Safety Standards for Debrief

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

- The Debrief is an essential element in the provision of safe invasive procedures. The process enables a reflection on the day and consideration of factors that could be improved next time.
- It is one of the most important safety standards as it enables continuous improvement over time.
- The debrief can be a rapid process, research shows it can take less that 2.5 minutes to complete. It can improve productivity thorough learning from experience.

This guideline is for use by the following staff groups :

All anaesthetists
All surgeons
Midwives
Theatre staff
Interventional Radiologists
Interventional Cardiologists
Endoscopists
All practitioners performing procedures outside of theatre environment

Lead Clinician(s)

James Hutchinson	Consultant Anaesthetist
Approved by *TACCSS* ……. on:	17th January 2024
Review Date	17th January 2027

This is the most current document and should be used until a revised version is in place:

Key amendments to this guideline

Date	Amendment	Approved by:
17th Jan 24	Document approved	TACCSS

Safety Standards for Debrief

Summary of guideline

STAFF WORK HARD TO COMPLETE PROCEDURES SAFELY AND ON TIME

DEBRIEFING ENABLES A TEAM TO REFLECT ON WHAT WENT WELL

REFLECTION IS A CRITICAL ELEMENT IN ADULT LEARNING. DEBRIEFING CAN ENABLE CONTINUOUS IMPROVEMENTS.

FORMAL DEBRIEFS ARE OFTEN CHALLENGING BECAUSE OF WORKLOAD PRESSURES. Debriefs do not have to be lengthy. They may only take a few minutes. As debriefing becomes more embedded it will become more efficient.

KEY AREAS TO CONSIDER INCLUDE

- **EQUIPMENT**
- **PERSONNEL**
- **ENVIRONMENT**

THE DEBRIEF MUST BE RECORDED USING BLUE SPIER WITH A PAPER TEMPLATE AS A SUPPORTING TOOL

DEBRIEFING IS AN ADDITION TO, RATHER THAN SUBSTITUTE FOR, DATIX RECORDING

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Details of Guideline

Who should be involved in a Debrief?

- Every member of the procedural team should be able to take part.

- If a team member has to leave early they should have the chance to feed into the Debrief process.

- The theatre Team Leader should complete the Debrief using the BlueSpier debrief page

- If they are unable to complete the Debrief tool they should nominate a theatre member who is able to. This may often be the Circulating Practitioner.

When is a Debrief performed?

- The Debrief should be completed at the end of a procedural session. Usually the theatre Team Leader or Circulating staff will be in the best position to perform de-briefing.

- The Team Leader / circulating staff should ask the surgical team, the anaesthetic team and the theatre team:
    - What went well in the list?
    - What could be improved for next time?
    - Are there any actions to take and who will carry these forward?

- The Debrief should be conducted in a confidential manner which enables inclusivity and contribution from all team members.

- Staff and team members may feel unable to give feedback which should be recorded to assess how well the debriefs are working.

- To ensure attendance of participants Debrief may be conducted after Sign Out on the last case.

What is discussed at a Team De-brief?

- Simple questions to consider at the Debrief are:
    - What went well?
    - What could be improved for next time?

- Any action points that need to be addressed?

- It is important to recognise that in acute health-care often many things go well in pressurised and complex circumstances.

- An opportunity for identifying things that have gone well is good for positive reinforcement and enables feedback to teams who perform well.

- When considering areas for improvement useful areas to reflect on include:
  - Equipment: Have there been equipment problems identified which require formal actioning? Are there recurring themes with certain equipment items? Is staff training adequate for all equipment required.
  - Personnel: Is the staffing level adequate? Is the mix of training adequate? Have handovers been conducted adequately? Has punctuality been adequate?
  - Environment/working conditions: Was the procedural area adequately prepared? Was turnover between cases prolonged? Was the list booked appropriately? Was the scheduling clear and fixed?

- Debriefing is not a substitute for completing Datix and Incident Reporting. Any patient safety incidents must be reported via the usual Datix Incident Report form.

Recording the Debrief on BlueSpier

The Debrief should be recorded. This record can be used to communicate examples of good practice and any problems that occurred.

BlueSpier has the facility to record the Debrief on the 'Theatre View' page under the 'Theatre List' tab. A member of the team should be nominated to complete the BlueSpier debrief page.

Details to be entered include:

- Staff able to contribute to Debrief
- Whether the list went according to plan?
- If the list did not go to plan enter the factors which contributed to this.
- Enter any actions to be taken
- Enter any staff member responsible for taking action
- Good practice may be entered under 'Actions to be taken'.
- Enter any support staff responsible for 'Actions to be taken

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with key consent and site marking standards	Regular reporting via Theatre dashboard	At TACCSS governance meetings	Theatre staff	Governance lead Band 7 and Band 8 Theatre staff	6 times per year

References

National Safety Standards for Invasive Procedures 2 (NatSSIPs) January 2023. Centre for Perioperative Care. https://cpoc.org.uk/sites/cpoc/files/documents/2022-12/CPOC_NatSSIPs2_Debrief_2023.pdf

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Matthew Trotman Theatre Manager
Kim Simpson Theatre Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Surgical Quality Governance Lead – Louise Shaw Jones

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	NA	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval