

Implementing the National Objective to end Prone/Face Down Restraint

Examining Restraint Positions in Practice

Tuesday 22 September 2015 ICO Conference Centre, London

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Topics include:

- Perspectives on the ban on prone/face-down restraint in the NHS
- What is the current situation and how can we support the workforce to stop using face-down/prone restraint
- Extended Session: understanding restraint positions: outcomes, safety and efficacy
- Extended Case Study: how we have implemented the ban in practice
- Demonstrating alternative and emerging models
- Involving service users in restraint policy and practice decisions
- Extended Legal Session

Facilitators & Speakers Include:

Eric Baskind

*International Expert on
Physical Interventions*

Liverpool John Moore's University

Supporting Organisation



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Prone/Face Down Restraint

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"In April 2014 the government announced a drive to end face-down restraint. The new guidance forms part of a two-year strategy to overhaul the outdated use of restrictive interventions – such as face-down restraint, seclusion and rapid sedation – in all health and care services. The guidance stated that:

"Staff must not deliberately restrain people in a way that impacts on their airway, breathing or circulation, such as face down restraint on any surface, not just on the floor."

"There must be no planned or intentional restraint of a person in a prone/face down position on any surface, not just the floor.... If exceptionally a person is restrained unintentionally in a prone/face down position, staff should either release their holds or reposition into a safer alternative as soon as possible. "

"Face-down restraint - or prone restraint, is when someone is pinned on a surface and is physically prevented from moving out of this position...There are concerns that face down, or prone, restraint can result in dangerous compression of the chest and airways and put the person being restrained at risk." Department of Health, April 2014

"Investigations into abuses at Winterbourne View Hospital and Mind's Mental Health Crisis in Care: physical restraint in crisis (2013) showed that restrictive interventions have not always been used only as a last resort in health and care. They have even been used to inflict pain, humiliate or punish. Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people who use services and staff. These interventions have been used too much, for too long and we must change this." Norman Lamb Minister for Care and Support

Chaired by Eric Baskind, Senior Lecturer in Law and International Expert on Physical Interventions Liverpool John Moore's University, through expert sessions and case studies this conference will look at the practical implementation of this guidance a year on including in depth interactive sessions focusing on perspectives on the ban, ensuring staff are not put at risk, understanding restraint positions in terms of outcome, safety and efficacy Including alternatives to PRONE/Face Down Restraint, a detailed look at how Sheffield Health and Social Care NHS Foundation Trust have implemented a ban on face down restraint in practice, alternative and emerging models of de-escalation, engaging with service users, ensuring incident investigation and debriefing and finally an extended legal update.

Follow the conference on Twitter #NHSrestraint

10.00 Chairman's introduction

Eric Baskind *Senior Lecturer in Law and International Expert on Physical Interventions* Liverpool John Moores University

10.05 Panel Session: Perspectives on the ban on Prone/face-down restraint in the NHS a year on

The 2014 National Guidance states that "There must be no planned or intentional restraint of a person in a prone/face down position on any surface"

Dr Arokia Antony

*Consultant Psychiatrist,
Bowland PICU & Mental Health Lead NHS England*

Paul Scates

*Peer Specialist
Dorset Mental Health Forum*

Gary Firkins

*De-escalation, Management and Intervention Lead South Staffordshire
and Shropshire Healthcare NHS Trust & Member Positive Behaviour Support and Physical
Interventions (PBSPI) Expert Reference group* Department of Health

11.10 What is the current situation and how can we support the workforce? Lessons from the high secure services

Sharon Woodcock

*Violence Reduction Training Manager
Rampton Hospital*

Danny Angus

*Team Manager Positive Intervention Programme & Response Team
Ashworth Hospital*

- supporting the workforce to deliver the guidance
- is a ban on prone restraint possible or desirable? what are the options? learning from the high secure services
- what skills, knowledge, values and attitudes do staff need
- how to ensure a ban does not put staff at risk

11.30 Question and answers, followed by coffee

12.10 EXTENDED SESSION: Understanding restraint positions in terms of outcome, safety and efficacy Including alternatives to Prone/Face-down restraint

Eric Baskind

*Senior Lecturer in Law and International Expert on
Physical Interventions
Liverpool John Moores University*

This extended session will examine various restraint techniques in terms of outcome, safety for both service users and staff, and efficacy. The session will address problems delegates are facing with particular physical restraint techniques in practice as well as the ban on prone restraint. The session will look at effective training in techniques and pros and cons of the various restraint options. The session will discuss whether the complex nature of some peoples' illnesses required high levels of restraint and the issue of service user preference of restraint methods.

13.10 Question and answers, followed by lunch

14.00 EXTENDED SESSION

How we have implemented a ban on deliberate face down restraint in our organisation

Kim Parker

*Senior Nurse for Quality
Sheffield Health & Social Care NHS Foundation Trust*

- reducing the need for restrictive interventions
- how we have implemented a ban on face down restraint in Sheffield and the impact this has had on other types of restraint
- reporting and investigating any incidence of face down restraint
- what are the alternative approaches used in Sheffield?
- staff training
- the challenges in practice

14.45 Demonstrating alternative and emerging models for reducing restraint: Changing Culture and Practice

Iain Harbison

*Project Lead Violence Reduction
Lancashire Care NHS Foundation Trust*

- understanding the context and meaning behind the behaviour
- developing supportive environments and skills
- training and educating staff
- developing behaviour support plans and primary preventative strategies with service users
- our experience in Lancashire Care NHS Foundation Trust

15.10 Questions and answers followed by Tea

15.50 Control and Restraint: Legal Extended Update Session

Ashley Irons

*Partner
Capsticks Solicitors*

- is the ban compulsory? Where do we stand legally?
- when face down restraint is not a deliberate act
- understand when restraint can, cannot and must be used
- techniques that can and cannot be used
- the legal basis for restraint and legal history of face down/prone restraint
- case studies and examples in specialist areas

16.50 Question and answers followed by close

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(The ICO stands for International Coffee Organisation)

Date

Tuesday 22 September 2015

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