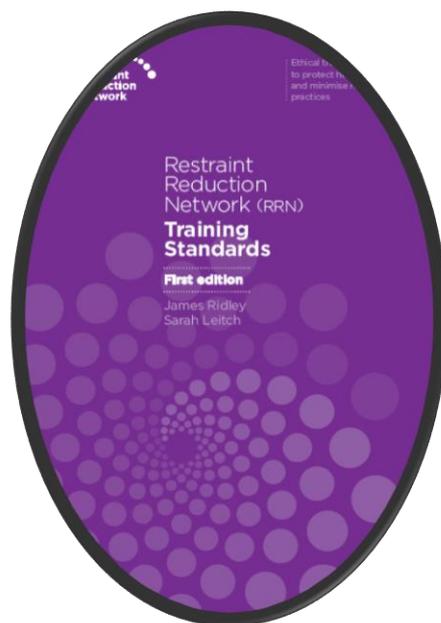


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Are providers of Acute Hospital
Services required to comply with the
RRN Standards?



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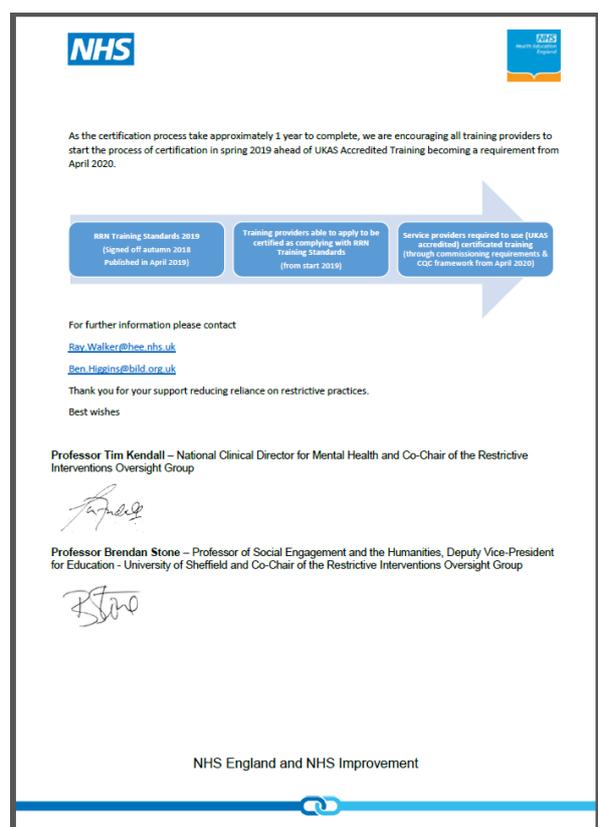
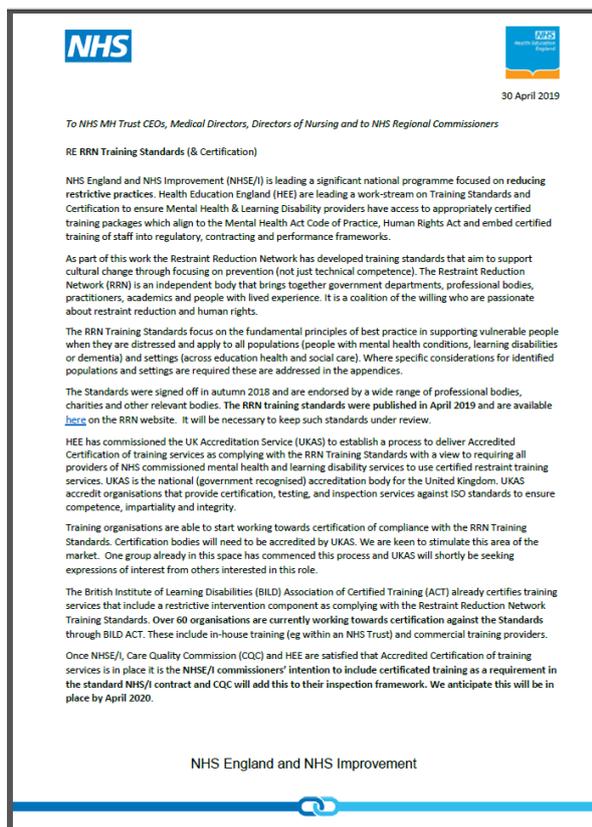
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This brief addresses the uncertainty about whether or not the new Restraint Reduction Network Standards apply to providers of acute hospital services.

BACKGROUND

On 30th April 2019, Professor Tim Kendall, (National Clinical Director for Mental Health and Co-Chair of the Restrictive Interventions Oversight Group) and Professor Brendan Stone, (Professor of Social Engagement and the Humanities, Deputy Vice-President for Education - University of Sheffield and Co-Chair of the Restrictive Interventions Oversight Group) co-authored a communique from NHS England and NHS Improvement addressed to **NHS MH Trust CEOs**, Medical Directors, Directors of Nursing and to NHS Regional Commissioners **Re: RRN Training Standards (& Certification)**.

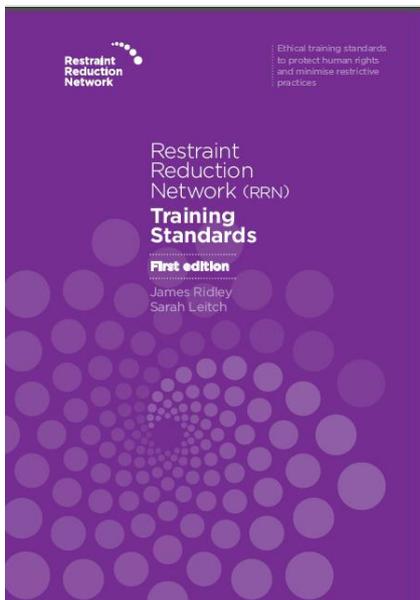


The communique announced HEE had commissioned the UK Accreditation Service (UKAS) to establish a process to deliver ‘Accredited Certification’ of training services as ‘complying with the Restraint Reduction Standards (RRN) Training Standards’, with a view to requiring **all** providers of NHS commissioned mental health and learning disability services to use ‘**certified restraint training services**’.

It also advised that, once NHSE/I, Care Quality Commission (CQC) and HEE were satisfied that Accredited Certification of training services was in place (anticipated to be in place by April 2020), **the intention was to include ‘certificated training’ as a requirement in the standard NHS/I contract and for CQC to add this to their inspection framework.**

The final paragraph said: *“As the certification process take approximately 1 year to complete, we are encouraging all training providers to start the process of certification in spring 2019 **ahead of UKAS Accredited Training becoming a requirement from April 2020**”.*

In January 2020, RRN published the ‘Training Standards’



Restraint
Reduction
Network (RRN)
**Training
Standards**
First edition
James Ridley
Sarah Leitch

(190 pages)

Page 10: *“The NHS welcomes the publication of the Restraint Reduction Network Training Standards. These Standards have been written to focus on ensuring training promotes human rights and supports cultural change necessary to reduce reliance on restrictive practices (rather than purely focus on technical skills). **Certification of compliance with these Standards will be a requirement in NHS commissioned and CQC regulated services from April 2020.**”* **Professor Tim Kendall, National Clinical Director for Mental Health, NHS England 2019**

Page 16: *“**The Training Standards will be mandatory for all training with a restrictive intervention component that is delivered to NHS commissioned services for people with mental health conditions, learning disabilities, autistic people and people living with dementia in England.**”*

Implementation will be via commissioning requirements and inspection frameworks from April 2020. This includes services in the independent, private and voluntary sectors.”

The RRN Training Standards document also proclaimed:

Page 189 – “These standards have been developed with the support of Health Education England and the Royal College of Nursing to provide a national and international benchmark for training in supporting people who are distressed in education, health and social care settings.”



The result was uncertainty as to whether or not the new ‘requirement’ applied to acute hospital services

Well, in Feb 2020, the [NHS Standard Contract 2020/21 - Technical Guidance](#) was published and it clarified the position.

It said:

See s.41.5 - For 2020/21, commissioners are required to agree SDIPs (Service Development and Improvement Plans)

- **with providers of mental health and learning disability services and with providers of mental health secure services,** to set out how the provider will prepare for implementation, to commence no later than 1 April 2021, of certified training in restrictive practices for all relevant staff; the SDIP must identify how the provider will secure a training supplier (whether in-house or external) certified (by a UKAS accredited certification body) as complying with the Restraint Reduction Network Training Standards published at <http://restraintreductionnetwork.org>. Where the provider has already secured a certified provider, the SDIP must set out how the provider will start to roll out the training to relevant staff.

Note: It does not (yet) make the same requirement of providers of acute hospital services!

So, providers of Acute Hospital Services are NOT required to comply with the RRN Standards.

Below is a screenshot of the relevant part (s41.5) of the [NHS Standard Contract 2020/21 - Technical Guidance](#).

41.4 Multiple SDIPs can be included within the same contract. SDIPs should be included in Schedule 6D at the point where the contract is signed or incorporated into the contract subsequently by Variation. Progress against the plan should be reviewed through the contract review process (GC8) and any issues addressed through the contract management process (GC9).

41.5 For 2020/21, commissioners are required to agree SDIPs

- **with providers of mental health and learning disability services and with providers of mental health secure services**, to set out how the provider will prepare for implementation, to commence no later than 1 April 2021, of

Grey = updated from Mar 2019 Guidance Yellow = updated from draft Dec 2019 Guidance 70

certified training in restrictive practices for all relevant staff; the SDIP must identify how the provider will secure a training supplier (whether in-house or external) certified (by a UKAS accredited certification body) as complying with the Restraint Reduction Network Training Standards published at <http://restraintreductionnetwork.org>. Where the provider has already secured a certified provider, the SDIP must set out how the provider will start to roll out the training to relevant staff;

- **with providers of maternity services**, setting out the steps they will each take during the year to achieve the goal of 51% of women receiving a continuity of carer pathway by March 2021, in accordance with SC3;
- **with providers of elective ophthalmology services**, setting out the steps the provider will take to ensure that it responds appropriately to recommendations which are expected to be made in the forthcoming report by the Healthcare Safety Investigation Branch on timely monitoring for patients with glaucoma. (Specifically, providers should be: risk rating patients; recording a recommended follow-up date (by completing the Earliest Clinically Appropriate Date field in relevant outpatient datasets) [NHS Digital and NECT guidance on PAS](#); reporting compliance with the [Portfolio of Indicators for Eye Health and Care follow-up performance standard](#) (95% of hospital appointments to be within no more than an additional 25% of their intended follow up period, including rescheduling of hospital initiated cancellations); and addressing full implementation of failsafe prioritisation processes for follow-up patients, as described in [Elective Care High Impact Interventions: ophthalmology](#).)
- **with providers of acute hospital services**, to set out how, with the support of their local Academic Health Sciences Network (AHSN), they will jointly take forward implementation of the Transfers of Care Around Medicines (TCAM) initiative. (TCAM is a national scheme, supported by changes to the national Community Pharmacy Contractual Framework for 2020/21 and facilitated by AHSNs locally, which focuses on specified categories of high-risk patients being discharged from inpatient care; prescribing information for these patients

More info

I hope the information above is useful to you. If you would like to discuss any aspect of it, please contact me:



Jim O'Dwyer

Senior Consultant

AEGIS Protective Services

T: 01202 773736

E: info@aegisprotectiveservices.co.uk



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Positive Care Solutions