

Kent & Medway NHS & Social Care Partnership Trust - ANOTHER ICM QAC ACCREDITATION!

Kent & Medway NHS and Social Care Partnership Trust (KMPT) hold the ICM QAC Level 3-Delivering Training in Health & Social Care Settings. The awarding of the ICM-QAC Accreditation at Level 3 signifies an organisation is: compliant with the ICM quality assurance procedures for delivering training in the prevention and management of challenging behaviour in health and social care and Education settings. The accreditation includes evidence of compliance with the DoH Guidance: Positive and Proactive Care-reducing the need for restrictive interventions and NICE Guidance: the short term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments.



An accreditation day took place last year and at the time of receiving their accreditation, John Newman, Training Manager and Clinical Lead, KMPT said: "Audits can be quite daunting, especially when conducted in a CQC style

inspection and as a team we were apprehensive as to the whole process. However, due to the relaxed nature of the ICM auditor we were able to work in an open, honest and transparent manner enabling us as a team to positively gain from this whole experience. I already knew that we needed to improve the general governance surrounding our training and as a result of the audit the training team have been really motivated in reviewing and suggesting ideas in moving forward. I would like to take this opportunity to thank both my team for their hard work and the ICM for their support and guidance over the past two years. Overall, I feel the audit process has allowed us as a team to reflect, learn from and improve our training so we can provide a robust, quality service focused on improving patient care and the safety of everyone."

The ICM is currently processing a number of applications and will report on any successful outcomes.



IMPORTANT NOTICE:

If you are an ICM QAC (Level 1) and are involved in the delivery of training in the health and social care and education sector, you have limited time left to convert to the new accreditation system for health and social care.

More details on page 2!

ICM - CPD One Day Event 17th and 18th of May 2017

Hosted by IKON Training and Development Centre, Ipswich, Suffolk; between 0930 and 1600.

Fee £170 (includes membership fee and catering)

These CPD events will focus on identifying and refreshing physical skills alongside national developments that the ICM has been involved with. A final program will be sent out in our news letters over the coming months. If you are interest and wish to book at place please email and or call the ICM to book a place. Places are limited and are already filling up with a maximum of 16

places per course. Contact info@conflictmanagement.org if you are interested in attending.

HEALTH AND SOCIAL CARE QUALITY AWARD CENTRE ACCREDITATION - CHANGES FOR CURRENT QAC ACCREDITATION HOLDERS

Since the inception of ICM's QAC (Quality Award Centre) system, the ICM has been an important stakeholder in the development of standards and national guidance, including the dept of Health's 2014 guidance on "Positive and Proactive Care: reducing the need for restrictive interventions" which "provide(s) a framework to support the development of service cultures and ways of delivering care and support which better meet people's needs and which enhance their quality of life. It provides guidance on the delivery of services together with key actions that will ensure that people's quality of life is enhanced and that their needs are better met, which will reduce the need for restrictive interventions and promote recovery". Whilst there is no one standard that governs standards in health and social care, there is plenty of legislation that governs policy and standard across the health & social care spectrum, legislation that organisations must adhere to. In this regard, the document states: "There are no universally accepted standards for the use of physical restraint although both the British Institute of Learning Disabilities (BILD) and the Institute of Conflict Management (ICM) offer voluntary quality accreditation schemes."

The ICM has developed its new QAC system to help organisations and companies meet those needs, offering 2 levels of accreditation purely for health and social care training. Most current ICM QAC's are on Level 1 which is the standard, generic, original system, covering a variety of sectors. For the health & social care sector, we now we have Level 2 (if you are training with no restrictive interventions) or Level 3 (if you are training in restrictive interventions), both carry an obligation of a site visit by an ICM verifier and in the case of the latter, would look to bring your trainers together to assess their physical skills/restrictive intervention knowledge by way of an interactive workshop.

These new levels give health & social care organisations and trainers a system by which they can map their current practices against various national legislation and guidance governing their work. Feedback from members/trainers has been that this approach is welcomed and allows them to be confident in their training approach.

Please note:

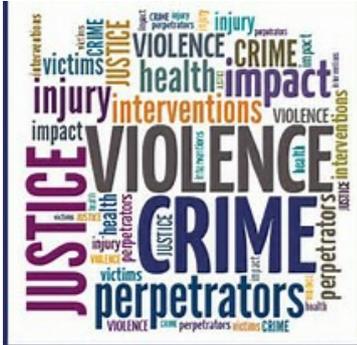
All remaining level 1 Centres engaged in delivering training in health & social and education care must upgrade to either Level 2 or Level 3 by 1st June 2017
You will need to resubmit your portfolios to be accorded the accreditation and continue as a centre.

For more details on how to upgrade your current QAC status, contact info@conflictmanagement.org

Current (not exhaustive list) of guidance and legislation QAC's in health & social care will be mapped against:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations.
- Safety Representatives and Safety Committees Regulations 1977 (a) and
- The Health and Safety (Consultation with Employees) Regulations 1996 (b).
- The Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR)
- National Occupational Standards (Managing Work Related Violence).
- Protection from Harassment Act 1997.
- Mental Health Act 1983 and current Code of Practice.
- Mental Capacity Act 2005 (MCA) & Deprivation of Liberty (DOLS).
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Duty of Care & European Convention on Human Rights.
- Data Protection Act 1998. Employment Rights Act 1996.
- Offences Against the Persons Act 1861.
- The Criminal Justice and Immigration Act 2008.
- Corporate Manslaughter and Corporate Homicide Act 2007.
- Positive and Proactive Care: reducing the need for restrictive interventions (Department of Health (DoH)) 2014.
- A positive and proactive workforce (DoH, Skills for Health/Skills) 2014.
- National Institute for Health and Care Excellence (NICE) current guidelines.
- NHS Protect current guidelines.

NHS PROTECT VICTIM OF ANTICIPATED NEW GOVERNMENT APPROACH TO PROTECTING STAFF



NHS Protect to advise hospitals on staff safety is to end that work at the end of March, the BBC has reported.

This is despite figures showing almost 200 assaults on doctors, nurses and other NHS staff in England every day. One A&E doctor

said "most NHS staff" could say they had been attacked or felt unsafe at work."

NHS Protect said it could not comment before a staff consultation ended but the government said it believed a new approach was needed to protect staff.

The body was tasked with overseeing the measures that trusts were taking to stop physical attacks on doctors and nurses. It has co-ordinated safety standards and held trusts to account since 2003.

Dr Jess Brittain-George, who works in accident and emergency, said: "Most NHS staff can say they've been attacked or felt unsafe at work, especially those of us on the front line.

"Everyone is on alert and looking out for the patient who is going to kick off. When I joined as a student in 2008 it was never mentioned. I did an A&E placement and no-one talked about it. Now it's a running joke in the staffroom - 'What's happened to you today? I've been hit again', or something like that."

Dr Brittain-George works in a hospital that takes staff security seriously and has seen attacks decline, but she says elsewhere in the health service security "isn't stellar" and has been frustrated by the unwillingness of police officers to investigate. She says a man told an A&E receptionist that he intended to wait outside to kill her when she left work.

"The police didn't care. They said, 'It's just a threat and it isn't important.' But everyone knows that a threat to your life is an offence and it is prosecutable."

Nurses' leaders say the intense pressure on the health service has fuelled attacks on staff. In total, 70,555 NHS staff were assaulted in 2015-16, according to NHS Protect figures - up 4% on the previous year.

Kim Sunley, of the Royal College of Nursing, described it as "an absolutely shocking figure".

"You see some horrible physical assaults - people being punched in the face, grabbed by the throat, limbs being broken, chairs being thrown at people. There's the

NEWSLETTER

physical impact of the injury, but also the psychological impact, the long-term effect. People are traumatised. Where people are frustrated and are having to wait a long time, an environment that isn't fit for purpose so you have trolleys in corridors, it's going to increase tension, it's going to increase frustration and it's a tinderbox atmosphere."

'Unacceptable incidents'

Many assaults are carried out by people who lack mental capacity, but it is thought some claim mental disability as a way of dissuading the police from investigating. NHS Protect has stepped in to secure convictions in cases when the police have decided not to act.

On the issue of ending security work, NHS Protect said in a statement that it was "not appropriate for us to comment in detail" before the consultation with staff ended on 1 March.

But it confirmed that it was consulting staff about plans under which "our organisation would not be tasked with security management work".

It added: "Work continues on the potential of identifying who might be best placed to take the lead on guiding this work, if it is felt appropriate that another body should take it forward".

A Department of Health said its proposals come amid a "persistently high numbers of these unacceptable incidents".

A spokesperson added: "NHS staff work incredibly hard in a high-pressure environment, and it is completely unacceptable for them to be subject to aggression or violence.

"Trusts should have no hesitation in involving the police and pressing for the strongest penalties against offenders."

