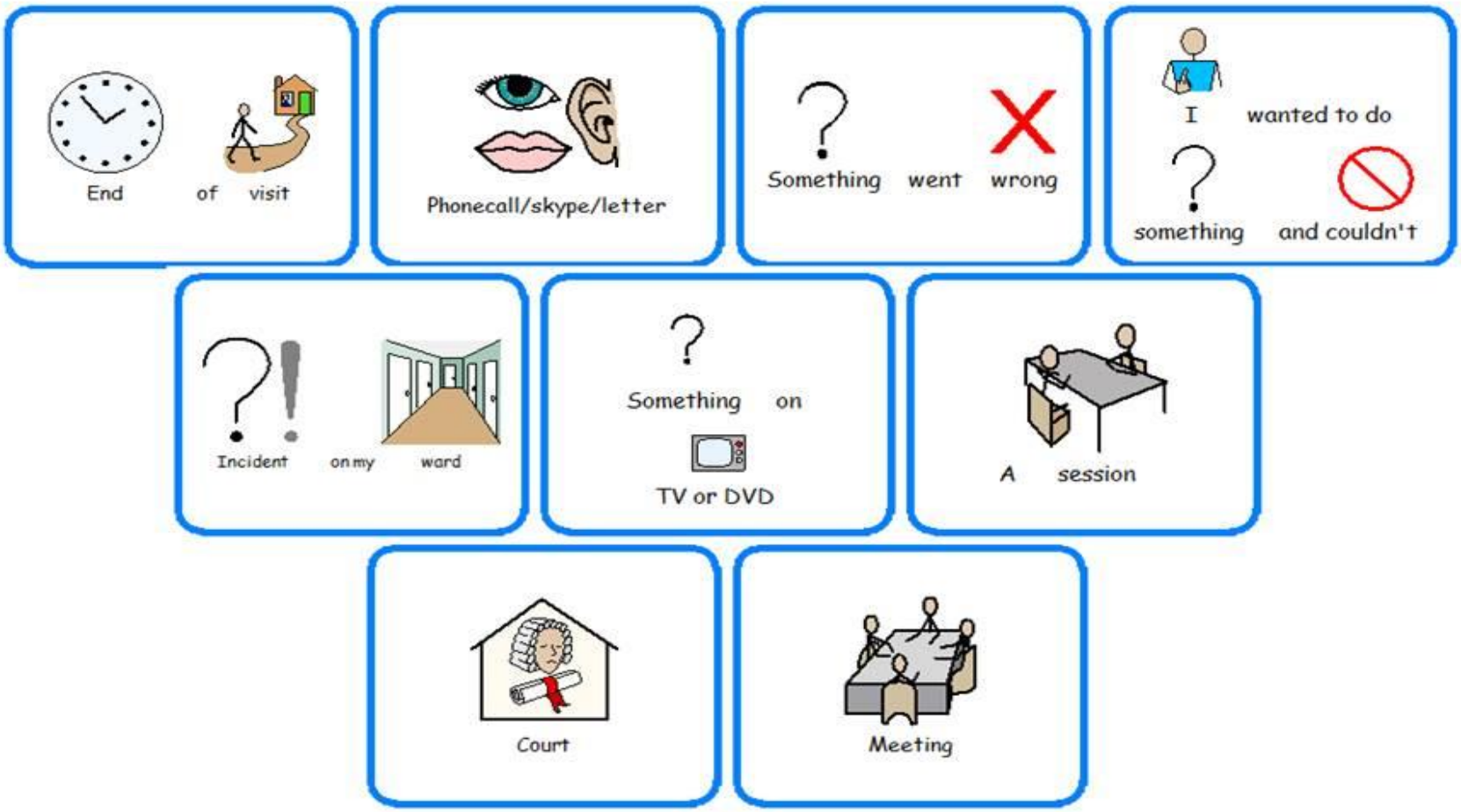



Someone upset me...
Peer
Nursing staff
Family
Therapy
Activities
Education
Doctor
Being bullied
Other

I did not feel good because...



Something upset me...

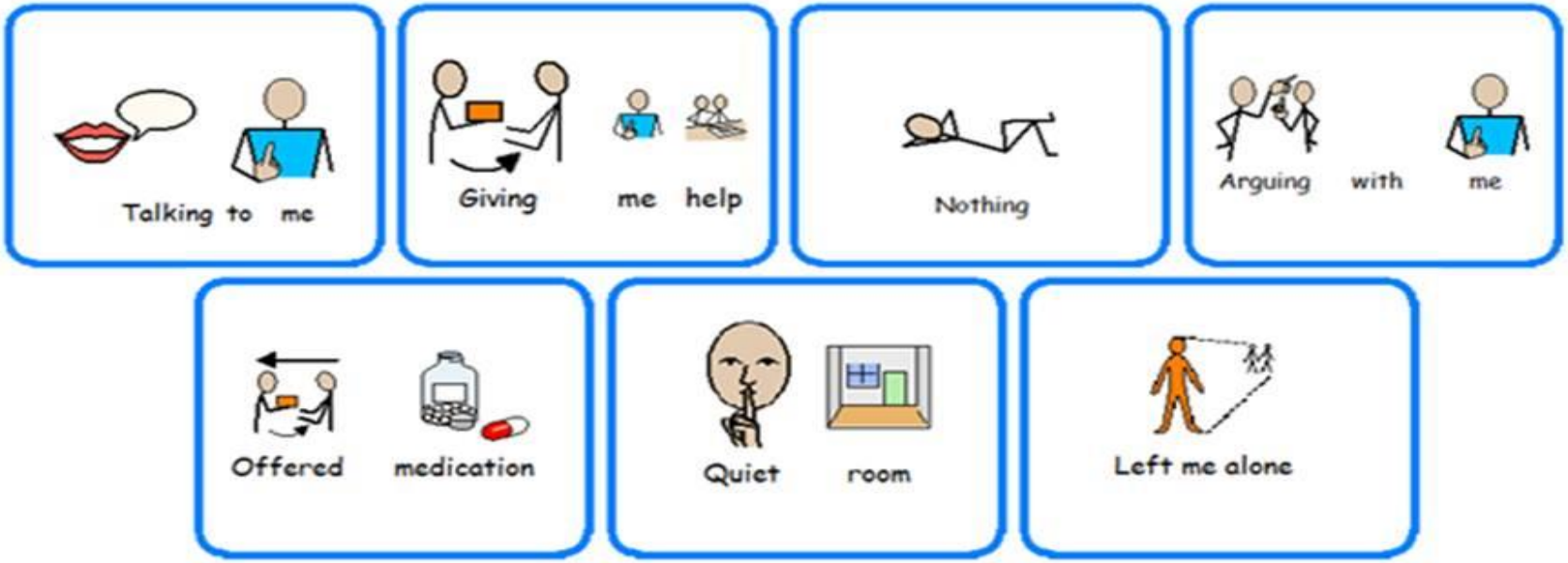


(If **yes** to answer 4 confirm feeling and triggers)

5. So you felt..... When.....

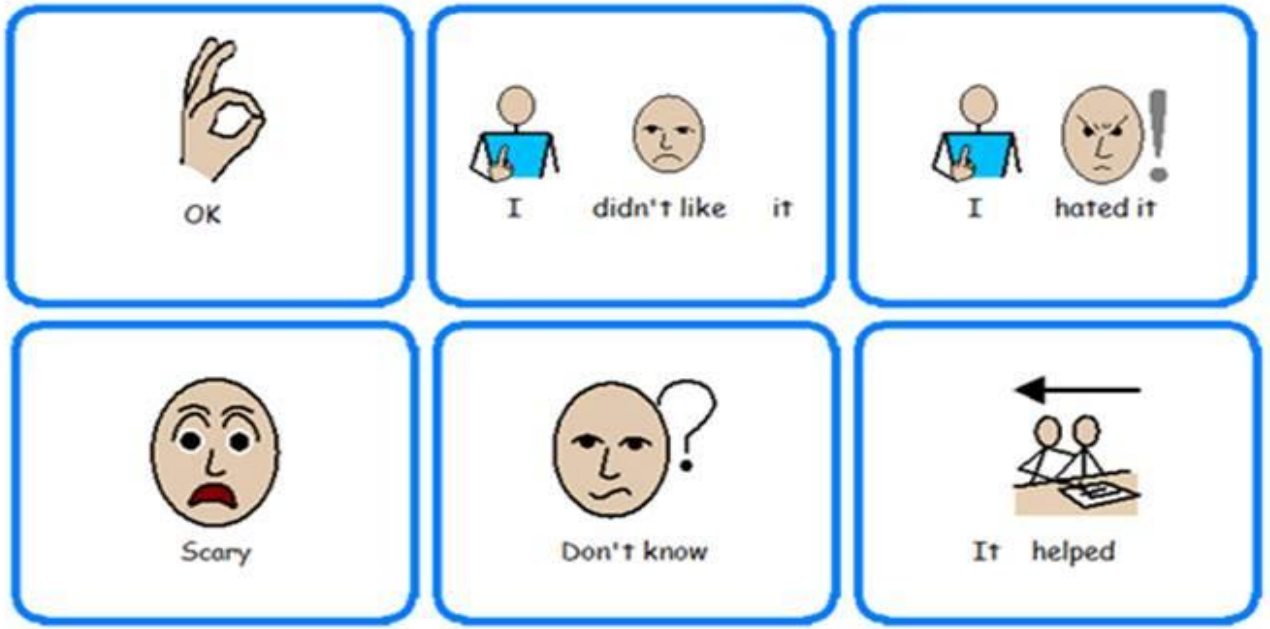
When.....

6. What were staff doing with you before the restraint?

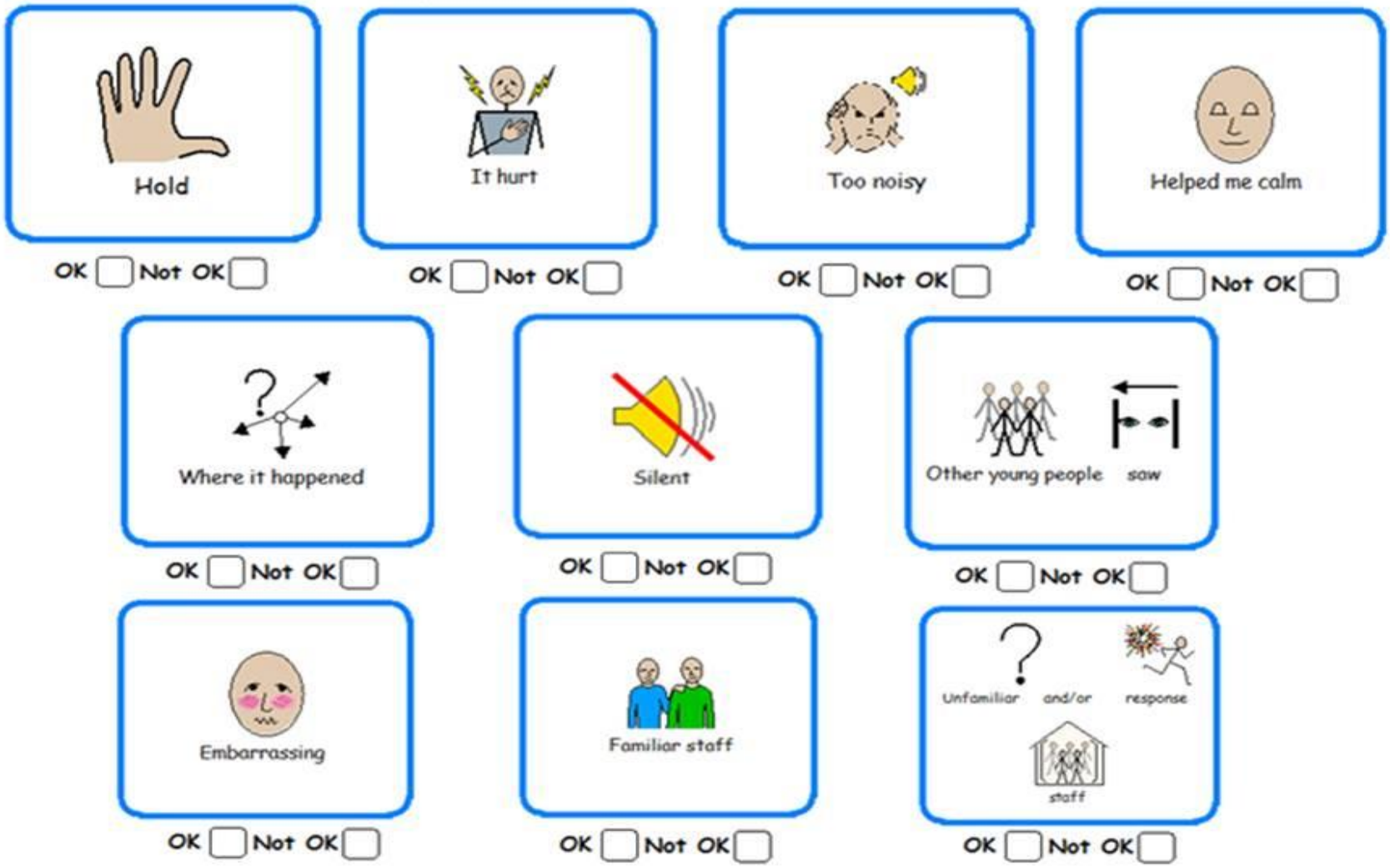


During the incident

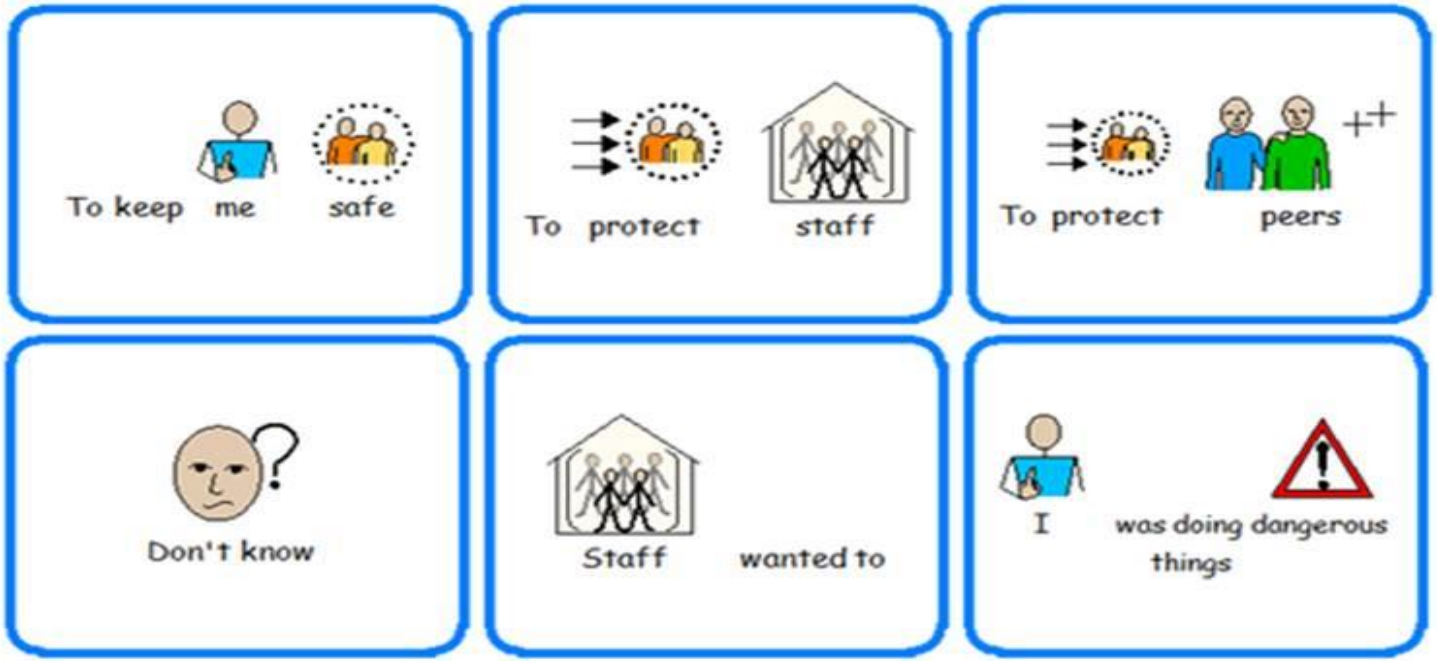
7. What did you think about the **restraint**?



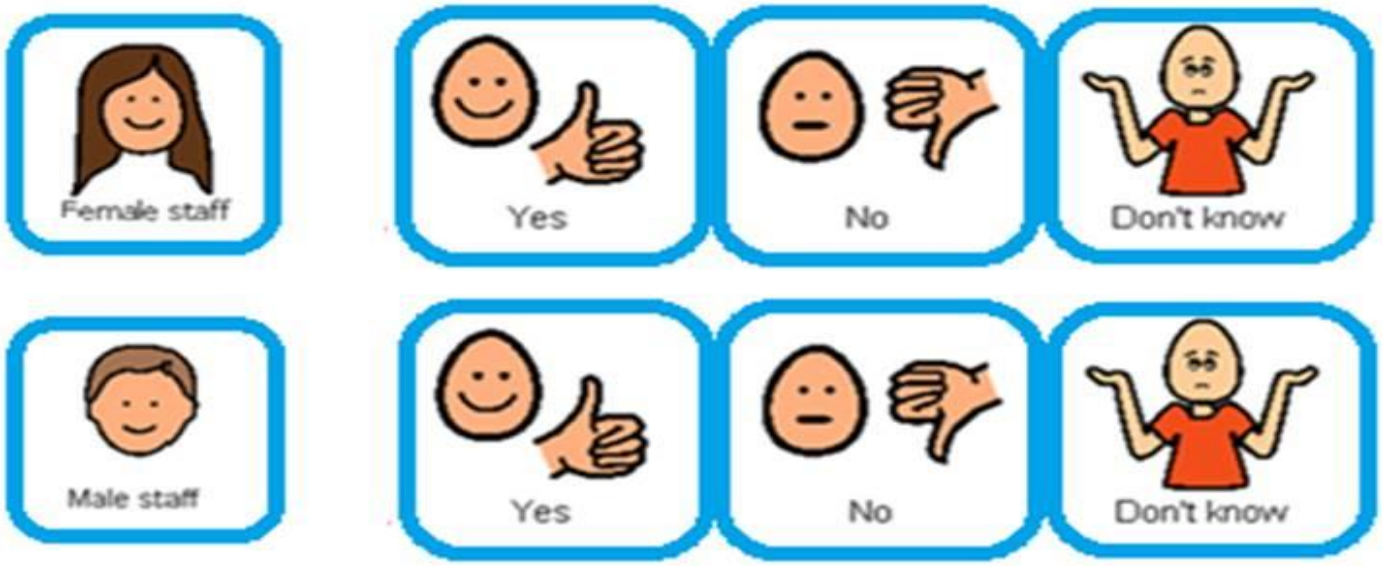
8. What was ok/not ok about the restraint?



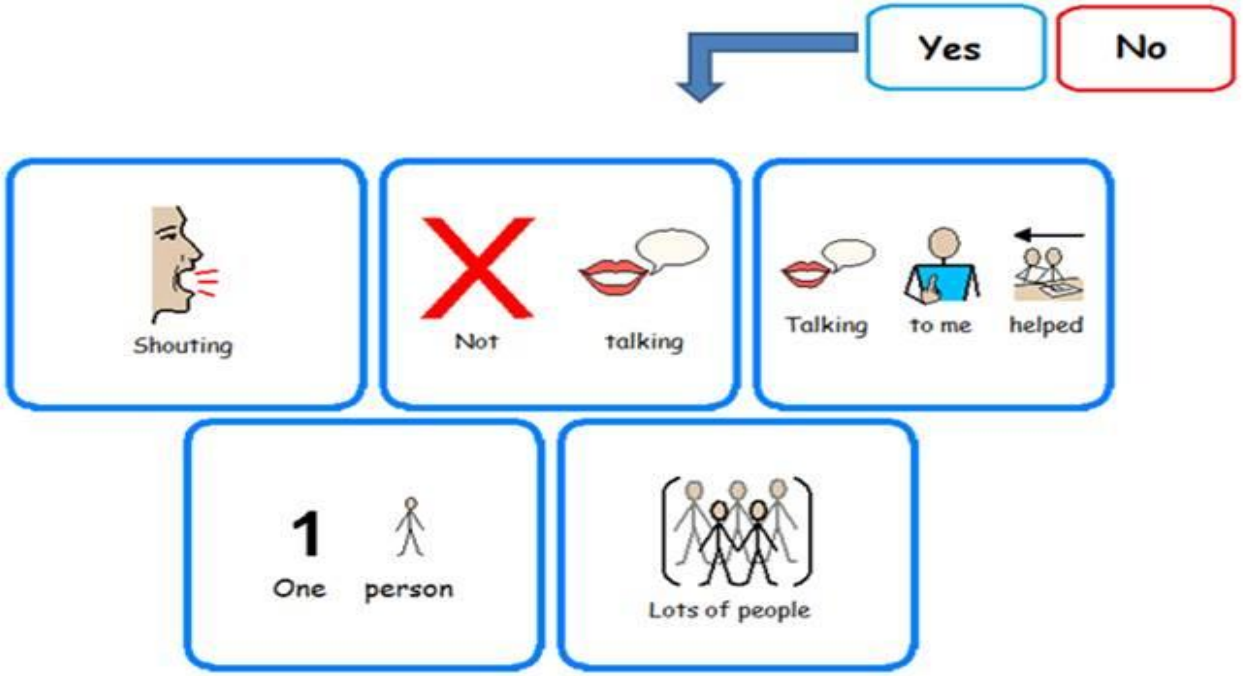
9. Why do you think you were restrained?



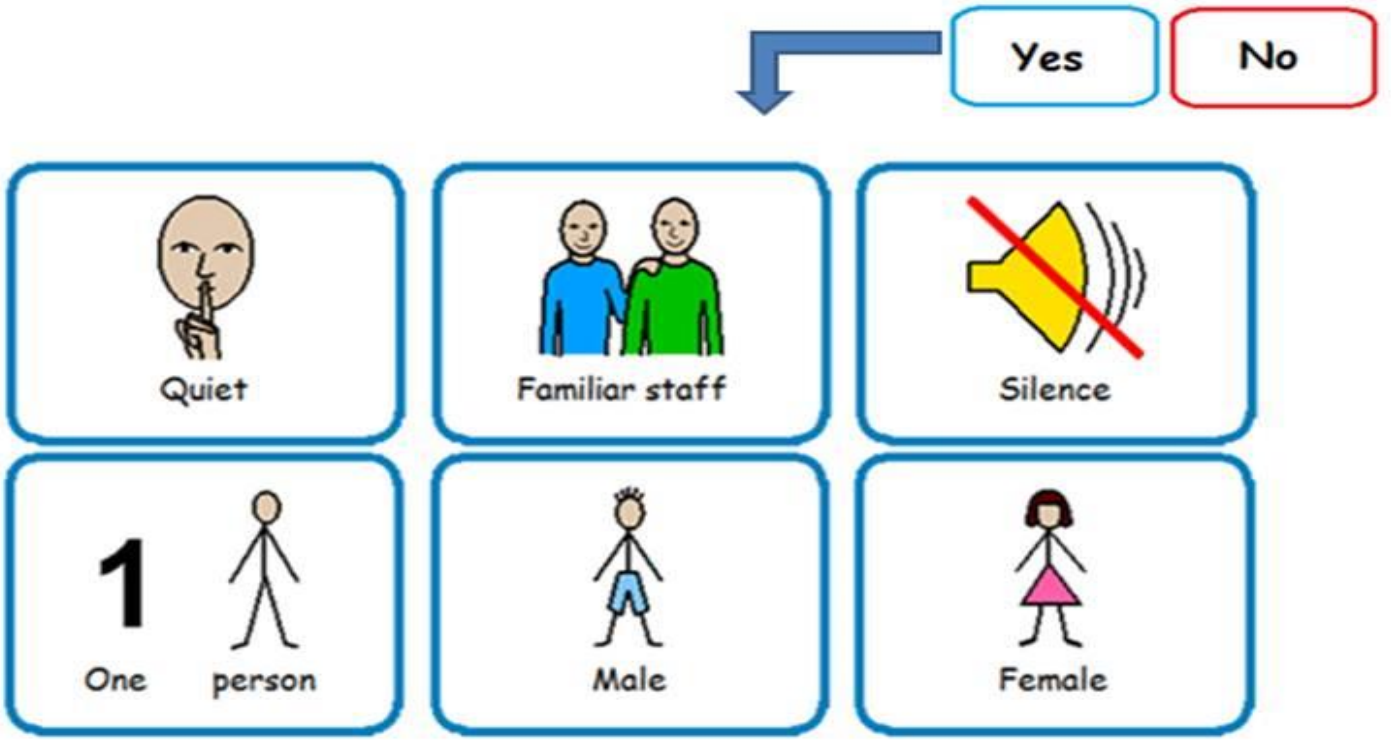
10. What did you think about males or females being there?



11. Can you remember staff speaking to you?



12. Would you like staff to speak to you differently?



13. How were you held in restraint?


On your front


On your back


Arm holds sitting


Arm holds standing

14. How would you like to be held?


On your front

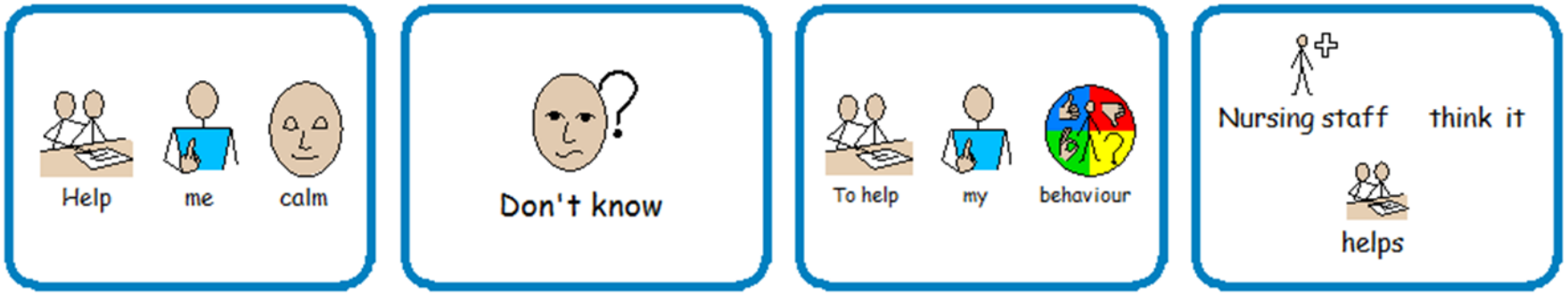

On your back


Arm holds sitting

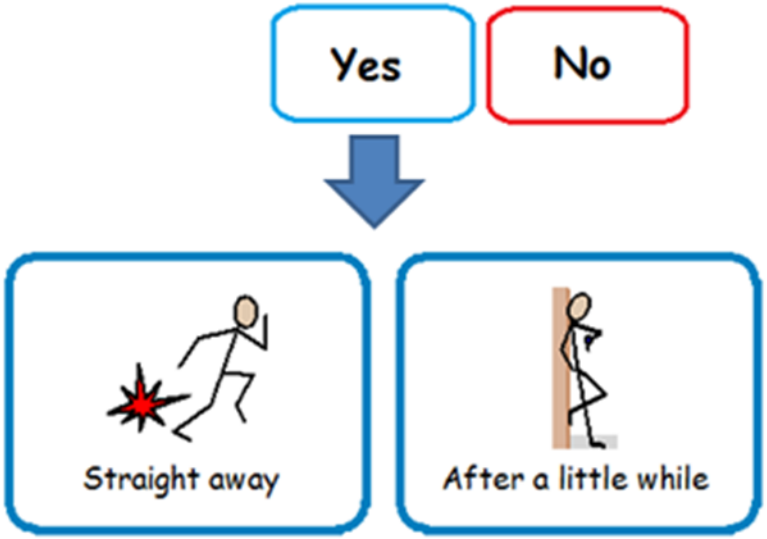

Arm holds standing

(If patient received medication)

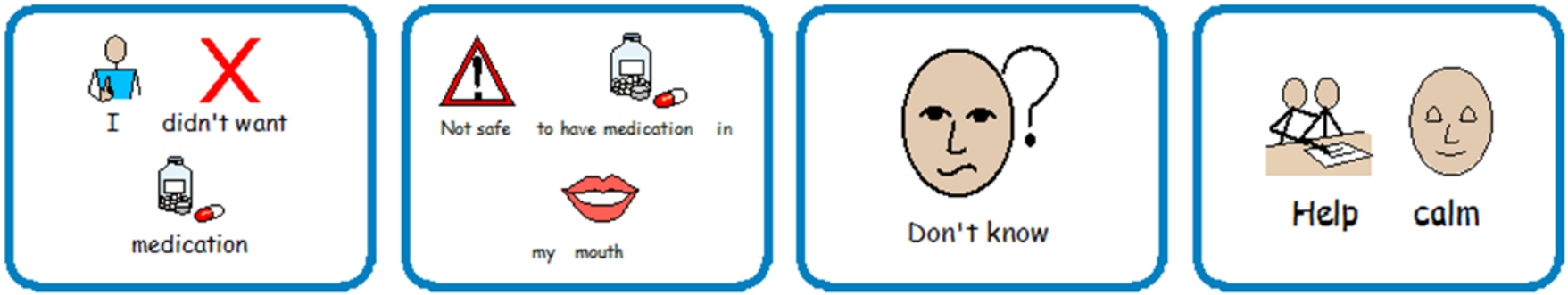
15. Do you know why you were given medication?



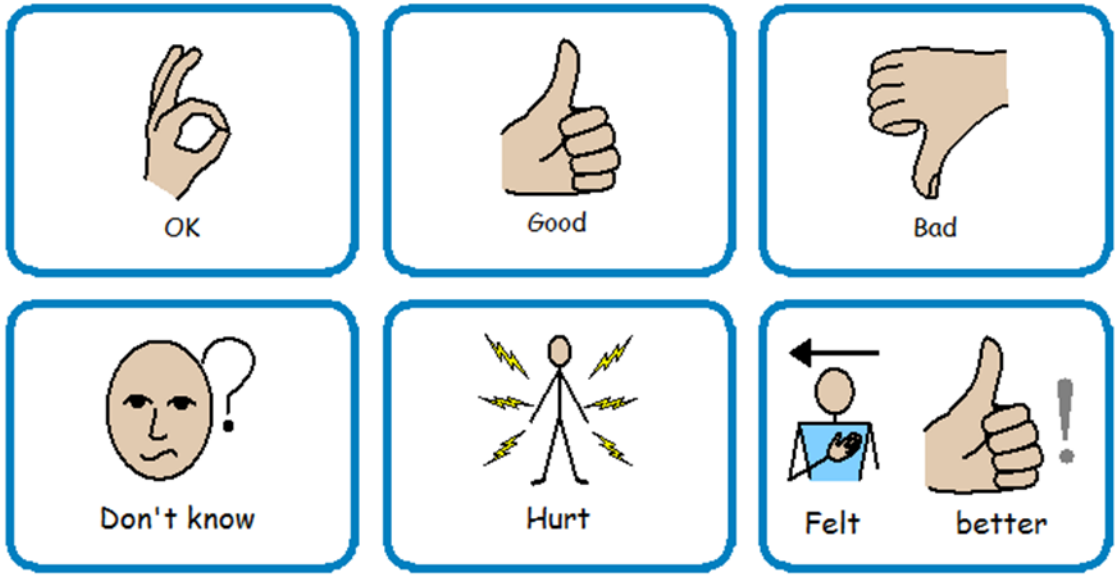
16. Did it help?



17. Do you know why you had an injection?

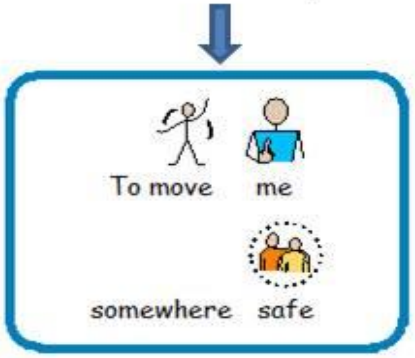


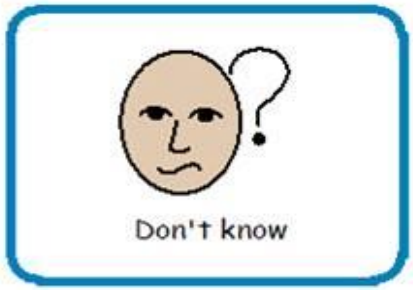
18. What do you think?



(If young person needed MRE)

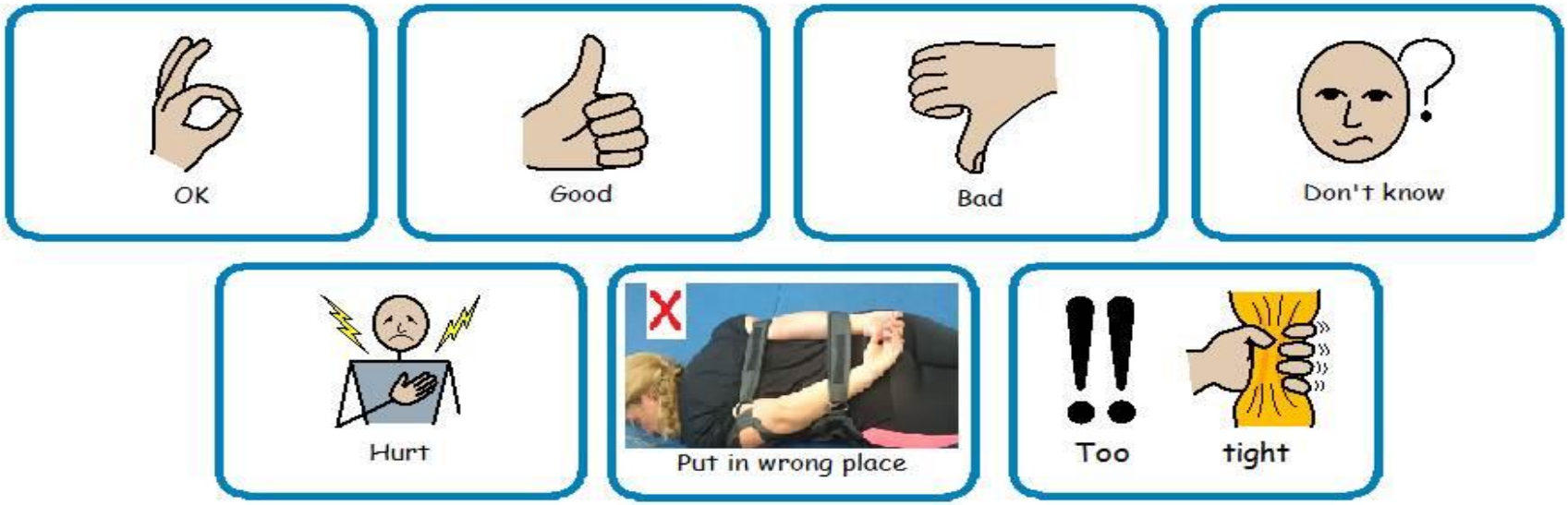
19. Do you know why belts or cuffs were used?





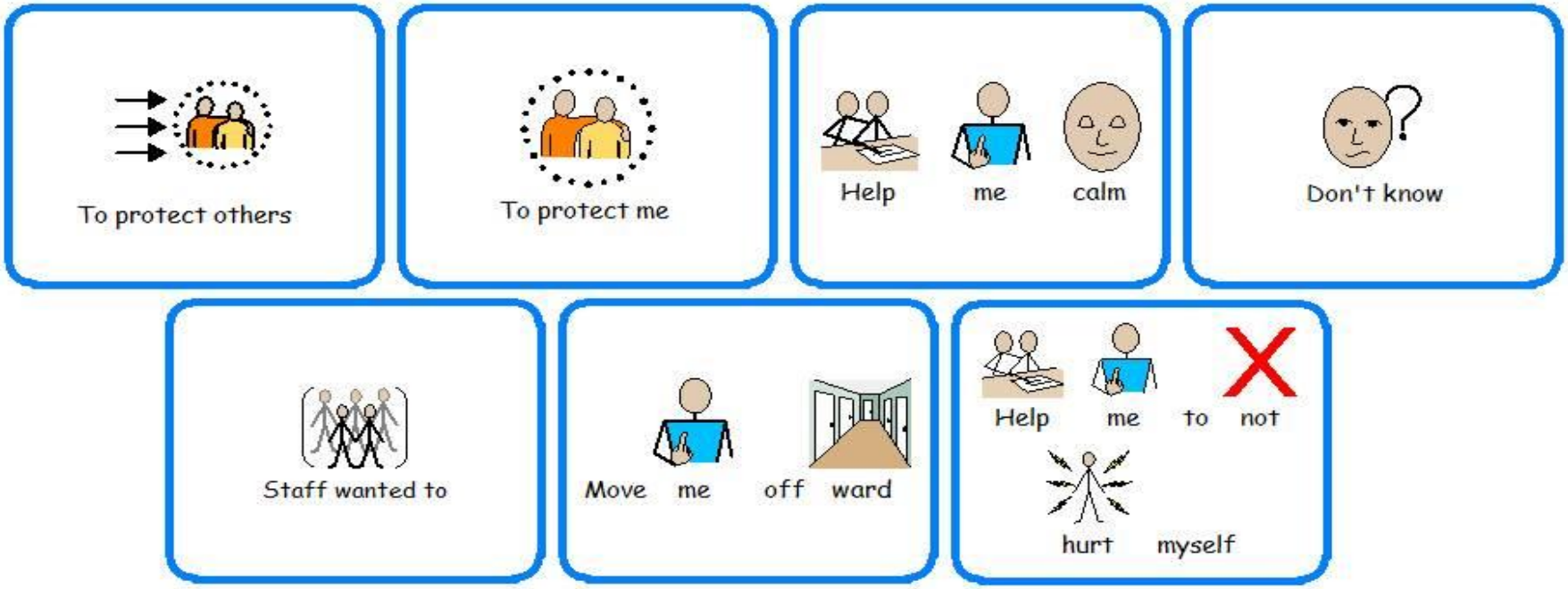
Which way?

20. What did you think about these?



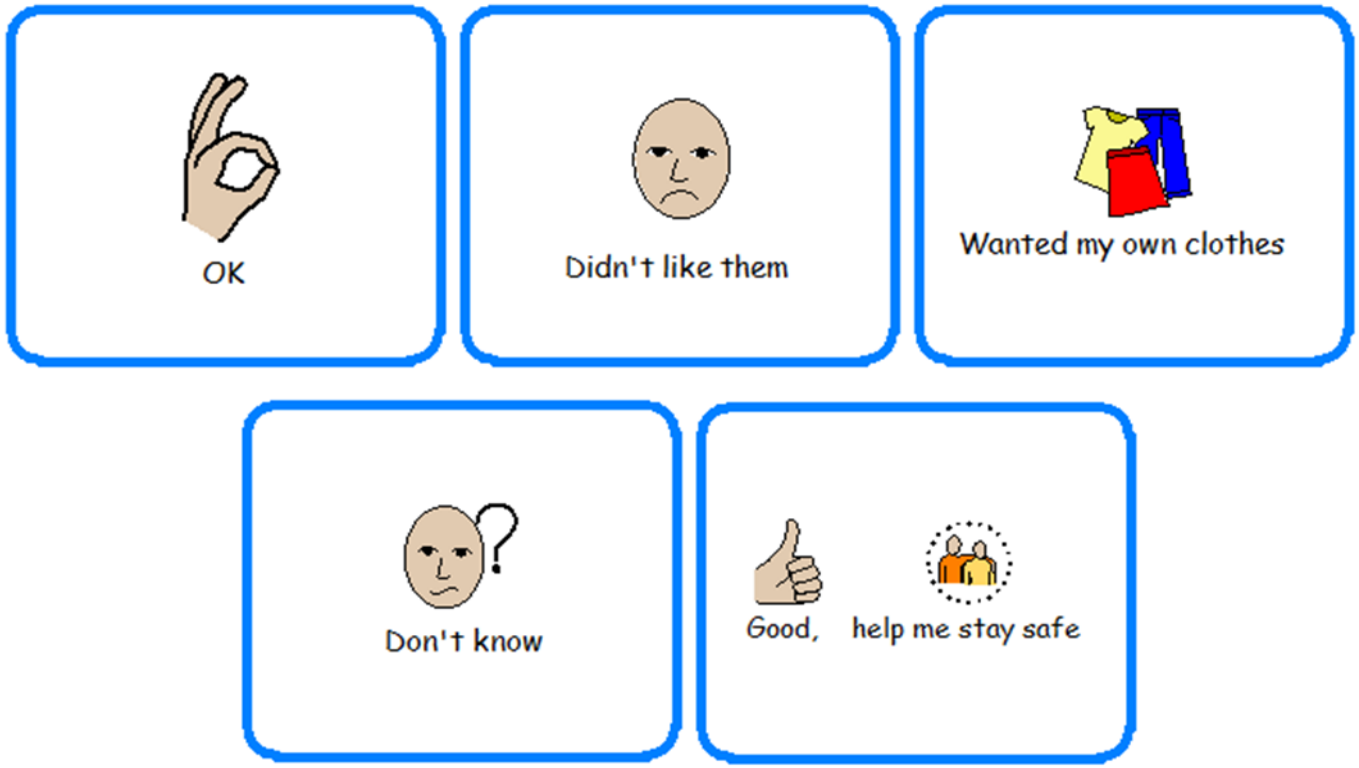
Seclusion

21. Do you know why you needed to use seclusion?



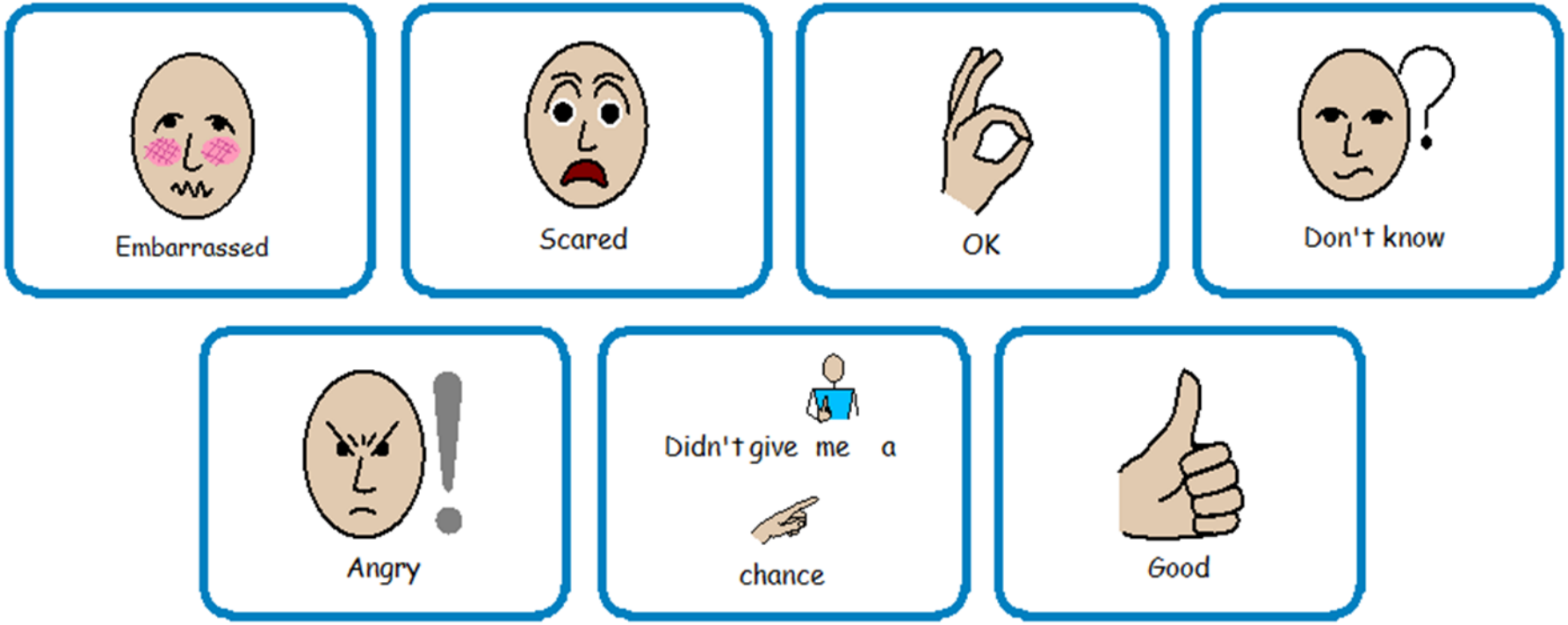
(If patient had seclusion clothing)

22. How did you feel about the seclusion clothes?

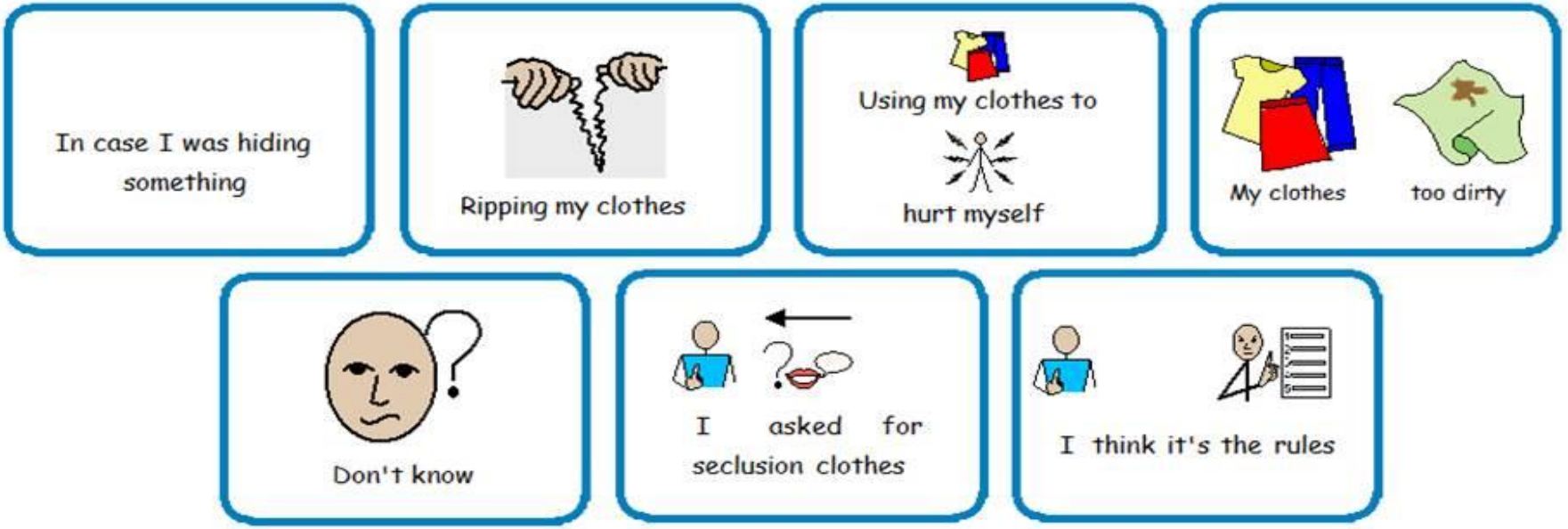


(If patient is changed into seclusion clothing)

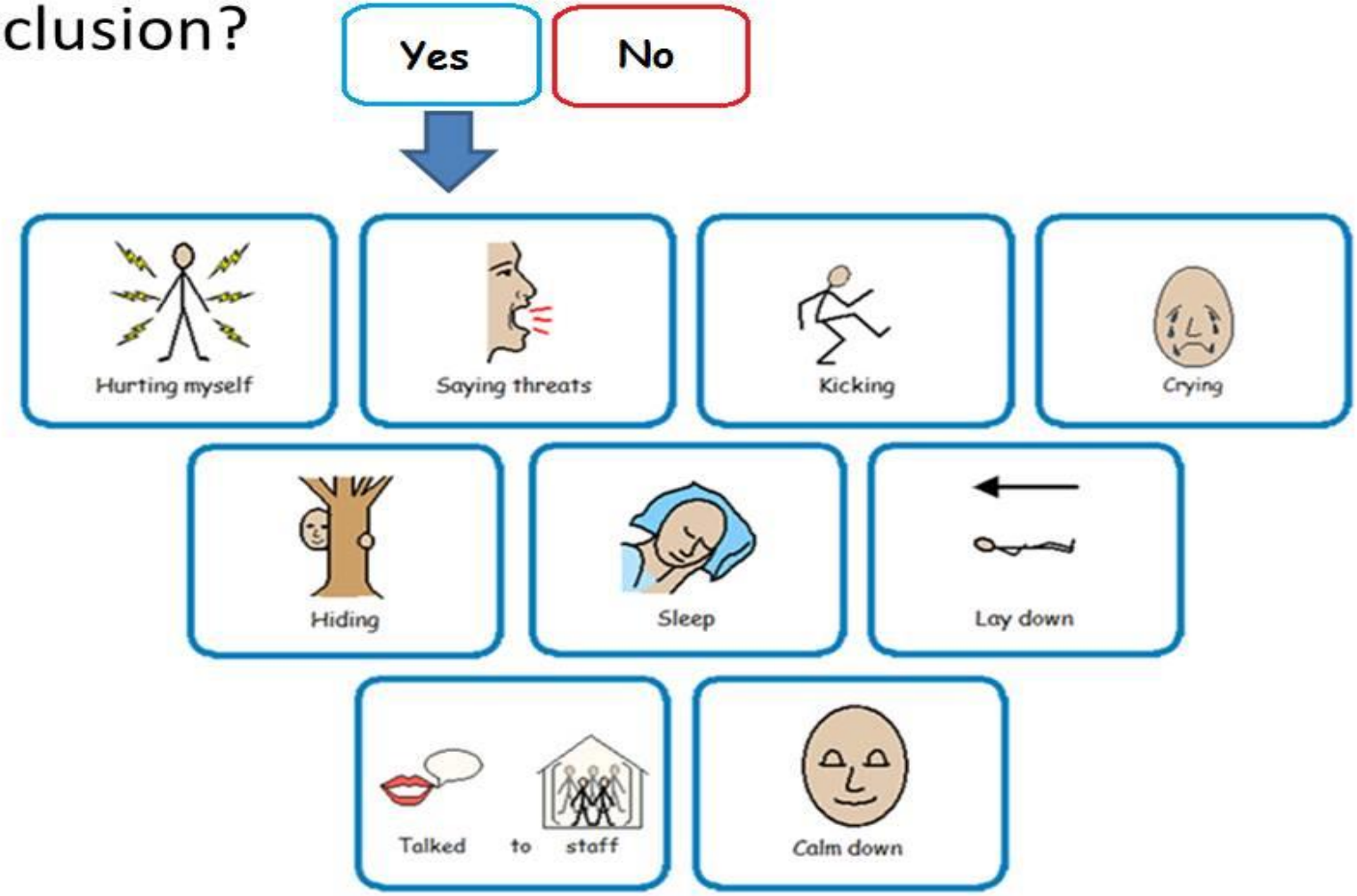
23. What did you think about staff changing your clothes?



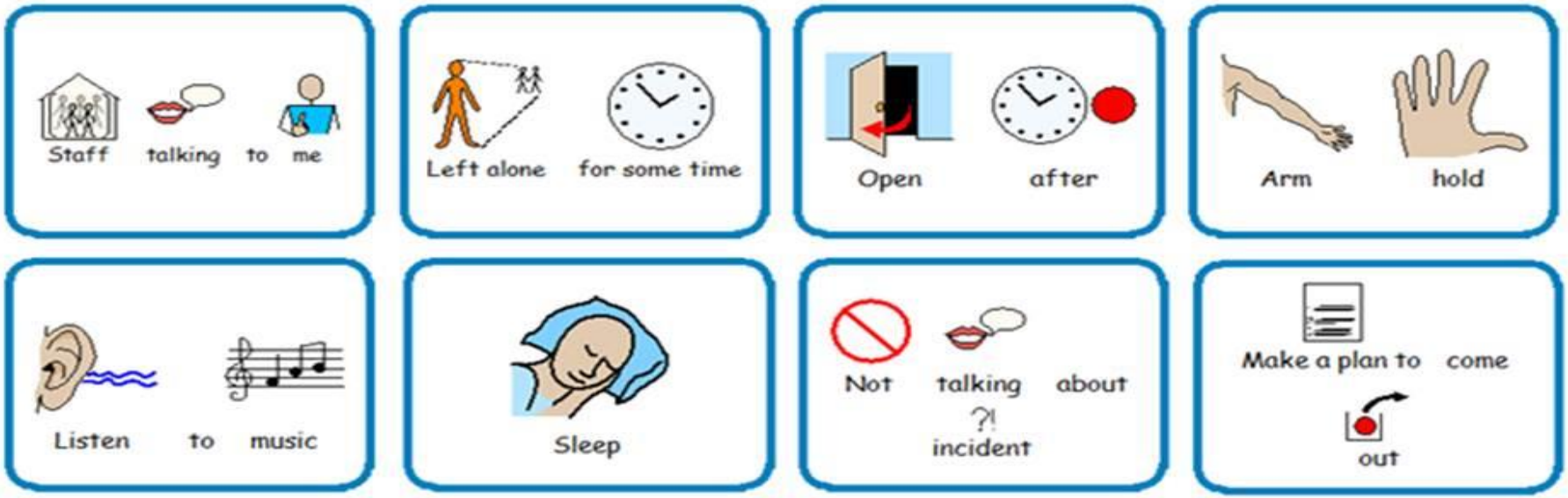
24. Do you know why your clothes were changed in seclusion?



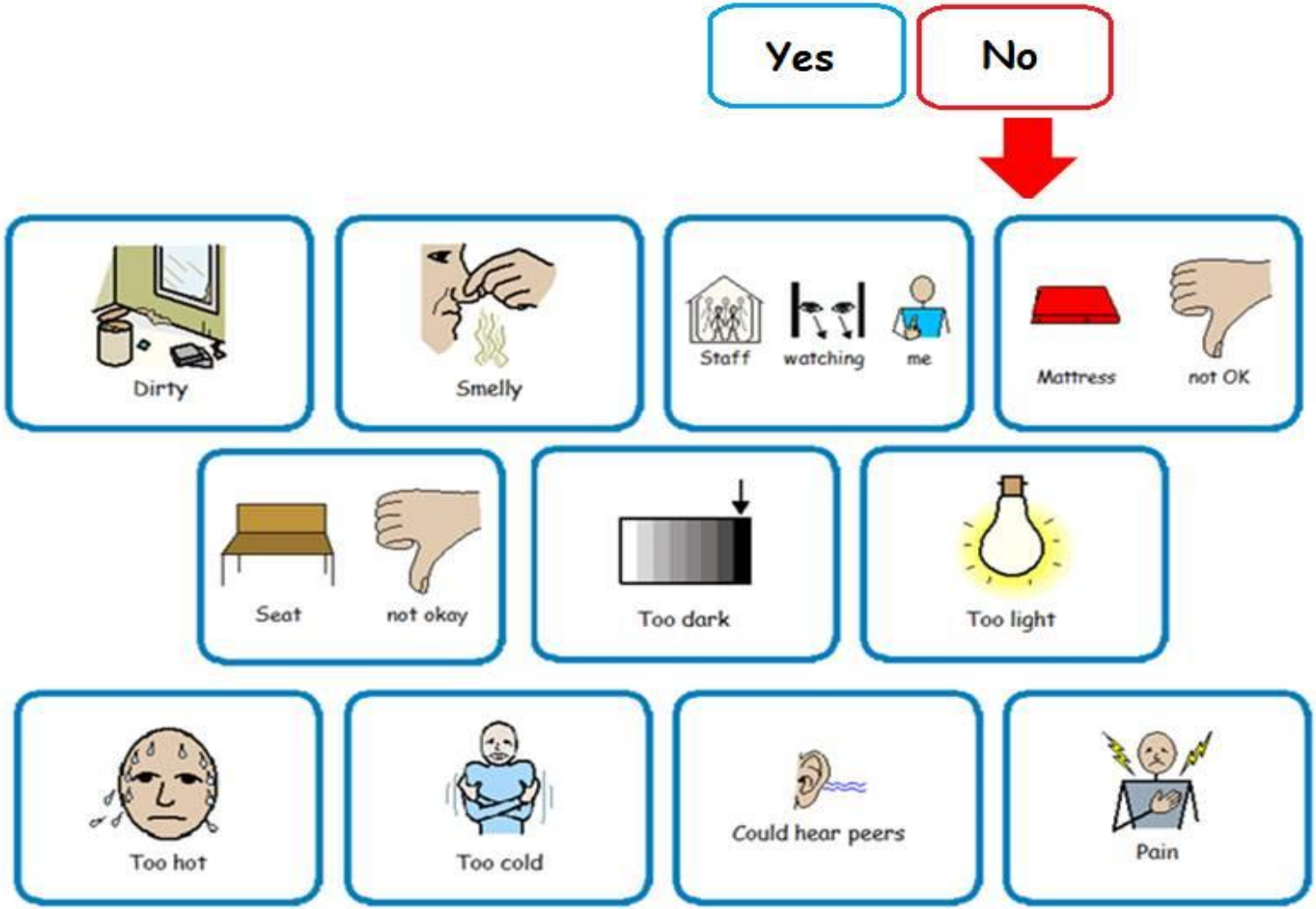
25. Can you remember what happened in seclusion?



26. What do you think helps you in seclusion?

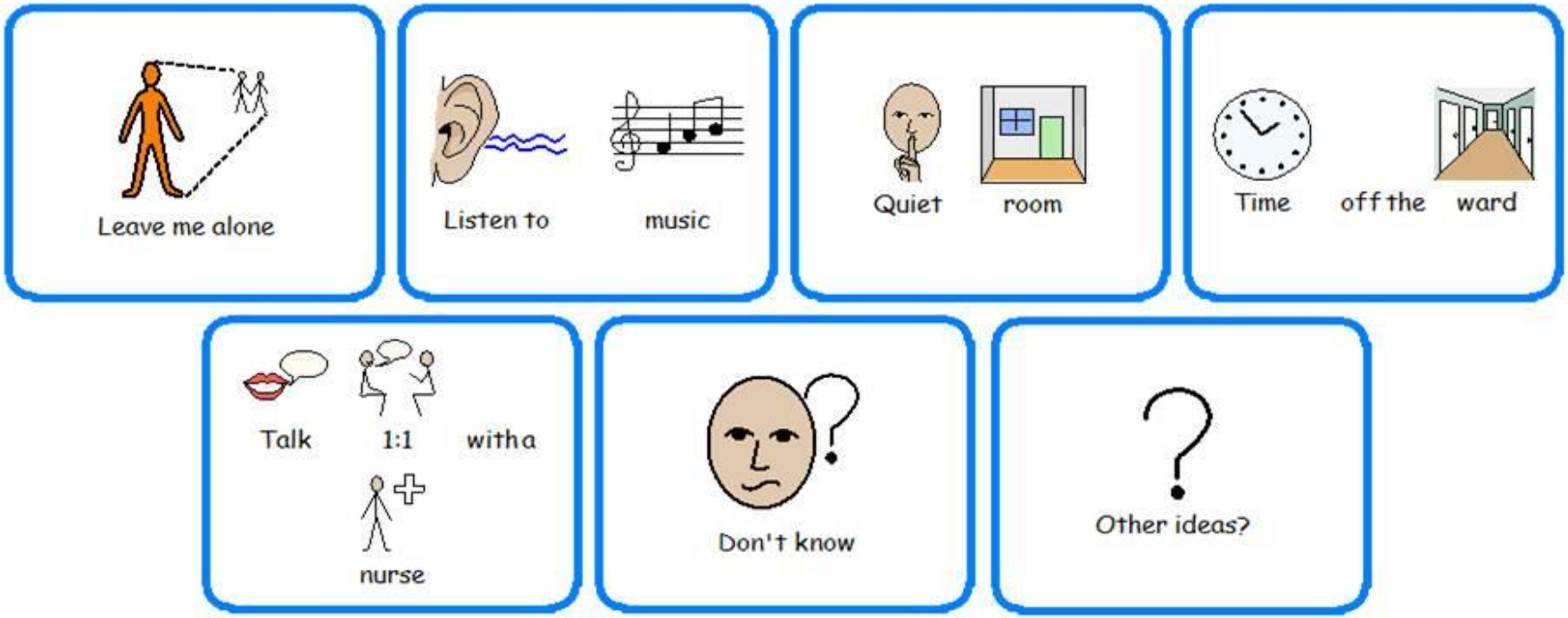


27. Were you comfortable in seclusion?

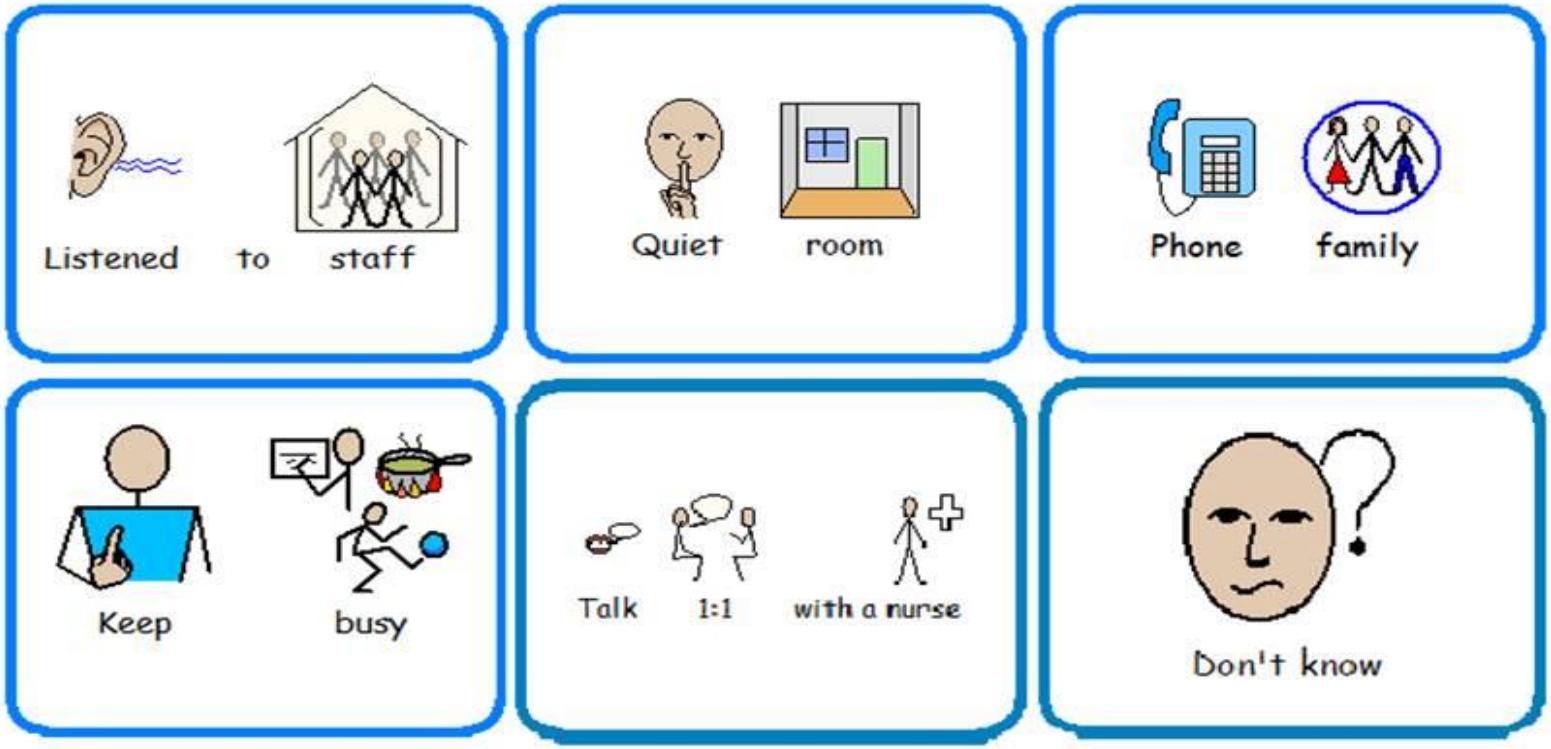


Action Plan

28. What could staff do that would have helped?



29. What could you have done that might help?



Action Plan

Let's talk about what we can do to make sure these helpful tips happen in the future...

12 Identification of Stakeholders

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

13 Training

No formal training requirement, staff undertaking debrief should be assessed as competent to do so by their supervisor.

14 Implementation

Implementation and monitoring of target should be undertaken within the relevant group quality and assurance forum.

15 Equality and Diversity

In conjunction with the Trust's Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

16 Fair Blame

The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

17 Monitoring

Monitoring should be undertaken within the relevant group quality and assurance forum.

18 Associated documents

Prevention and Management of Violence and Aggression Policy –NTW © 16.

19 References

Violence and Aggression: Short term management in Mental Health, Health and Community Settings.

NICE guideline (NG10) May 2015

Northumberland, Tyne and Wear NHS Foundation Trust

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	**Date of Initial Screening**	**Review Date**	**Service Area / Locality**
Chris Rowlands Equality and Diversity Lead	November 2017	Jan 2020	**Trustwide**
Policy to be analysed		**Is this policy new or existing?**	
Positive and Safe Management of Post Incident Support and Debrief		New	
What are the intended outcomes of this work? Include outline of objectives and function aims			
To improve the safety of patients and staff, as a result of improved learning from incidents.			
Who will be affected? e.g. staff, service users, carers, wider public etc			
All of the above			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	Consider and detail any evidence on attitudinal, physical and social barriers.		
Sex	Consider and detail any evidence on men and women (potential to link to carers below).		
Race	Consider and detail any evidence on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.		
Age	Consider and detail any evidence across age ranges on old and younger people. This can include safeguarding, consent and child welfare.		
Gender reassignment (including transgender)	Consider and detail any evidence on transgender and transsexual people. This can include issues such as privacy of data and harassment.		
Sexual orientation.	Consider and detail any evidence on heterosexual people as well as lesbian, gay and bi-sexual people		
Religion or belief	Consider and detail any evidence on people with different religions, beliefs or no belief.		
Marriage and Civil Partnership	Consider and detail any evidence on working arrangements		
Pregnancy and maternity	Consider and detail any evidence on working arrangements, part-time working, infant caring responsibilities.		
Carers	Consider and detail any evidence on part-time working, shift-patterns, general caring responsibilities.		
Other identified groups	Consider and detail other groups experiencing disadvantage and barriers to access.		

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Through standard Trust Policy process
How have you engaged stakeholders in testing the policy or programme proposals?
Through standard Trust Policy process
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Through standard Trust Policy process
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.
There is no anticipated negative effect, it is also anticipated that there will be no differential impact on any of the groups mentioned above.
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

Eliminate discrimination, harassment and victimisation	**The policy provides improved understanding of patients and others individual needs following incidents, it is anticipated that the policy will reduce the above**
Advance equality of opportunity	**See above**
Promote good relations between groups	**See above**
What is the overall impact?	**See above**
Addressing the impact on equalities	See Above

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? **If yes, has a Full Impact Assessment been recommended? If not, why not?** **Manager's signature: Chris Rowlands Date: November 2017**

Northumberland, Tyne and Wear NHS Foundation Trust

Appendix B

Communication and Training Check list for policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	New
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	N/A
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Solutions etc. Please identify the risks if training does not occur.	No formal training requirement, staff undertaking debrief should be assessed as competent to do so by their supervisor
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	N/A
Is there a staff group that should be prioritised for this training / awareness?	N/A
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	N/A
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	N/A

Northumberland, Tyne and Wear NHS Foundation Trust

Appendix B – continued

Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
No formal training requirement, staff undertaking debrief should be assessed as competent to do so by their supervisor			

Copy of completed form to be sent to:

Training and Development Department,
St. Nicholas Hospital

Should any advice be required, please contact:- 0191 2456777 (Option 1)

Northumberland, Tyne and Wear NHS Foundation Trust

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

- Monitoring Framework			
Auditable Standard/Key Performance Indicators		**Frequency/Method/Person Responsible**	**Where results and any Associate Action plan will be reported to implemented and monitored;** (this will usually be via the relevant Governance Group).
1.	Each Locality Group will establish their own monitoring arrangements, to ensure compliance or otherwise, with the standards outlined in the Policy.	Ongoing within appropriate Quality and assurance programmes.	The Positive and Safe Implementation Group.
2.			
3.			
4.			
5.			
6.			

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.