

Executive summary report

Evaluation of the pilot of the Restraint Reduction Network Training Standards and the BILD Association of Certified Training certification scheme (July 2019)

**Know the Standards.
Set your standard.
Take a stand.**

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1. About the evaluation

In 2018, Health Education England worked with United Kingdom Accreditation Service (UKAS) and the Restraint Reduction Network to develop a process for certification against the new Restraint Reduction Network Training Standards 2019. BILD Association of Certified Training is licenced to use the Restraint Reduction Network certification scheme and is currently working towards UKAS accreditation, as meeting the ISO standards for certification before certifying training from October.

Five pilot training providers were chosen to test the scheme and the new standards (3 NHS trusts who had different models of training services, one private NHS provider and one not for profit training provider). Personal circumstances meant that the not for profit provider could not complete all of the pilot in the time allocated.

The pilots were fast tracked through in a shorter time than would be normally expected as a robust test of the system end to end was needed and this placed some pressure on them. The pilot process ran from October 2018 – May 2019. Usually the process of certification takes one year.

42 training organisations who were certificated under a previous scheme also began the transition to the new certification scheme and new standards during 2019. Their experience of the standards and scheme are also captured in this report but have been separated as the experiences have been different.

To evaluate the experiences of the five training providers involved in the pilot of the Restraint Reduction Network certification scheme the following methods were used:

1. Four online Survey Monkey questionnaires were sent to five pilot organisations participating in the pilot at key time points, following:

- The application and induction event (December 2018)
- Online submission and feedback (January 2019)

- Observational visit (April 2019)
- Panel process (June 2019)

(All surveys were completed online by a representative from the pilot organisation. The exception to this was the panel process questionnaire, which was completed over the phone and responses logged using Survey Monkey)

2. A final impact questionnaire was sent to the 42 transition organisations and all the five pilot organisations. 45 respondents started this questionnaire. Of these respondents 25 respondents (20 transition organisations and 5 pilot organisations) completed the survey.

2. Summary Table

In summary what we found out about the standards:

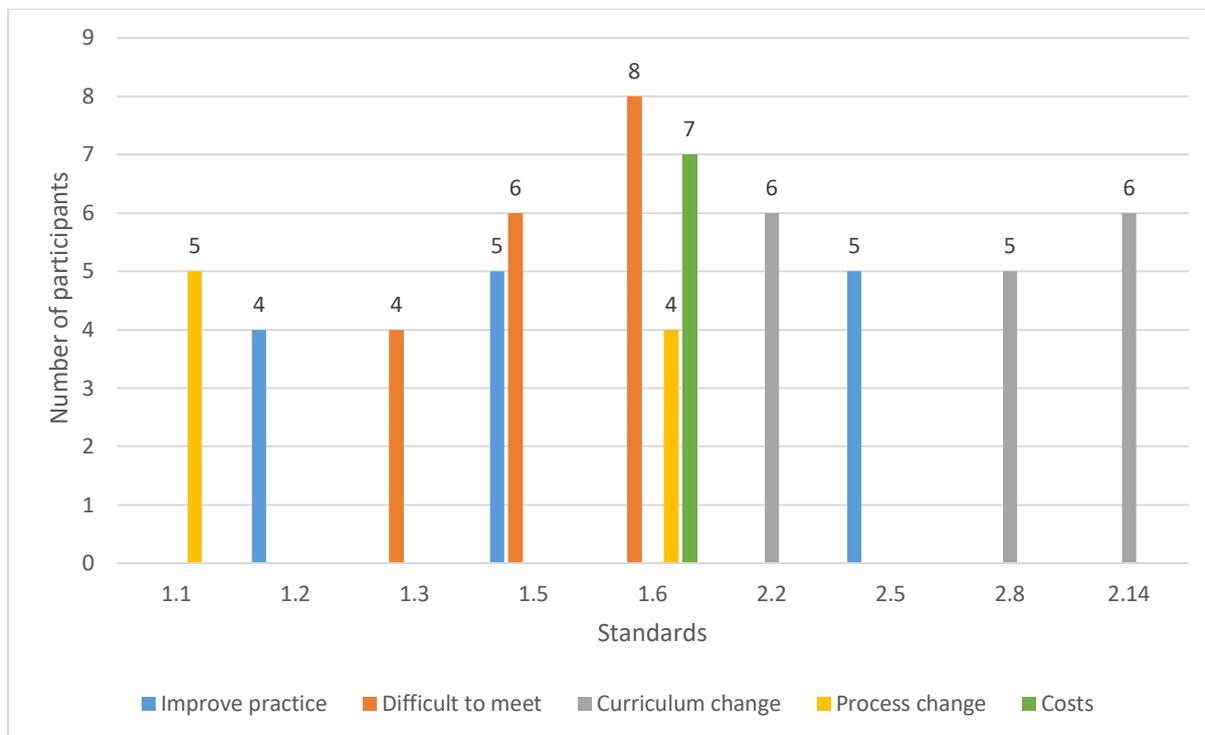
- They were generally welcome and perceived to have significant benefits
- They were generally clear
- The requirement for a Training Needs Analysis was seen as fundamental but more guidance on how to do this was needed
- The requirements for refresher training were seen as challenging by some (and has therefore been reviewed)
- Involving people with lived experience in training was welcomed and considered important but acknowledged as challenging to get right

In summary what we found out about the certification scheme:

- The BILD Association of Certified Training assessors were professional and were well informed and this professional relationship was seen critical to success
- The process of evidencing the standards was quite time consuming initially and needs someone with protected time to complete the process
- Some organisations wanted assessors to be mentors (not possible with UKAS)
- The online tool had mixed reviews (mainly due to teething problems in setting this up)

3. Standards that have had the most impact

The graph and table below shows standards that training providers rated as having the most impact in different areas.



	Standard number
Most likely to improve practice	1.2, 1.5, 2.5
Most likely to be difficult to meet were standards:	1.3, 1.5, 1.6
Most likely to require curriculum change were:	2.2, 2.8, 2.14
Most likely to require process change were:	1.1, 1.6

Standards 1.1 and 1.2 are about using a training needs analysis to determine the curriculum to be delivered and producing the curriculum in response

Standard 1.3 is a requirement for risk assessment for physical intervention techniques

Standard 1.5 involves people with lived experience contributing to training content

Standard 1.6 refers to delivery arrangements including arrangements for refresher programmes (which have been reviewed)

Standard 2.2 inclusion of duty of candour in the curriculum

Standard 2.5 inclusion of time requirement to teach preventative strategies before teaching restrictive interventions

Standard 2.8 more supporting content required when teaching people to use restrictive interventions

Standard 2.14 inclusion of trauma in the curriculum

These are some things we have done or are planning to do to support providers with the standards that are the most difficult to meet.

1. Re standards 1.1 and 1.2 - A training needs analysis template/tool will be published in September 2019 to support training providers and training commissioners who wish to use it.
2. Re standard 1.5 - Guidance is being published by the Restraint Reduction Network this month to support the engagement with people with lived experience to ensure that this is done ethically and fairly. This guidance has been developed with people with lived experience and consulted on through the community of practice.
3. Re standard 1.6 - In response to this feedback after consultation with an expert reference group, the wording in the standard has been changed so the requirement for refresher will be competency based by the training provider. This is congruent with a question in the final survey which asked organisations which option they preferred. This will reduce the financial burden on organisations who commission training.
4. Re standards 2.2, 2.5, 2.8, 2.14 - Guidance will be provided in a separate guidance document which will signpost good practice and resources in these areas and others.

4. Qualitative responses

The survey responses to benefits and challenges were also qualitatively analysed.

Benefits - Training providers felt there would be many benefits to the introduction of mandatory standards including: quality assurance improvements such as increasing transparency and governance, increasing consistency across all services and that the Standards would provide a benchmark for good practice. The Standards would also improve quality processes like increasing the competency of the workforce, improving the quality of service culture, including people with lived experience perspectives and upholding rights of individuals. Quality outcomes were likely to be improvements in quality of life for people in services, promotion of safe environments and care, and support and better safeguarding.

Challenges - These were focused on building relationships with commissioners, maintaining quality in affiliate organisations and providing assurances to customers about the status of the standards. Other challenges were also found in resources costs – i.e the time and the financial cost involved in implementing the standards.

Our responses to some of these challenges were:

1. Pilot organisations were given extra time and encouraged to focus only on 2 or 3 programmes.
2. A matrix of evidence sources will be published by the end of September to support providers with understanding what evidence they need this will reduce the resource burden while they are submitting for the first time
3. Guidance on the contractual relationship will be provided by the end of August to support training providers to understand and formalise quality assurance processes with affiliate organisations

Training providers also gave helpful advice and guidance to support others undertaking the certification process, and this will be included in the induction process for new providers.

Training providers were asked for ideas for a change that would improve the impact of certification and the following suggestions were most popular :

- Introduce peer mentorship / support system
- Give more detailed feedback about submissions
- Provide guidance to streamline the online evidence submission process
- Improve the online tool

Further clarification was asked for in these areas :

- The roles of training provider and commissioning organisation
- Timescales for the implementation of the standards
- Application fee for small organisations
- Physical techniques (which will be considered in next version)
- Quality assurance of affiliates organisations and associate trainers

Our responses to these suggestions :

1. A good professional relationship with an assessor was seen as key but to develop this into a mentoring relationship would not be appropriate under UKAS standards. A peer review mentoring system is being explored. In some ways this was informally explored through the pilot as those organisations supported each other through the process and this was seen as a very positive development.

2. A matrix of evidence sources will be published by the end of September to support providers with understanding of what evidence they need. This will reduce the resource burden while they are submitting for the first time, along with adaptations to the online self-assessment tool. This will streamline the process for first time applications.

3. Although the online system was seen by many of the transitioning organisations as preferable to the old paper heavy system, there were some teething problems. Some of these have been resolved. Suggestions were made for improvements and some of these will be explored with the online provider. Some guidance around using the system for assessors and training providers have been developed by BILD Association of Certified Training and will be piloted soon.

It was noted though that the online system would support the ongoing scrutiny and QA more effectively as documents would only need to be uploaded if they were new or had been updated.

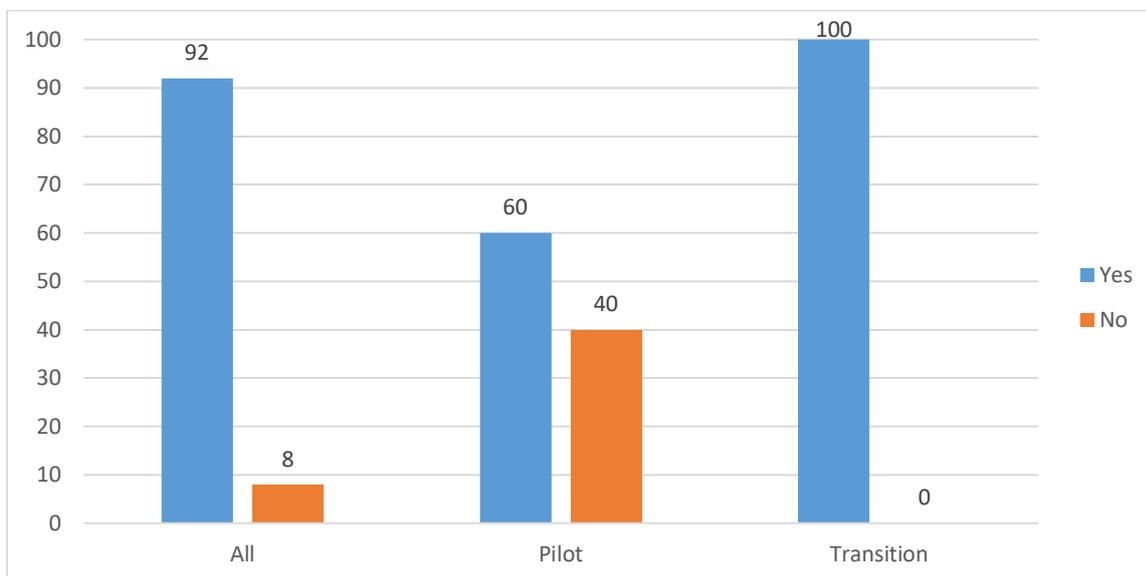
4. There was some concern about the lack of communication about the status of the scheme and the time scales from relevant bodies and this was difficult for some training providers to manage. We have little ability to influence external communication but it is felt that this is becoming clearer now. A Cross Arms Length Bodies letter will be sent out re the national implementation of the standards from HEE in the summer.

5. Training provider views on specific standards

The standard about pain compliance

Participants were asked whether they supported the standard requiring training providers not to include the teaching of any restrictive intervention that uses pain to force an individual to comply (1.3.7). Responses are shown in figure 3. As can be seen all 20 (100%) transition organisations agreed, compared to 60% (3/5) of the pilot organisations.

Percentages agreement with standard for not teaching pain compliance techniques



All 25 responses, pilot=5, transition= 20

Our response:

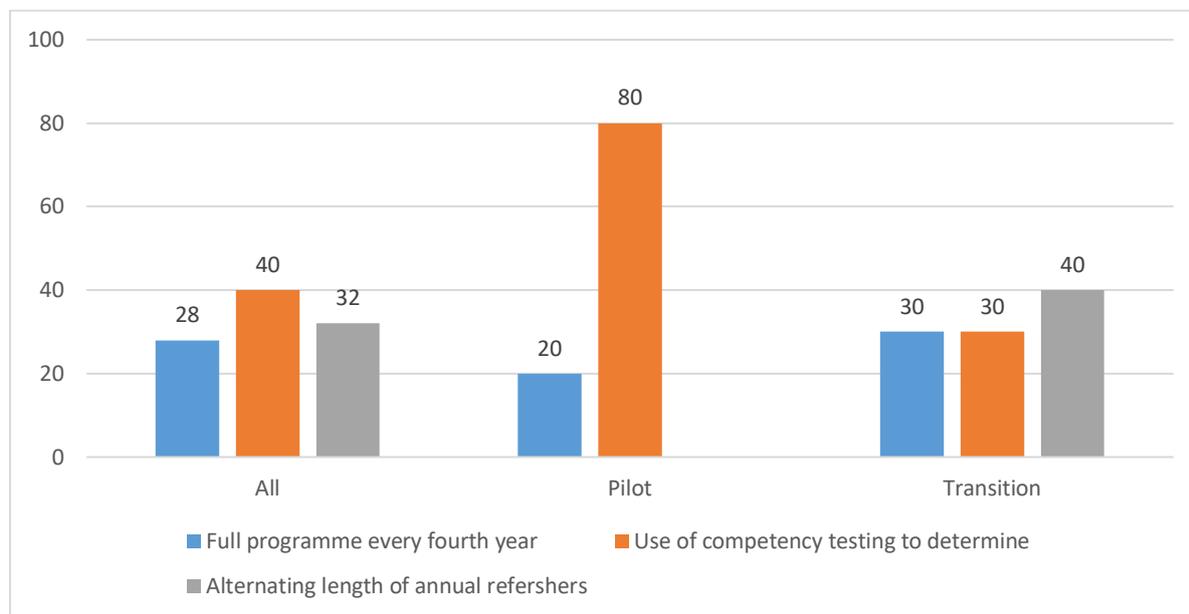
1. The majority agreed that this standard was right and should be included. A small minority felt there was work to do in the language used about the difference between pain compliance and pain used for escape purposes. A literature review has been commissioned to support any rewording of this appendix in the future

Views on refresher training

The Standards state that plans for competency testing and refresher programmes must be agreed with the commissioning organisation in advance, and be part of the agreed delivery plan. Refresher training must take place as a minimum annually and must include competence testing for minimum content requirements (see standard 1.3.2). Three options were presented to participants and their preferences surveyed, figure 4 illustrates the

preferred options. 80% (4/5) pilot organisations preferred the use of competency testing to determine the coverage of the refresher required. There was an almost even distribution of preferences across the three options for the transition organisations.

Figure 3. Preferred options for refresher training frequency and coverage



All 25 responses, pilot=5, transition

Our response:

1. See section 1 – standard 1.6 has been adapted to include the use of competency testing as a determinate of when the full programme needs to be repeated by the delegate. The Standards no longer require full course every four years.

6. Summary of our actions in response to the evaluation and next steps

We will:

- Publish version 1.1 of the Standards that includes changes to standard 1.6 and other minor changes (including QA requirements) – Restraint Reduction Network
- Publish supporting guidance for applicants including TNA, an evidence matrix, sample contracts to support quality assurance of affiliate organisations, signposting resources to support curriculum content development, and guidance for working alongside experts by experience.
- Work with the online tool provider to improve the process.
- Develop induction material for new applicants based on feedback from the pilots – BILD Association of Certified Training
- Publish Towards Safer Services guidance (in 2019) for services (to compliment RRN training standards)
- Cross ALB letter to be sent early summer (HEE)

Other pieces of ongoing work

- Development of a training content audit tool and a training impact tool, and a plan for a longer term evaluation of impact of the Standards
- Continue to work towards the actions needed for BILD Association of Certified Training to meet UKAS accrediting requirements
- The panel process has had to be updated due to the ISO 17065 standard but this will not significantly change the function of the panel. Due to this panel will now be the review, both the evidence presented by the Training Organisation and the evaluation process by BILD Association of Certified Training Assessors. The final sign-off for the certification will now be done by a Director of the Certification Body (e.g Association of Certified Training)
- Recently we surveyed training providers and special schools for their views on the application of the RRN standards
- -95% thought that training in schools should be of the same standard and regulation as health and social care
- -There were concerns about how certified training would work with model of inset days in schools and suggestion that this should be considered further

The Process for updating standards is available on the website,
www.restraintreductionnetwork.org

