

Conflict resolution training: implementing the learning aims and outcomes

July 2013

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Tackling fraud and managing security

Conflict resolution training: implementing the learning aims and outcomes

Version number	Publication date	Changes made
1.1.	12/07/2013	-

Contents

Purpose	4
Context	4
NHS conflict resolution training: core learning aims and outcomes	5
Risk assessment of conflict resolution training needs	6
Challenging behaviour	7
Training delivery	7
Refresher training	8
Quality assurance	8
Appendix 1 – Conflict resolution training curriculum	10
Appendix 2 – Frequently Asked Questions	16

Purpose

A key measure to protect NHS staff and those who deliver NHS services from violence is conflict resolution training (CRT). This document provides guidance to NHS organisations and providers of NHS services about who should receive CRT, the recommended minimum standards for contents and delivery, suggested means of delivery and information on quality assurance.

Context

It is important that staff feel safe in their working environment. Violent behaviour not only affects them personally but it also has a negative impact on the standard of services and the delivery of patient care.

In terms of tackling violence against staff, CRT is a key preventative tool. It forms part of a range of measures introduced to make the NHS a safer place to work. Clearly, it is not sufficient to react to incidents after they occur; ways of reducing the risk of incidents occurring and preventing them from happening in the first place must be found.

Some of the factors which suggest the need for CRT in the NHS are outlined below.

1 Legislation

Section 2 of the Health and Safety at Work Act 1974 requires the provision and maintenance of a working environment for employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work, including training.

2 Regulatory framework

The provision of a safe working environment is embedded in the Care Quality Commission's *Essential Standards of Quality and Safety*. Outcome 14D requires that staff are supported to do their work in a safe working environment where risks of violence, harassment and bullying are assessed and minimised.

3 The NHS environment

The specific risks of violence against staff are determined by factors such as:

- Situational – accident and emergency unit, mental health trusts, learning and disability services, community based nursing services, maternity services and the ambulance sector.
- Clinical conditions – renal units, head injury units, mental health and learning disabilities and dementia.
- Lone working – community-based nursing services.

4 Skills for Health Core Skills Training Framework for the health sector

NHS Protect's CRT is part of the training identified by Skills for Health in its essential *UK Core Skills Training Framework*. The framework contains guidance for organisations which aims to standardise the interpretation of the ten key subjects which frequently

feature as part of statutory and mandatory training requirements within the health sector. Furthermore, the framework is endorsed and supported nationally by a diverse range of interested parties, including high-level HR, education, development and quality professionals. Further information can be found on the Skills for Health website at www.skillsforhealth.org.uk.

5 The role of NHS Protect

NHS Protect strives to ensure that care can be delivered and received in a safe and secure environment and that valuable and finite resources are used effectively in delivering good quality healthcare.

Under the general conditions set out in the NHS Standard Contract, among other things, providers of NHS services are required to adhere to NHS Protect's security management standards and they are required to implement relevant mitigating actions in accordance with NHS Protect guidance. Specifically, standard 3.1 reads as follows:

The organisation provides prevention of violence training or conflict resolution training (CRT) to all its front line staff in accordance with NHS Protect's guidance. The training is monitored, reviewed and evaluated.

Further details of the security management standards can be found on our website at www.nhsbsa.nhs.uk/Protect. Details of the NHS Standard Contract can be found on the Department of Health website.

This guidance is aimed at providing more detailed support for NHS organisations and providers of NHS services on CRT. NHS Protect has also made available a national network of Senior Quality and Compliance Inspectors and Area Security Management Specialists as well as training and development opportunities; we encourage you to make full use of these.

Finally, in order to meet our objectives we quality assure the delivery of anti-crime work in the NHS to ensure the highest standard is consistently applied. This includes the delivery of CRT.

NHS conflict resolution training: core learning aims and outcomes

NHS Protect has developed generic learning aims and outcomes for use by all NHS organisations, providers of NHS services and training providers to assist them in their delivery of CRT. These are found in our [Conflict resolution training curriculum](#). The curriculum has been prepared based on extensive experience in the CRT field and using a student-centred approach to learning.

We recommend that all staff whose work for NHS organisations and providers of NHS services brings them into contact with members of the public undergo a CRT risk assessment. Under legislative requirements, it is the employer's responsibility to ensure that individuals and roles are risk-assessed in relation to violence and aggression to determine whether CRT is required and to what level.

The curriculum contains five core aims, with associated intended learning outcomes based on de-escalation techniques. The curriculum also provides suggested examples of course content and has been mapped to the Skills CFA national occupational standards suite *Prevention and Management of Violence in the Workplace*. Further information can be found on the Skills CFA website at <http://www.skillsca.org>.

The five core aims are as follows:

- To provide a summary of the role of NHS Protect, local anti-crime roles and security management work in the NHS.
- To provide an illustration of what constitutes conflict, how it arises and, using personal experience, how to be effective in reducing the risk of conflict occurring.
- To explore the role of communication in conflict and how to use it effectively.
- To outline the procedural, environmental and legal context of violence in the workplace.
- Explain what is required of individuals and organisations after a violent incident and the support available to those involved.

Appendix 1 provides further details of the [Conflict resolution training curriculum](#).

Risk assessment of conflict resolution training needs

It is crucial that NHS organisations and providers of NHS services deliver the appropriate level of CRT to meet the needs of staff at their organisation. For example, the clinical and environmental factors affecting conflict for ambulance services will be different from those experienced within in-patient settings.

NHS organisations and providers of NHS services may vary considerably as other factors such as location and demographics come into play. Therefore, in addition to delivering the five core aims and associated intended learning outcomes set out in the curriculum, to be compliant with standard 3.1, NHS organisations and providers of NHS services must take a risk-based approach to identifying who receives CRT and the level of training that they receive. This may include, among other things, what additional learning aims and outcomes are required to mitigate the identified risks and also who the expected training attendees would be.

As well as informing the level and priority of required CRT, this risk-based approach will help identify risk scenarios relevant to specific services and roles, which can be addressed during training. This will further ensure that the training is relevant to the audience.

In certain cases the risk assessment will highlight the need to develop further learning aims with associated intended learning outcomes for incorporation into CRT. In particular, we envisage that in mental health, learning disability, accident and emergency, medical assessment unit and ambulance settings there may be cause to develop CRT well beyond the learning aims and outcomes outlined in the [Conflict resolution training curriculum](#).

In cases where a risk assessment determines that employees do not require either a minimum or enhanced level of CRT, NHS Protect still encourage staff to gain a basic awareness of conflict resolution. We support the delivery of aspects of the [Conflict resolution training curriculum](#) in these circumstances, although the extent of delivery will depend upon the findings from the risk assessment. We have found that many organisations support this approach and provide CRT awareness courses for their staff.

Challenging behaviour

CRT provides staff with important de-escalation, communication and calming skills to help them prevent and manage violent situations. However, there are some incidents which may involve challenging behaviour that is clinically related, one common characteristic being where the individual involved in the incident may have some degree of cognitive impairment and their communication may be temporarily or permanently impaired.

NHS organisations and providers of NHS services may therefore choose to include clinically related challenging behaviour awareness as part of a combined course with CRT or incorporate it as part of other training initiatives, such as those addressing staff training needs around dementia.

It is recommended that all staff interacting directly with patients should receive both CRT and clinically related challenging behaviour awareness training. The forthcoming NHS Protect guidance on the prevention and management of clinically related challenging behaviour will provide organisations with a model for training in this area. This includes clinically related challenging behaviour awareness as well as core learning aims and outcomes; when considered in conjunction with this guidance, it will assist organisations in developing a training programme which meets this important requirement.

Training delivery

It is for commissioners and providers to determine who will deliver their CRT, However, the training will need to be appropriate for the training needs of the organisation and its staff, as determined by the risk assessment, and the five core aims and intended learning outcomes outlined in the *Conflict resolution training curriculum* will need to be included as part of the training. It may be that an in-house provider is preferred or one of the many specialist CRT companies may be used; both options have their own benefits.

In terms of timing, when it becomes apparent that the work of NHS staff or professionals will bring them into contact with members of the public, they should receive CRT as soon as practicable. The risk assessment of needs should also determine which employee groups are at greatest risk of violence and we recommend that these groups are given priority to receive CRT.

The delivery method for CRT should take into account the needs of delegates to ensure that maximum benefit and value is obtained. Requirements may include, among other things, access to resources such as classrooms, literature, audio visual facilities and appropriately qualified trainers. In our experience CRT benefits most from delivery in a classroom setting, although the overriding goal must be that the five core aims and intended learning outcomes, as well as any appropriate additional ones, are achieved effectively for delegates.

The duration of CRT courses will vary considerably depending on the number of additional learning aims that are identified through a risk assessment of CRT needs. However, all NHS CRT courses will need to provide enough time to ensure that the learning outcomes in the curriculum and those identified in the risk assessment are fully met. CRT can be delivered as a stand alone course, although there are benefits to conflict resolution being integrated into a more holistic approach to communication, customer care and engagement with service users, as these are all transferable skills. It may be that CRT is included in a series of training courses based around the Skills for Health *UK Core Skills Training Framework*.

Each learning aim serves a specific purpose in the process of preventing and de-escalating conflict. If the aims and learning outcomes are not addressed adequately on the course because there has not been enough time for the information to be fully disseminated and understood, this provides little or no value to students. To fully achieve standard 3.1 NHS organisations and providers of NHS services will need to demonstrate that the CRT in place at the organisation is effective; it is not enough to merely show that it has been delivered.

Based on our experience we have found that the [Conflict resolution training curriculum](#) requires five hours of contact time to be effective. We also recommend that effective delivery of the learning outcomes is borne in mind when determining class sizes; our experience has shown that this should be no more than 20 people. The Health and Safety Executive has endorsed this approach. E-learning may be appropriate to support the delivery of knowledge aspects of CRT but should not be a substitute for the recommended contact time.

Refresher training

The frequency of refresher CRT will be determined by local needs. Based on our experience of delivering such training, we recommend that, in the interests of retention of knowledge and personal safety, refresher training should take place no more than three years after the previous training.

In cases where new employees have already received CRT from other NHS providers or commissioners, this prior training may be counted if it followed NHS Protect guidance. In such cases a risk-based approach should be made of the employee's present needs before determining whether their prior learning is sufficient for their new role.

The aims of refresher CRT should be to refresh and consolidate the delegates' prior learning and experience regarding conflict resolution and, where applicable, to update it. The contact time needed for refresher training will depend upon a risk assessment of CRT needs.

Quality assurance

Given the security challenges that the NHS faces we need to be sure that standards are being met and anti-crime provision is being improved to safeguard the NHS for the future. In order to ensure continuous improvement one of our strategic aims is to quality assure the delivery of anti-crime work in the NHS so that the highest standards are consistently applied and includes the delivery of CRT

It is not enough to merely deliver appropriate risk-based CRT to frontline NHS staff: it is crucial that the training is effective and addresses the identified risks. Therefore, in line with the NHS Standard Contract and the associated security management standards, NHS organisations and providers of NHS services are expected to use sound data to regularly evaluate their CRT to ensure that it is effective, and to make improvements to their programme where appropriate.

The NHS security management standards require organisations to provide data to NHS Protect as part of its quality assurance programme. This includes qualitative information about their CRT provision. We shall also require organisations to provide information on the number of staff that have attended CRT and refresher training to assist us in building a comprehensive national picture of CRT in the NHS.

The aim of our quality assurance programme will be to obtain regular and timely information about local CRT with minimal impact and maximum benefit for NHS organisations and providers of NHS services. In order to reduce the burden of regulation, NHS Protect shares

findings from its quality assurance programme with other regulators. In the case of CRT this includes the Health and Safety Executive and the Care Quality Commission.

Conflict resolution training curriculum

Aim 1	To provide a summary of the role of NHS Protect, local anti-crime roles and security management work in the NHS.
Linked National Occupational Standard	Not applicable.
Intended learning outcomes	Recommended content
<p>By the end of the session students will be able to:</p> <ul style="list-style-type: none"> • Identify the main areas of work and the objectives of NHS Protect. • Explain the role of the Local Security Management Specialist (LSMS). • Explain the role of the Security Management Director (SMD). • Explain the role of the Senior Quality and Compliance Inspector (SQCI) and the quality assurance programme. • Explain the role of the Area Security Management Specialist (ASMS). 	<p>This may include (the list is not exhaustive):</p> <ul style="list-style-type: none"> • NHS Protect’s anti-crime strategy for the NHS, <i>Tackling crime against the NHS: a strategic approach</i>. • Current NHS Protect training courses. • NHS Protect annual reports. • Posters and leaflets. • Standards for providers – security management. • Other guidance. <p>These can be found on the NHS Protect website, www.nhsbsa.nhs.uk/protect</p>

Aim 2	To provide an illustration of what constitutes conflict, how it arises and, using personal experience, how to be effective in reducing the risk of conflict occurring.
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Linked National Occupational Standards	<p>PMWRV1. Make sure your actions contribute to a positive and safe working culture.</p> <p>PMWRV3. Protect yourself and others from the risk of violence at work.</p> <p>PMWRV13. Make sure your own actions minimise the risk of aggressive communication.</p>
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Intended learning outcomes	Recommended content
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<p>By the end of the session students will be able to:</p> <ul style="list-style-type: none"> • Describe the common causes of conflict. • Identify the different stages of conflict. • Learn for their own experience of conflict situations to develop strategies to reduce the opportunity for conflict in the future. 	<p>It is important that students recognise that conflict can occur for a variety of reasons, which may not be immediately apparent. Causes include (the list is not exhaustive): illness, misunderstandings, waiting times, mental health problems, stress, previous trauma and poor communication skills. Special consideration should be given to triggers specific to a particular healthcare setting.</p> <p>There are a variety of definitions in dictionaries for the word 'conflict'. There are also a variety of stages to conflict: frustration, anger, aggression, intimidation, threats and assault. These should be discussed, as this allows the students to make decisions on the courses of action they may wish to consider. It should be pointed out that not all people go through all the stages and they may miss some. Additionally, a person can pass through the stages very quickly or very slowly.</p> <p>The options available to individuals when faced with a potential conflict situation are: communication (with the intention of resolving or defusing the situation), avoidance (removing themselves from the threat), and self defence.</p> <p>Students should be asked to consider what option they would apply at the various stages of conflict, while being mindful that every situation is different and that if individuals feel uncomfortable or threatened at any stage the best option to take will always be to remove themselves from the threat.</p> <p>Students should be encouraged to reflect on a personal conflict situation. This can be re-visited during the course to see whether, having learned each aspect of the session, they would do anything differently.</p>
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Aim 3	To explore the role of communication in conflict and how to use it effectively.
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Linked National Occupational Standards	<p>PMWRV3. Protect yourself and others from the risk of violence at work.</p> <p>PMWRV13. Make sure your own actions minimise the risk of aggressive communication.</p>
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Intended learning outcomes	Recommended content
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<p>By the end of the session students will be able to:</p> <ul style="list-style-type: none"> • Describe two forms of communication. • Indicate the level of emphasis that can be placed on verbal and non-verbal communication during a conflict situation. • Underline the impact that cultural differences may have in relation to communication. • Identify the causes of communication breakdown and the importance of creating the right conditions for communication to succeed. • Utilise three communication models that will assist them in dealing with different levels of conflict. • Recognise the behavioural pattern of individuals during conflict. • Recognise the warning and danger signals displayed by individuals during a conflict situation including the signs that may indicate the possibility of physical attack. 	<p>It is important that the issue of cultural differences is discussed and that students are made aware that these differences could themselves cause communication to break down. This can also be linked to equal opportunities and diversity in the workplace.</p> <p>Albert Mehrabian's <i>Silent Messages</i> (1971). When discussing non-verbal communication (NVC) it is essential that students identify good examples that would aid communication rather than hinder it.</p> <p>Students should be made aware of the 'Transactional Analysis' theory devised by Eric Berne to demonstrate the impact that behaviours may have on verbal communications.</p> <p>Students should be made aware that there are many ways in which communication can break down. Examples include: language, time constraints, cultural differences, anxiety.</p> <p>NHS Protect have used the following models: PEACE, LEAPS, CUDSA and Five-step Appeal in their CRT delivery. All of these may be effective in avoiding, defusing or resolving potential conflict situations and offer the trainer options from which to tailor their session.</p> <p>Further details of the examples provided in the recommended content can be found on the internet.</p>
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Aim 4	To outline the procedural, environmental and legal context of violence in the workplace.
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Linked National Occupational Standard	<p>PMWRV1. Make sure your actions contribute to a positive and safe working culture.</p> <p>PMWRV3. Protect yourself and others from the risk of violence at work.</p>
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Intended learning outcomes	Recommended content
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<p>By the end of the session students will be able to:</p> <ul style="list-style-type: none"> • Identify the procedural and environmental factors affecting conflict situations and recognise their importance in decision making. • Underline the importance of keeping a safe distance in conflict situations. • Summarise the methods and actions appropriate for particular conflict situations and that no two situations are same. • Explain the use of 'reasonable force' as described in law and its limitations and requirements. 	<p>Impact factors should be considered in a potential conflict situation. They can be described as personal or environmental, or they may relate to the person you are interacting with. The reasoning behind this approach is that you should know the area you are working in, know the person you are dealing with and know your limitations.</p> <p>Whenever an individual enters a different environment they should be undertaking mini risk assessments. Dynamics can change very quickly and this should always be borne in mind. Individuals should have an awareness of what is going on around them and be prepared to react accordingly. There should be a prepared exit strategy which would enable them to leave an area without the risk of escalating the situation.</p> <p>Students should be aware of intimate, personal and social space zones. The various zones are important in the way we communicate but it should be highlighted that the distances may vary depending on the personality of an individual. In the NHS we may infringe these zones in the course of our work, which is why communication skills are important to reassure a person in such situations as through embarrassment, anxiety or fear a person may become angry and aggressive.</p> <p>The reactionary gap is an imaginary area that allows a person to respond to a potential threat. As a benchmark, two arms length may be sufficient distance. However, this may vary from one individual to the next. This distance would increase if an aggressor arms themselves with an actual or potential weapon. Individuals should be alert to the changing circumstances and early recognition of increased frustration and anger. Visible warning and danger signs will allow for the individuals to respond accordingly. Remember that a person can move very quickly and whatever their age and level of mobility anyone may become an assailant.</p> <p>The fight/flight/freeze response is the body's natural reaction to potentially threatening or dangerous situations. It should be stressed that the preferred option will always be flight, which is why the early recognition of warning and danger signs is so</p>
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	<p>important.</p> <p>If a person is unable to take flight from an area due to a sudden attack or their exit is blocked, then the individual may have to consider the fight option. Definitions from the relevant legislation should be provided to the individual and explained in detail, with emphasis being placed on the phrases: minimum use of force, appropriate in the circumstances, proportionality and reasonable use of force. It should be stressed to individuals that this is definitely the last resort and that, where possible, communication and avoidance strategies should have been tried.</p> <p>Students should be made aware that if a person does defend themselves and they go too far they may be liable to prosecution. It is important to deliver to the students a legal framework for this (Criminal Law Act 1967) and make reference to specific cases where use of force has been supported or prosecuted, as the case may be.</p>
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Aim 5	To explain what is required of individuals and organisations after a violent incident and the support available to those involved.
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Linked National Occupational Standard	PMWRV8. Support individuals involved in violent incidents at work.
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Intended learning outcomes	Recommended content
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<p>By the end of the session students will be able to:</p> <ul style="list-style-type: none"> • Identify the range of support, both short and long-term, available to those affected by a violent incident. • Underline the need to provide support to those directly affected and the wider organisational benefits of this. 	<p>Students should be informed of action to be taken after a violent incident. The following questions provide a useful guide (the list is not exhaustive):</p> <ul style="list-style-type: none"> • Has the individual been injured? • Do they need medical or any other assistance? • Have they removed themselves to a place of safety? • Have they reported the incident? • Have they completed an incident report form? • Have the police been called? <p>Students should be reminded that if it is not documented, it did not happen. The role of the Local Security Management Specialist should be reinforced in relation to the investigation of violence and aggression against individuals.</p> <p>Post incident support may involve (the list is not exhaustive): the individual's line manager, occupational health services, employee counselling services, HR (e.g. in relation to a phased returned to work), Victim Support and the Criminal Injuries Compensation Authority.</p>
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Frequently Asked Questions about conflict resolution training

What is conflict resolution training?

Conflict resolution training (CRT) is a means of providing employees of NHS organisations and providers of NHS services with the skills to spot signs of a potentially violent incident before it escalates. It teaches them how to defuse, prevent and manage an incident without the use of physical restraint. We believe that these skills are a safe and more ethical way to prevent an incident of violence. Physical restraint must be the last resort.

Why is there a particular version of CRT for the NHS?

By its very nature NHS work involves a particularly high level of personal interaction with the public, much of it at close quarters. There are many pressures surrounding the provision of treatment that could result in conflict.

Do you recommend a minimum or maximum number of delegates to a CRT course?

The delivery of CRT benefits from the interaction between the trainer and the delegates and between the delegates themselves. To ensure that this is the case, while also ensuring that the trainer can establish that learning is effective, we recommend groups of no less than 12 delegates and no more than 20.

How long should I spend delivering the core learning aims and outcomes?

Based on our experience we recommend that the *CRT curriculum* requires five hours of contact time to be effective; and this approach is supported by the Health and Safety Executive. Our quality assurance process will look at the delivery of CRT and where courses are not meeting our recommendations we will look into them in more detail and make recommendations for improvement as appropriate.

Can the minimum delivery time be split up into sessions?

We do not recommend this because the learning aims and outcomes benefit from being delivered together. Separating them will increase the length of the training as delegates will need to be refreshed about previous elements before resuming the course. Splitting the sessions up would also lead to delegates being part-trained between delivery and therefore vulnerable during the interim period. This would create a risk to organisations from a liability perspective during those interim periods.

What are the minimum qualifications required to deliver CRT?

NHS Protect recommends that trainers delivering of CRT should have a formal training qualification, although it does not recommend specific courses or suppliers.

How will I know if the CRT that my staff have received is effective?

It is not enough to merely deliver appropriate risk-based CRT to frontline NHS staff, it is crucial that the training is effective and addresses the identified risks. Organisations are expected to monitor, review and evaluate their CRT to ensure that it effective and make improvements to it where appropriate.

How will I know whether a person requires CRT or not?

There is such a wide range of organisation types, settings and job roles in the NHS that there is no simple way of defining whether a post requires CRT or not and what level of training should be delivered. It is the employer's responsibility to ensure that individuals and roles are risk-assessed in relation to violence and aggression and this will determine whether CRT is required and to what level.

Who should provide the CRT?

NHS organisations and providers of NHS services can train their staff via in-house trainers or, if appropriate, via private contractors. Those delivering the training should adhere to the NHS Protect guidance to ensure that the appropriate standard of training is achieved.

Will there be quality assurance of the CRT?

Yes, our quality assurance programme will aim to obtain regular and timely information about local CRT with minimal impact and maximum benefit for providers and commissioners. In order to reduce the burden of regulation, NHS Protect shares findings from our quality assurance programme with other regulators. In the case of CRT this includes the Health and Safety Executive and the Care Quality Commission.

Should there be refresher CRT?

Yes. The frequency of refresher CRT will be determined by local needs, although we recommend that, in the interests of retention of knowledge and personal safety, refresher training should take place no more than three years after delivery of the previous training.

Can CRT be delivered by e-learning?

E-learning may be appropriate to support the delivery of knowledge aspects of CRT but should not be a substitute for the recommended contact time. It is important to be mindful that IT literacy is not an essential requirement for some staff groups requiring CRT.

Can CRT be delivered using a work book?

As with e-learning, a work book can be a useful support in the delivery of knowledge aspects of CRT but should not be a substitute for the recommended contact time.

Can CRT be delivered as part of a broader training day including other training?

CRT can be delivered as a stand alone course, although there are benefits to conflict resolution being integrated into a more holistic approach to communication, customer care and engagement with service users, as these are all transferable skills.

CRT consists of a set of learning outcomes to be delivered to minimum standards. Where these outcomes are also covered by other training, this may be delivered at the same time as CRT, if it can be demonstrated that this can be done without compromising on the quality of training delivery.

For example, it may be that CRT is incorporated as part of a series of training courses based around the Skills for Health UK Core Skills Training Framework.

How is CRT mandated? Will NHS organisations and providers of NHS services be forced to deliver this?

The Health and Safety Act 1974 requires a safe working environment and adequate facilities including appropriate training. Also outcome 14D of the Care Quality Commission's Essential Standards of Quality and Safety requires staff to have a safe working environment where risks of violence, harassment and bullying are assessed and minimised. Under the NHS Standard Contract, among other things, providers of NHS services are required to adhere to NHS Protect's security management requirements and standard 3.1 specifically addresses CRT.

Could an overall risk rating for conflict for each organisation be determined, in order to define what approach for CRT is needed?

NHS organisations and providers of NHS services may vary considerably according to factors such as location and demographics. Therefore, prescribing what is appropriate for the roles in each organisation is best done by those who know the most about their organisation, i.e. at a local level.

An overall risk rating for an organisation would not determine who might be harmed and using such a general approach may result in people receiving training that they do not need it or in training not being received by those who need it. The number of reported incidents of violence should not determine whether there is a need for CRT because the number of incidents has no bearing on the risk to staff.

What evidence is there to show that CRT provides benefits?

Our CRT survey found that the vast majority of delegates felt that the training would help them to identify potential conflict situations (95.1%) and manage such incidents more effectively (96.4%). Furthermore, staff said that they felt safer and more secure at work following CRT. Twelve months after receiving the training, 67% of NHS staff surveyed said their working environment felt safer and more secure from violence. This compares to 47% of NHS staff surveyed before receipt of the training. It is a similar picture in respect of verbal abuse. After CRT, 56% of NHS staff surveyed felt safer from verbal abuse at work, compared to only 43% before the training. In some cases, staff feeling safer and more secure at work will mean the difference between staff leaving the NHS or not. Improved retention of staff will mean better patient care.

How do I know if the training has been effective?

The [Conflict resolution training curriculum](#) has now been developed which focuses on learning aims and outcomes. Our expectation is that the training has to achieve positive outcomes and so organisations are expected to monitor, review and evaluate their CRT to ensure that it is effective and make improvements to it where appropriate. All of this has been designed to move away from output-focussed training that sought to merely achieve a 'tick in the box'.

How will you check the quality of the training?

The learning aims and outcomes have been developed over many years in conjunction with academics, stakeholders and regulators. Through our quality assurance process we will be looking to organisations to demonstrate that their training is following guidance and having a positive impact.

Do I have to stick to the core CRT curriculum?

In certain cases the level of training required will be greater than the core curriculum, for example, the clinical and environmental factors affecting conflict for ambulance services will be different to those experienced within in-patient settings.

Will I be made to re-do the training when I change jobs?

In cases where new employees have already received CRT from other NHS providers or commissioners, their prior learning may be counted if the training has followed NHS Protect guidance. In such cases a risk assessment should be made of the employee's present needs before determining whether their prior learning is sufficient for their new role.