



Conflict Resolution Training

Implementing the National Syllabus



Security Management Service

Contents	Page No.
Introduction	3
Background	4
Implementation	6
Delivery	9
Annex A	11
Annex B	13

1. Introduction

- 1.1. The NHS Counter Fraud and Security Management Service (CFSMS) was launched on 1st April with a remit encompassing policy and operational responsibility for the management of security in the NHS (Statutory Instrument 3039/2002). In December 2003 the Secretary of State launched the strategic document '*A Professional Approach to Managing Security in the NHS*' www.cfsms.nhs.uk. The key aim of this strategy is the delivery of an environment for those who use or work in the NHS that is properly secure, so that the highest possible standard of clinical care can be made available to patients.

2. Background

2.1. Tackling violence against staff and professionals working in the NHS is a key area of specific action for the Security Management Service (SMS) - the part of the CFSMS responsible for security management work.

2.2. Work to tackle violence has already begun with some important reactive measures to deal with incidents of physical and non-physical assaults on NHS staff and professionals. On 20 November 2003 Secretary of State Directions on measures to deal with violence against staff and professionals were issued to NHS bodies. These introduced the following:

- **Health bodies to have a nominated Executive Director** leading work to tackle violence against staff.
- A **national incident reporting system** for recording physical assaults and a consistent local reporting system for non-physical incidents, using clear legally based definitions.
- The **use of CFSMS operational service to investigate cases** of physical assault where the police are not investigating. These arrangements will continue until Local Security Management Specialists (LSMS) are trained and in place within each health body.
- A new **Legal Protection Unit (LPU)** to work with health bodies and provide them with advice on cost-effective methods of pursuing a wide range of sanctions against offenders. The LPU will work with the police, the Crown Prosecution Service and health bodies to increase the prosecution rate of individuals who assault staff and professionals within the NHS.

- 2.3. However, it is not sufficient to react to incidents after they occur - ways of preventing them from happening in the first place must also be addressed. As a key preventative measure, to complement the range of reactive measures introduced, the SMS has - with key stakeholders such as the British Medical Association (BMA), the Royal College of Nursing (RCN) and UNISON - developed a National Syllabus for conflict resolution training in the NHS. The syllabus is designed to meet the needs of staff who have direct contact with patients and the public. This training is intended to be delivered in the workplace by qualified trainers and with the least possible disruption to health care delivery.

- 2.4. The training focuses on non-physical techniques and includes customer service, recognition of warning signs, de-escalation models and cultural awareness.

- 2.5. A SMS-led expert group has been set up to develop modules for prevention and management of violence training for staff in mental health and learning disability settings. It will include theoretical aspects of prevention and management of violence, de-escalation and physical intervention as well as legal and ethical aspects related to these. The group is scheduled to report in late summer 2004.

3. Implementation

- 3.3. This guidance is being issued to all health bodies pursuant to paragraph 3(b) of Secretary of State Directions on measures to deal with violence against staff issued to health bodies in November 2003 which states that health bodies must *“take into account any other guidance or advice on measures to deal with violence against NHS staff which may be issued by CFSMS”*. Health bodies must therefore take this guidance into account when organising or procuring conflict resolution training for staff. This applies to all health bodies, subject to the afore-mentioned directions, with the exception of Mental Health or Learning Disability Trusts who will receive further guidance about the provision of such training after the SMS-led expert group has reported later this year. Mental Health or Learning Disability Trusts should continue with their current training programmes in line with current guidance from the Department of Health and the National Institute for Mental Health (England). Further advice on the guidance contained in this document can be received from the CFSMS Conflict Resolution Training Project Team on 02476 633 108 or by email on conflictresolution@cfsms.nhs.uk.
- 3.4. From 1st April 2004 health bodies should begin adopting the National Syllabus outlined at Annex A in the provision of conflict resolution training to its staff. Where health bodies have existing training programmes they should ensure that this fully meets the requirements of the National Syllabus.
- 3.5. Guidance on refresher training and appropriate intervals will be issued separately by the SMS, following a period of delivery and evaluation.
- 3.6. Security Management Directors in health bodies should nominate a suitable person to oversee and have responsibility for the provision of conflict resolution training according to the National Syllabus and details of that person (name, address and contact details) should be

sent to the SMS as soon as practicable to
conflictresolution@cfsms.nhs.uk.

- 3.7. Health bodies should ensure delivery of this training to all existing staff by 31st March 2008, with capacity to deal with new staff joining within that time frame and thereafter.
- 3.8. To assist with monitoring of the implementation of this syllabus and its effectiveness, health bodies should submit outline plans to the SMS on the numbers, categories of staff they intend to train each year, along with the chosen or intended methods of delivery as outlined at paragraph 4.1 of this guidance. The main staff categories are detailed at Annex B. For the financial year 2004/05 this information should be with the SMS by 30 April 2004 and for future years by 1 December preceding the next financial year. This information should be sent to the Conflict Resolution Training Project Team and addressed to the Project Manager by email to conflictresolution@cfsms.nhs.uk.
- 3.9. Health bodies should co-operate with the SMS in evaluation and quality assurance of training delivery.
- 3.10. Each health body should maintain a record of staff who have received this training, their staff category (see Annex B) and the training provider. This record should be kept for a minimum of five years.
- 3.11. Each member of staff attending a conflict resolution training course according to the National Syllabus should receive written recognition of their attendance from the training provider. To avoid unnecessary training, potential employees should be asked whether they have already undergone such training and be required to provide verification.
- 3.12. Although each member of staff who has contact with patients and the public should eventually receive this training, initial focus should be those who are most at risk, such as:

- those who work in areas with the highest incidences of physical or non-physical assault; or
- those who have a higher than average contact with patients and the public; or
- those selected on the basis of the health body's risk assessment process.

3.13. The training should be provided to full and part-time staff. Training for those agency or bank staff who are not directly employed by any health body will be developed under separate arrangements to be made with NHS Professionals.

3.14. In primary care, provision of this training should extend to GPs and their practice staff. Discussions are ongoing on how other areas of NHS provision, such as pharmacy, dentistry and optometry can be accommodated.

4. Delivery

4.1. There are three methods of delivery (or a combination of these three).

These are as follows:

- In-house trainers – employed directly by the health body.
- The CFSMS Training Service [Information on booking training provided by the CFSMS can be obtained by contacting 02476 633 108 or by email on conflictresolution@cfsms.nhs.uk].
- Private training providers

4.2. When commissioning or procuring conflict resolution training, care must be given to have regard to the health body's rules on procurement and tendering contained in Standing Orders and Standing Financial Instructions. Health bodies should ensure that where the training is procured it is of good quality and provides value for money. Potential suppliers must be able to provide training in accordance with the National Syllabus.

4.3. Where health bodies have existing training provided by either in-house trainers or private providers, those who deliver this training will need to attend a one-day National Syllabus familiarisation course at a location to be determined by the CFSMS. This is necessary to ensure a consistency of delivery across the NHS and ensure high standards. The health body nominee overseeing conflict resolution training (see paragraph 3.6) should provide details of those who require familiarisation training to the CFSMS Conflict Resolution Training Project Team [conflictresolution@cfsms.nhs.uk] by 30 April 2004 so that these courses can be organised. The CFSMS will only charge for these courses at cost with a small administrative fee.

- 4.4. Where health bodies opt for training provision by in-house or private providers they should ensure that evaluation processes [further information about this can be obtained from the Conflict Resolution Project Manager on conflictresolution@cfsms.nhs.uk] are equivalent of those the CFSMS will be employing and that the results are open to inspection.

- 4.5. Health bodies should co-operate with CFSMS inspection processes enabling judgments to be made on how the National Syllabus is being delivered and the quality of such delivery. The CFSMS will only deploy people with relevant training assessor qualifications for inspection work and will apply the same rigorous assessment approach to its own trainers.

Annex A

Summary of National Syllabus for Conflict Resolution Training

Aim:

To recognise different aspects of conflict that staff and professionals may encounter and to understand and be aware of different methods of resolving such conflicts.

Key elements:

The course will cover:

1. verbal and non-verbal communication skills ;
2. recognising warning signs ;
3. cultural awareness;
4. and de-escalation techniques.

Role- playing and student participation will be an essential part of the day's training.

Students will receive a workbook where they can make notes throughout the day and which will contain the course material for future reference.

Once they have attended the course they will receive a certificate to recognise this fact and their employer will also be required to record this.

The CFSMS is currently exploring other methods of recognising attendance on the course through the Continual Professional Development (CPD) path, and for the health body itself, through the Improving Working Lives (IWL) initiative.

Objective:

By the end of the course, participants will be able to:

1. Describe common causes of conflict.
2. Describe two forms of communication, i.e. verbal and non-verbal.
3. Give examples of communication breakdown.
4. Explain three examples of communication models that can assist conflict in conflict resolution.
5. Describe patters of behaviours they may encounter during different interactions.

6. Explain the different warning and danger signs .
7. Give examples of impact factors.
8. Describe the use of distance when dealing with conflict.
9. Explain the use of “reasonable force” as it applies to conflict resolution.
10. Describe different methods for dealing with possible conflict situations.

Annex B

CONFLICT RESOLUTION TRAINING

Main Categories of Frontline Staff		
(A)	NHS body	Frontline Staff Group
<u>No.</u>	<u>NHS body</u>	<u>Frontline Staff Group</u>
PRIMARY CARE		
1	NHS Primary Care Trusts	<p>Outreach Staff (e.g. Health Visitors , Community Midwives, Sick Child Nurses and District Nurses)</p> <p>GPs</p> <p>GP Practice Staff</p> <p>Public Health Medicine and Community Health Services Medical and Dental Staff</p> <p>Reception Staff</p>
SECONDARY CARE		
1	NHS Trusts	<p>Accident and Emergency Clinical and Non-Clinical Staff</p> <p>Ambulance Staff</p> <p>Outreach Staff (e.g. Midwives, District Nurses and Social workers)</p> <p>Security Staff</p> <p>Reception Staff</p> <p>Clinical and Non-clinical staff on Hospital Wards</p> <p>Ancillary Staff not covered by the above categories</p>