Enabling a purposeful post incident debrief

Health Innovation East Midlands

Introductions

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Today’s session

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- We’ve got a presentation, and whilst we’re presenting, drop thoughts, reflections and questions in the chat
- Then we’ll pick these up at the end of the presentation and invite thoughts and questions.

What we're going to cover today

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Co-Production

- How to build an understanding of current debrief practices.
- How the HEAR US and I am HEARD tool was developed.
- Recommendations on embedding this into practice.
- How to use this as part of a wider improvement project.
- How you might measure improvement.

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About the Mental Health Programme

March 2023 – March 2025

Three workstreams

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To Prevent Suicide and Self-Harm

To Improve Sexual Safety

To Reduce Restrictive Practice


FEELING EMPOWERED
ENABLING BETTER OUTCOMES
FEELING VALIDATED
COMPASSIONATE LANGUAGE
SUICIDE PREVENTION
PREVENTING SUICIDE & SELF-HARM
PATIENT & PUBLIC INVOLVEMENT
COLLECTIVE VOICE
S·H·A·R·E·D
HOPE
SHARING THE LOAD
MENTAL HEALTH PATIENT SAFETY
IMPROVING SAFETY THROUGH EXPERIENCES
CONFIDENCE
SPARK IDEAS
ROLE MODELLING
THE GOLDEN THREAD OF CO-PRODUCTION
WORKING AS A REGIONWIDE TEAM
CARING CAN'T BE DONE IN ISOLATION
PINCHING WITH PRIDE
NEW WAYS OF USING DATA
REDUCE BLANKET RESTRICTIONS
REDUCING RESTRICTIVE PRACTICE
SHARING RESOURCES
SEXUAL SAFETY
GREATER IMPACT
WORKING TOGETHER
REGIONWIDE
VALUING LIVED EXPERIENCE
SHARING EXPERTISE
RELATIONSHIPS BEYOND ORGANISATIONAL BOUNDARIES
HEAR US
QUALITY IMPROVEMENT
OUR CULTURE HAS ALLOWED US TO WORK WELL
PROMOTING AWARENESS
RIPPLE EFFECT OF INNOVATION
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Local change, national impact
Proud to be supported by
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for Mental Health, Learning Disabilities and Autism
BY JULIA BAKAY

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What made it true co-production?

What do we mean by post-incident debrief?

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Sometimes referred to as post-incident reviews/debriefs

We have ‘Hot/Cold’ debriefs.

In this instance, we’re speaking about ‘cold’ debriefs. So, some time after an incident. With patients, as a therapeutic intervention.

Post-incident debrief conversations.

What are the ‘stages’ of a post incident debrief?

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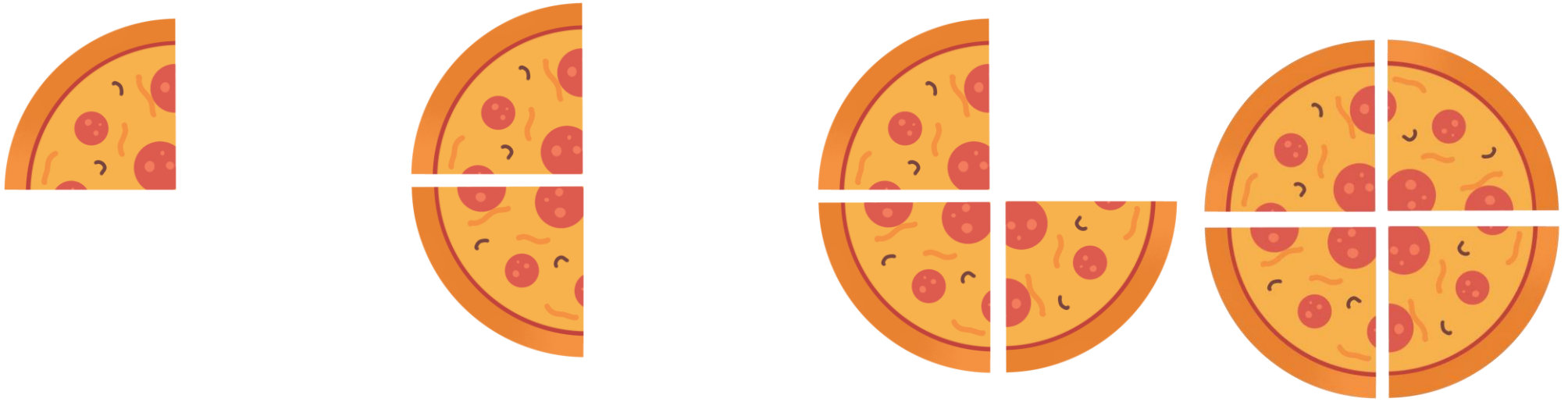
1. The debrief happens.
2. It’s documented.
3. It informs care plans/safety plans.
4. Patients are given a copy of the updated care/plan and safety plan.

Pizza analogy…

100% of patients get a full pizza



Debrief happens → It gets documented → Informs safety/care plans → Care plan/safety plan shared with patient

Why is it important?

- **If done well, over time, we hope that it reduces incidences of restrictive practice**

- **We want to ‘break the cycle’ through purposeful debriefs.**

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"Our objective is that every patient has access to a purposeful post-incident debrief. By making these post-incident conversations meaningful, we hope to reduce the incidences of restrictive practice."

East Midlands Reducing Restrictive Practice CoP

Breaking the cycle with purposeful debriefs

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Current feedback

- Patients weren't sure if they were having a debrief.
- Debriefs not always adding value.
- Wasn't informing care going forward.

Purposeful debriefs

- Pre-empting that crisis point.
- Understanding what happened.
- Prevent future escalations.
- Keeps patients safe.
- Enables pro-active care.
- Relational safety: Better able to respond in **least restrictive way.**

What we set out to do…

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Our aim was to improve debrief practice, but firstly we needed to understand what enabled a purposeful debrief.

To our knowledge, there wasn't a **one-page tool**, for both staff and patients which give some key enablers of a debrief.

The CoP set to work to improve this, by creating something that is **co-produced** and that both staff and patients could use as **part of everyday care**, as a complementary tool.

How did we get to the 6 enablers?

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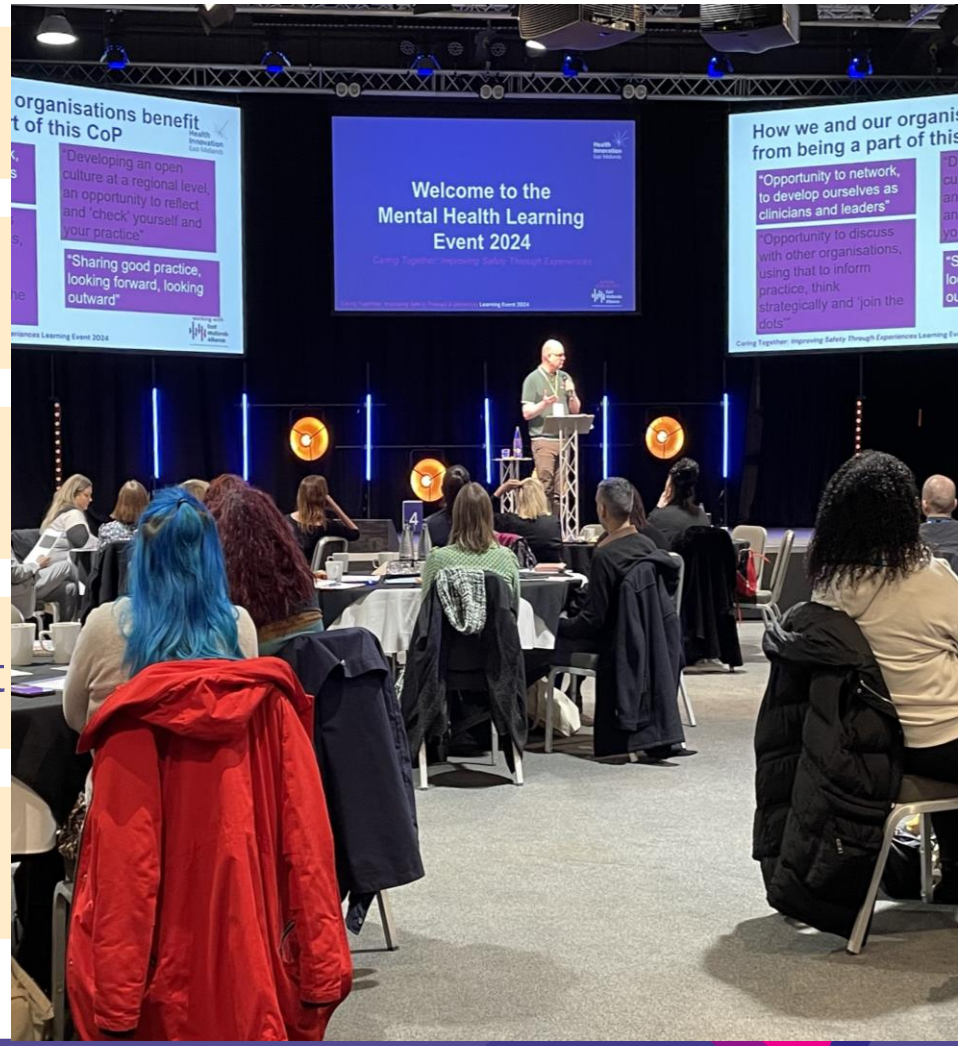
1. Workshop
2. Generated themes
3. Created HEAR US
4. Taken to Northamptonshire Healthcare for patient input
5. Back to the CoP for final iterations



Mental Health Learning Event and workshop

‘Caring Together: Improving safety through experiences’.

In attendance: Around 80 people, patients, staff, people with lived experience.

Workshop: Co-produced and facilitated by RRP CoP.

Barriers and enablers to a debrief that adds value.

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HEAR US and I am HEARD

HEAR US:

A tool to enable a purposeful post incident debrief conversation

How soon?

Are you, the patient, ready for the debrief?

Environment

Where will the debrief take place?

Allocate time

As a member of staff, have you allocated enough time for the post incident debrief conversation?

Rapport

As a patient, do you have a good relationship with the person leading the debrief?

Update care plans and/or safety plans

Do any care plans or safety plans need updating and reviewing following the debrief?

Speak with and update family and carers

Have you asked the patient whether they would like their carer/family member to be updated following this debrief?

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Local change, national impact

East Midlands Alliance
for Mental Health Learning Disabilities and Autism

Lived Experience Contributors
A work of full coproduction

I .....

H ave had a post incident debrief conversation. ☐

E xpressed/had the opportunity to express the reasons I became distressed. I was listened to and felt understood. ☐

A greed a plan with the member of staff that will support my future care. ☐

R eceived or was offered a copy of my care plan/safety plan. ☐

D iscussed (if necessary) anything that I felt was missing or I felt needed to be amended in my plan. ☐

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I am **HEARD:** *You can use the box below for any notes.*

Date:

I am HEARD has been co-produced for patient use.

Use this tool to track the 5 steps you can expect following a post incident debrief conversation. If you can't tick off one step because it hasn't happened, you can also use this tool to start a conversation with your care team who will be able to help you.

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Wider than just our lived experience

For patients and staff

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HEAR US

- For patients and staff
- Is available in A2 (poster sized), A4 and A5.
- Downloaded on HIEM website

I am HEARD

- For patient use only.
- To support patients to have a conversation with their care teams.

HEAR US *in practice*

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Thornton Ward at LPT


Training at LPFT

Post learning event at NHFT

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Find your own experts

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Implementation and measurement

Building an understanding of current practice… getting baseline data

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- Measure current debrief practice*
- Involving patients, carers and staff.
- Be open to challenge and be curious.
- Consider the data alongside your patient's experience.
- Work as imagined vs **work as done**

Using it in practice alongside measurement: We're back to the pizza analogy….

- Knowing what proportion of patients have a post-incident review conversation following an incident.
- Knowing what proportion of these are documented.
- Knowing what proportion of these inform care/safety plans*
- Knowing what proportion of these safety plans/care plans are offered to a patient.

For example

Debrief would have been appropriate	Debrief happened	Proportion of patients that received a debrief where it was appropriate
20	10	50%

The debrief happened	It was documented that it happened	It informed a care plan/safety plan	This plan was offered to a patient
10 out of 10	5	5	1
100%	50%	50%	10% *5% of all patients overall

In this example:
Where a debrief has happened, only 10% of patients got a full pizza.

And only 1 patient out of 20 of all patients where a debrief would have been appropriate got a full pizza or 5%.

Next steps after you have some baseline data: A QI approach

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- Use your data and be curious about practice! For example: Is the ward printer broken and is that why care plans aren't being offered to patients?
- Use this alongside building awareness of a good debrief.
- Remember, this is data for improvement!

Considerations when implementing the tools

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- I am HEARD: Is it a clinical document that should be signed and added to documentation or for patient use only?
- When will I am HEARD be given to a patient?
- How can you promote that this is to accompany and complement practice?
- Are there opportunities for this to be translated into different languages?

Ensuring debriefs add value

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- HEAR US is a starting point and a contribution to a wider piece of work to improve post-incident debrief conversations.
- It doesn’t stand alone and needs to be embedded as part of a wider piece of work. For example, a poster on a wall will not be enough.
- This is about changing practice and considering ward and practice culture.
- HEAR US and I am HEARD is the Community of Practice’s contribution to enabling better debriefs- it is not the answer alone.

How we recommend it is used

Embedded in practice, part of seclusion packs, part of training.

Given to patients on admission *this doesn't mean they should expect to have a debrief, but it's about being transparent about what they should expect.

Added to welcome packs on wards.

Shared in communal areas.

We hope that you can build on this also!

Knowing what you should expect is empowering.

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- Because if you've only been offered two slices of your pizza, sometimes it can feel difficult to go back and ask for more, even if you're entitled to that!
- Being open and honest, transparent with patients about what they can and should expect.
- Empowerment, being in the driving seat of care… "Actually, I'm not sure that I've had this element.."
- Choice, opportunity and knowing what you should expect as a service user.
- Building trust

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Thank you

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Office for Life Sciences

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