A Practical Guide to Positive and Proactive Care

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Reducing Restrictive Practice & Interventions

Violence and aggression: short-term management in mental health, health & community settings

Friday 3 February 2017 De Vere West One Conference Centre, London

Chair & Speakers Include:

Prof Peter Tyrer
Chair Guideline Development Group Violence and aggression: short-term management in mental health health and community settings NICE

Paul Scates
Peer Specialist
Campaigner & Ambassador

Supporting Organisation

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"Latest guidance from the Department of Health, Positive and Proactive Care, places an increasing focus on the use of preventive approaches and de-escalation for managing behaviour that services may find challenging. All restrictive interventions should be for the shortest time possible and use the least restrictive means to meet the immediate need based on the fundamental principles in Positive and Proactive Care. This is supported by the 2015 Mental Health Act Code of Practice which states that -unless there are cogent reasons for doing so, there must be no planned or intentional restraint of a person in a prone position". NICE guideline NG10: Violence and aggression also recommends avoiding prone restraint, and only using it for the shortest possible time if needed. We recognise that the use of mechanical restraint may be considered to be the least restrictive intervention in some specific cases, and may present less risk to the individual than the alternative of prolonged manual restraint or transfer to a more restrictive setting. This could provide a valid reason for using mechanical restraint in an emergency or 'unplanned" interventions, as well as planned interventions. However, providers should clearly document that any mechanical and physical interventions were considered by a group wider than just the service to assess whether this was the least restrictive option which was in the best interests of the person, and that there were no less restrictive alternatives which were appropriate and proportionate to the risks posed. In line with Positive and Proactive Care, providers should have a policy on the use of restraint and a restrictive intervention reduction programme, for which the board is accountable. Use of all restraint, including any use of mechanical restraint, should always be in line with this policy, and any staff should be appropriately trained. All cases of mechanical restraint should be reported to the trust board." Care Quality Commission April 2016

"The CQC is committed to using its regulatory powers to ensure that mental health services minimise the use of restraint and other restrictive interventions" Dr Paul Lelliott, Deputy Chief Inspector of Hospitals (Mental Health), Care Quality Commission

This conference focuses on developing positive and proactive care, reducing the need and use of restrictive interventions in health and mental health services. The conference will cover all forms of restraint practice and how they can be reduced in your service. Through national and legal updates, extended sessions and case studies the conference will provide a practical guide to developing and implementing a restrictive intervention reduction programme in practice.

"We now want to see a culture of tolerance towards people with mental health problems, helping health and social care professionals to de-escalate difficult situations and help service users get the support they need when circumstances in the health service can make things worse. We want to reduce the times when we restrict people who are wound up by mental health problems and placed in restrictive environments. We are recommending that every trust has a restrictive interventions reduction programme. We also want to develop a culture of learning, such that service users and professionals together can review every time we restrain or restrict a persons freedom; and give as much attention to human rights as we do to safety." Professor Tim Kendall, National Clinical Director for Mental Health

"Face-down physical restraint is still being used in mental health wards in England, despite the government and the NHS saying it should stop." BBC News September 2016

"We are going in the right direction, but there's a lot of other things that we need to do. When you go to an inpatient unit, you are commonly being restricted. And that's bound to produce a reaction in people, and it's important for all of us to make sure that doesn't end in restraint. For those trusts not changing things in a positive way, or worse [where] still things are not improving, they really need to take note of this. These are real human rights and ethical issues that they should be thinking about." Prof Tim Kendall National Clinical Director for Mental Health NHS England September 2016

10.00 Chairman's Introduction

Prof Peter Tyrer *Chair* Guideline Development Group Violence and aggression: short-term management in mental health health and community settings NICE & *Professor of Community Psychiatry* Centre for Mental Health Imperial College London

10.10 Is control and restraint used as a last resort in the NHS?

Paul Scates
Peer Specialist
Campaigner & Ambassador

- ensuring all forms of restrictive practices are reduced
- are restrictive practices currently only being used as a last resort
- how can we ensure a more positive supportive approach: prevention and de-escalation

10.40 Violence and Aggression: Monitoring progress against the NICE Guideline

Prof Peter Tyrer
Chair
Guideline Development Group Violence and aggression: short-term management in mental health, health and community settings NICE & *Professor of Community Psychiatry* Centre for Mental Health Imperial College London

- safeguarding NHS staff from violent and aggressive patients
- ensuring physical restraint is used as a last resort only
- changing the focus from managing to prevention and de-escalation
- meeting the CQC and CQUIN target
- monitoring progress against the NICE guideline in practice

11.10 Question and answers, followed by tea & coffee at 11.20

Legal Update

11.40 Extended Session: Use of Restrictive Practices: Legal Extended Update Session

Simon Robinson
Barrister
Five Paper Chambers

- what constitutes restraint?
- understand when restraint can, cannot and must be used
- techniques that can and cannot be used
- the legal basis for restraint
- case studies and examples in specialist areas

12.20 Extended Session: Types of restraint, restraint positions and good practice

Eric Baskind
Senior Lecturer in Law and International Expert on Physical Interventions
Liverpool John Moore's University

This extended session will bring together the various policies, legal and practical implications in the prevention and management of violence and aggression and examine various restraint techniques addressing problems delegates are facing in practice. The session will also focus on developing a restrictive intervention reduction plan and the use of least restrictive options.

13.00 Question and answers, followed by lunch at 13.10

Reducing the use of Restrictive Interventions: Case studies

13.50 EXTENDED SESSION: Improving control and restraint practice locally including ending face down restraint and reducing seclusion

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
- how are ensuring elimination of seclusion practice
- reducing and monitoring chemical restraint and the use of over medication
- producing the annual report on use of restrictive practice in your organisation
- the challenges in practice and preparing for CQC inspection on restrictive practices

14.30 Developing positive behavioural support and supporting people with challenging behaviour

Peter Baker
Consultant Clinical Psychologist
Sussex Partnership NHS Foundation Trust &
Editor
The International Journal of Positive Behavioural Support

- understanding the context and meaning behind the behaviour
- developing supportive environments and skills
- training and educating staff in positive behavioural support
- developing behaviour support plans and primary preventative strategies with service users
- supporting people with challenging behaviour
- de-escalation techniques in practice

15.05 Implementing a restrictive intervention reduction programme: case study

Gifty Markey
Nurse Consultant Acute Services Inpatient Mental Health
with Laura Smith
Patient Safety Advisor Nursing & Quality Directorate
Dorset HealthCare University NHS Foundation Trust

- developing an organisational commitment to reducing restrictive interventions
- implementing a restrictive intervention programme
- ensuring you have the data and information on restrictive intervention use
- learning from post incident reviews

15.30 Question and answers, followed by tea & coffee at 15.40

16.00 Reducing restrictive practice in mental health

Dr Arokia Antonysamy
Consultant Psychiatrist
Oxleas NHS Foundation Trust

- changing culture and practices
- our experience
- how we have reduced restraint in PICU by more than 50% in one year

16.30 Reducing chemical restraint, over medication and sedation

Caroline Parker
Consultant Pharmacist CNWL
Director of Operations NAPICU

- monitoring the use of medication and sedation
- reducing chemical restraint and over medication
- our experiences and moving forward

17.00 Question and answers, followed by close AT 17.10

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Conference Registration

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Organisation

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Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

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Conference Documentation

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The PDF will be emailed out after the conference, please fill in the 'Your Details' section above, ensuring your email address is clear and the 'Payment' section..

For more information contact Healthcare Conferences UK on **01932 429933** or email **jayne@hc-uk.org.uk**

Venue
De Vere West One, 9-10 Portland Place, London, W1B 1PR. A map of the venue will be sent with confirmation of your booking.

Date Friday 3 February 2017

Conference Fee
- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
- ☐ £300 + VAT (£360.00) for voluntary sector / charities.
- ☐ £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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