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# ***Promoting Safer and Therapeutic Services***

***Implementing the National Syllabus  
in Mental Health and Learning  
Disability Services***



**DH INFORMATION READER BOX**

<b>Policy</b>	Estates
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## 1. Executive Summary

- 1.1. The NHS Security Management Service (NHS SMS), now a division of the NHS Business Services Authority, was established in April 2003 with a remit encompassing policy and operational responsibility for the management of security within the NHS (Statutory Instrument 3039/2002). The strategy document *A Professional Approach to Managing Security in the NHS* was launched in December 2003 and outlines the new professional approach adopted to deal with the management of security in the NHS and deliver an environment that is safe and secure so the highest possible standard of clinical care can be made available to patients.
- 1.2. The remit is broad and includes the protection of people, property and assets. An essential part of this work is tackling violence against staff and professionals working in the NHS. This includes *and replaces* work previously carried out under the NHS Zero Tolerance campaign.
- 1.3. It is essential to note that the new approach to dealing with security incidents and breaches is founded on the principle that one size does not fit all and that a comprehensive programme of work that puts in place a legal framework and a national structure to tackle the problems faced is needed if lasting measures that make a real difference are to be implemented. It is also important to recognise that training is only one element of this strategy and, in order to tackle a multifaceted phenomenon such as violence, changes at both at a local and a national level are needed.
- 1.4. A key element of the new strategic approach is to identify the nature and scale of security-related problems in the NHS, starting with violence against NHS staff. Work has been carried out throughout 2004/05 on the issue of physical assaults and – following an audit of reports made by NHS staff – more accurate figures for these incidents in mental health and learning disability services have been determined. In 2004/05, there were 43,301 reported physical assaults on NHS staff in these environments – considerably higher than in any other areas of NHS patient care. It is within this context that, working with key stakeholders and experts in the field of preventing and managing violence, the NHS SMS has developed a new National Syllabus for the prevention and management of violence in these settings. *Promoting Safer and Therapeutic Services* will give staff the skills, confidence and capability to recognise and defuse potentially violent situations before they escalate and result in physical injury to staff, the service-user, other patients or visitors.
- 1.5. It must be made clear that the majority of service-users and patients with mental health conditions or learning disabilities are not violent, nor should they ever be perceived as such. The causes of violence within these settings are complex and can be attributed to a range of factors –

environmental and cultural, for example. The service-user's pathology may be only one of many factors. This syllabus is designed to help address some of the wider issues that can lead to the occurrence of violence within these settings.

- 1.6. This guidance deals with the introduction and implementation of the new National Syllabus for non-physical intervention training and covers:
  - The minimum learning outcomes that staff should expect and receive from the introduction of this new National Syllabus;
  - The legal basis of the introduction of this syllabus;
  - Methods of delivery;
  - Access by NHS health bodies to information and familiarisation materials developed by the NHS SMS to support delivery of the training, including ongoing development of the training;
  - The interaction between NHS bodies delivering mental health and learning disability services and the NHS SMS;
  - How the delivery and implementation of the syllabus or training of a similar or equal nature or standard will be used by the Health and Safety Executive as evidence of best practice when it assesses an employer's obligations under the Health and Safety at Work Act 1974; and
  - How data on the implementation and delivery of the syllabus will be passed by the NHS SMS to the Healthcare Commission for their assessment of whether health bodies are meeting C20a of *Standards for Better Health*
- 1.7. The aim is to ensure that all frontline staff working in mental health and learning disability services receive a national standard of training in order to achieve consistency across the NHS. This syllabus is designed to complement the work that the National Institute for Mental Health in England (NIMHE) is undertaking on physical intervention skills and the regulation and accreditation of trainers in this environment. It is important that all staff receive training in accordance with this syllabus before any training in physical intervention skills.
- 1.8. Although this syllabus has been developed to meet the needs and requirements of those who work within mental health and learning disability services, it should not be viewed as being exclusive to these services. There will be staff in other areas of the NHS, such as Accident and Emergency, who may face similar risks and challenges when dealing with patients and the public and who could benefit from training through this syllabus.

1.9. ***Key principles of the Promoting Safer and Therapeutic Services programme***

- Promote an explicit values base that is compatible with the ethos of a caring service and relevant professional ethics;
- Show a demonstrable focus on issues of diversity compatible with the principles of anti-oppressive practice;
- Always integrate primary, secondary and tertiary prevention strategies and not just teach crisis management skills;
- Demonstrate commitment to service-user involvement in the development, implementation and evaluation of training; and
- Identify the dimensions and practice of staff support before and after incidents of violence.

*(Paterson 2004, adapted from Tucker 2003)*

## 2. Background

- 2.1. Tackling violence is a priority area of action for the NHS SMS. A wide range of measures, both reactive and proactive, to tackle violence has already been introduced.
- 2.2. In 2004/05, there were 43,301 reported physical assaults against NHS staff working within NHS mental health and learning disability services. This is considerably higher than in other areas of the NHS, such as primary care. However, as stated, it must be stressed that service-users and patients with mental health conditions or learning disabilities are not inherently violent, nor should they ever be viewed as such. The origins of violence are complex and can be attributed to a range of factors, of which a service-user's or patient's pathology may be only one.
- 2.3. In November 2003, Secretary of State Directions were issued, introducing a new national framework for all health bodies on specific measures to tackle violence against NHS staff, replacing the work that was started under the NHS Zero Tolerance campaign. It has been recognised that zero violence in all healthcare settings was setting unrealistic and unachievable expectations amongst staff. Therefore, this work is now referred to as *Tackling Violence Against NHS Staff*. The framework introduced:
  - New concise, consistent, *legally-based definitions* for staff to use when reporting physical and non-physical assaults;
  - A new, streamlined *national system* for reporting and recording physical assaults, which has the capacity to track cases from report to conclusion, allowing for intervention where necessary. The reporting system is designed to achieve consistency across the NHS and to give hard and accurate information on the nature and scale of incidents of physical assault as well as assuring staff that tough and consistent action will be taken against assailants;.
  - The requirement for health bodies to nominate a *Security Management Director (SMD)* – a member of the Executive Board – to take overall responsibility for security management work, with particular responsibilities for tackling violence. Representation for security management work at the Executive Board level is to ensure that responsibilities are taken seriously at the highest level;
  - The use of highly trained operational staff from the NHS Counter Fraud Service – pending the training of Local Security Management Specialists (LSMS) for each health body – to investigate cases of physical assault that have not been investigated or pursued by the police. Training for the new role of

LSMS began in June 2004, with the first LSMS accredited in October 2004. The NHS SMS plans to have a trained and accredited LSMS in place in each health body by Summer 2006; and

- The creation of the *NHS SMS Legal Protection Unit* (NHS SMS LPU) to provide health bodies with cost-effective advice on a wide range of sanctions that can be pursued, and to work with the police and the Crown Prosecution Service to increase the rate of prosecutions.

2.4. In March 2004, a second Direction was issued by the Secretary of State, creating a national framework for general security management matters. This Direction specified three new roles within each health body to ensure that professional skills and expertise could be applied locally to security-related issues, such as violence against NHS staff, but used consistently throughout the NHS to common, high, national standards. These were:

- The *Security Management Director (SMD)* – to take overall responsibility for security management work at Board level and to support the LSMS in their role so they can fulfil their duties and statutory requirements;
- The *Non-Executive Director (NED)* – to promote security management work from the non-executive function at Board level, to challenge, scrutinise and ensure accountability in respect of security management work; and
- The *Local Security Management Specialist (LSMS)* – to take forward security management work locally according to national standards, the business process (both in terms of generic and specific action) and the requirements outlined in Secretary of State Directions and advice and guidance issued by the NHS SMS.

2.5. Further work that has been undertaken includes:

- Explanatory notes on tackling physical assaults against NHS staff, issued to health bodies in May 2004. Guidance on reporting and dealing with non-physical assaults against NHS staff and professionals was issued to health bodies in November 2004;
- A poster campaign, launched in January 2005, aimed at raising awareness amongst staff of the new strategic approach and reassure them that the NHS is committed to providing them with a secure environment so that they can deliver the best possible patient care, as well as having the tools available to achieve this;.

- A National Syllabus for Conflict Resolution Training (CRT), available to all frontline staff and professionals working in the NHS. The syllabus is delivered in the form of a one-day training course in non-physical intervention methods including recognising 'warning signs', communication skills, cultural and diversity awareness and de-escalation techniques. The aim is to equip staff with the skills needed to identify and de-escalate potentially violent situations. From information and data supplied by health bodies for the last financial year (2004/05), it is estimated that around 85,000 frontline staff have received training in the foundation National Syllabus:
- Published findings in respect of a lone worker device. The *NHS National Trial Evaluation Report* outlines the results of trials of a device based on mobile phone technology to see if it can provide better protection for NHS staff, particularly those who work alone without immediate support from colleagues or others. There is also published guidance (*Not Alone*) on how to better protect this group of NHS staff, which includes advice on management arrangements, local procedures and training.
- An agreed concordat with the Health and Safety Executive (HSE) on action to deal with violence in the NHS workplace, to ensure close working between the two organisations, in both policy and operational terms.
- A Memorandum of Understanding with the Association of Chief Police Officers (ACPO) to clearly define the roles and responsibilities of the police and the NHS, especially around tackling violence against staff and professionals so that a consistent approach can be achieved. This is expected to be agreed and signed in Autumn 2005.

2.6. All published documents referred to in this guidance can be found at [www.cfsms.nhs.uk](http://www.cfsms.nhs.uk).

### **3. Specific Work in Relation to Mental Health and Learning Disability Services**

- 3.1 One of the key preventative measures within the national framework for tackling violence is the development of staff training in non-physical intervention techniques with the aim of raising awareness and giving staff the skills and capability required to recognise, prevent, de-escalate and manage potentially violent situations. To this end, Conflict Resolution Training (CRT) was launched in April 2004 for all frontline staff and professionals working in the NHS, *except* staff working in mental health and learning disability services. It was recognised that a separate training syllabus would be required for these services, to respond to their specific and complex needs.
- 3.2. The NHS SMS has therefore been working closely with the National Institute of Mental Health in England (NIMHE) and other stakeholders in developing this National Syllabus – *Promoting Safer and Therapeutic Services*. It constitutes the foundation training that has to be provided to staff ahead of any training in physical intervention techniques, which NIMHE is presently developing. The NICE guidelines on *The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments*, launched in February 2005, made specific reference to this syllabus as the standard of training in non-physical intervention that staff in mental health and learning disability services must achieve.
- 3.3. The syllabus was agreed in consultation with a wide range of stakeholders, a list of which is attached at Annex A, and piloted in 30 NHS Trusts that provide mental health and learning disability services, between April and May 2005. A tutor reference group was convened to assist in the final amendments to the syllabus before implementation.
- 3.4. The longer-term aim is to develop a range of standard syllabi, in both physical and non-physical intervention techniques, to ensure that staff have access to relevant and high quality training, depending on risk, need and speciality. This work is being undertaken in conjunction with key stakeholders and will eventually lead to the development of a risk assessment tool for NHS health bodies that will assist them in determining what staff need which aspects of training, as well as an accreditation and regulation programme for trainers, which NIMHE is currently developing.
- 3.5. The NHS SMS has recruited a Head of Security Management for Mental Health and Learning Disability Services to take responsibility for all aspects of security management work within these specific and complex settings, with particular focus on tackling violence and ensuring a consistent approach across the NHS. A key aspect of this work is to ensure that the role of the LSMS is developed to suit the needs of mental health and learning disability services. However, a greater clinical interface will be the core difference in this role as

compared with its generic counterpart. An understanding of the physical environment and its influence on patient and staff behaviour will remain important, but a greater understanding of the environment in wider terms, taking into account policies, procedures, custom, practice and the overall way that clinical decisions are made and communicated, will be essential. The aim should be for the LSMS to be a positive influence on the pervading cultures, thus helping to bring about the changes necessary to deliver safer and more therapeutic services within which the incidence of violence is reduced.

- 3.6. The development of services that are safer and more therapeutic will depend on many factors, and the need to rapidly tranquillise, and use physical interventions and seclusion will always be present. However, it is essential that the risk to service-users and staff is minimised in such situations and that there are resources devoted to this, not least in the adequate training of staff in all aspects of violence management, including training in immediate and basic life support.
- 3.7. This guidance outlines the requirements and standards that should be provided in relation to non-physical intervention training only. The NHS SMS is working closely with NIMHE, which is expected to publish further guidance in relation to physical intervention training in 2006.

## 4. Definitions – Violence and Frontline NHS Staff

- 4.1. There are now two clear legally-based definitions of assault for the NHS – one for physical assault and one for non-physical assault – to ensure a consistent approach throughout the NHS.

Physical assault – ***The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.***

Non-physical assault – ***The use of inappropriate words or behaviour causing distress and/or constituting harassment.***

- 4.2. Secretary of State Directions require that **all** incidents of physical assault be reported – ***whether intentional or not.***
- 4.3. Following an alleged physical assault on a member of staff, the police should be contacted immediately by the person assaulted, their manager or relevant colleague, ***except in those cases where the Security Management Director in the health body, having consulted with relevant staff and obtained clinical advice, has reached the conclusion that the assault was not intentional and that the patient did not know what they were doing, or did not know that what they were doing was wrong, due to the nature of their medical illness, mental ill health or severe learning disability or the medication administered to treat such a condition.*** The view of the person assaulted should also be sought in each incident.
- 4.4. However, while this means that there are instances when the police do not have to be called - the presence of a mental illness, for example, should not automatically be used as a reason not to report the assault to the police. While the presence of a mental illness is one of the factors taken into account when considering prosecution, it is not the only factor. Each case should be judged on its own merit, and it is important to note that decisions on intent and subsequent legal action rest with the investigative body and, ultimately, with the courts, and not with the NHS health body.
- 4.5. The procedures for reporting assaults, Secretary of State Directions and explanatory notes can be found on the NHS SMS website at [www.cfsms.nhs.uk](http://www.cfsms.nhs.uk).
- 4.6. Although each member of staff who has contact with patients and members of the public should receive this training, the initial focus should be on those who are considered to be most at risk. These are:
- Those who work in areas with the highest incidence of physical or non-physical assault;

- Those who have higher than average contact with patients or members of the public or those who are lone workers; or
  - Those selected on the basis of the health body's risk assessment process.
- 4.7. Staff working in acute or primary care settings who may come across or deal with service-users and patients with mental health disorders or learning disabilities should also be considered for this training. Information on how to access the training can be obtained from the NHS SMS by emailing [securitymanagement@cfsms.nhs.uk](mailto:securitymanagement@cfsms.nhs.uk).
- 4.8. Training should be provided to both part-time and full-time staff. Training for agency or bank staff will be developed under separate arrangements.
- 4.9. Categories of frontline staff can be found at Annex B.

## 5. Learning Outcomes

5.1. Below are the desired learning outcomes of the National Syllabus. The onus is on the NHS Trusts providing mental health and learning disability services to ensure that the training provided (through whatever delivery method) complies and is consistent with these.

5.2. At the end of the training, course participants will be able to:

- Describe the role of the Security Management Director and Local Security Management Specialist in relation to the management of violence in mental health or learning disability settings, as defined by Secretary of State Directions issued to all health bodies in November 2003;
- Describe theoretical, pathological and environmental explanations for aggression within mental health or learning disability settings;
- Identify and demonstrate aspects of non-verbal de-escalation: verbal strategies and conflict resolution styles
- Identify and reflect upon the effect of functional and dysfunctional coping strategies on people's lives and behaviour and relate this to mental health or learning disability settings;
- Demonstrate an understanding of the positive contributions that service-users can make to prevention strategies, including awareness of how issues relating to culture, race, disability, sexuality and gender can enhance this process;
- Describe individual and organisational responsibilities with regard to legal, ethical and moral frameworks relating to the use of force;
- Demonstrate an understanding of the application of risk management interventions and the requirements for the effective assessment of dangerousness with reference to prevention planning;
- Demonstrate an understanding of restraint-related risks, as outlined in the Bennett Inquiry and NICE guidelines with a view to incorporating risk reduction strategies into practice;
- Demonstrate an understanding of the need for and scope of post-incident review procedures and of how to identify strategies and interventions for future prevention; and

- Identify spheres of influence in relation to the individual, team and organisational change required to achieve a reduction in aggression and violence.
- 5.3. Student participation is an essential part of the training and all exercises include interactive sessions. The syllabus cannot currently be provided through E-Learning.

## 6. Implementation

- 6.1. This guidance is being issued to all NHS Trusts that provide mental health and learning disability services, 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. These state that NHS 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 the CFSMS'*.
- 6.2. NHS health bodies that provide mental health and learning disability services should take this guidance into account when organising or procuring training in the prevention and management of violence. All other health bodies are covered by the guidance that was issued in relation to CRT in February 2004 but should make their own assessment of whether they have staff who could benefit from this syllabus because of the nature of their job or the risks faced. Further details about CRT can be obtained from the CRT Project Team in Coventry by telephoning 02476 633108.
- 6.3. From 1 December 2005, NHS Trusts that provide mental health and learning disability services should begin adopting this National Syllabus, *Promoting Safer and Therapeutic Services*, which is outlined in part 12 of this guidance (Learning Outcomes).
- 6.4. The purpose of this core National Syllabus is to ensure that staff are given high quality training in the prevention and management of violence and that there is consistency in the provision of training across the NHS. The purpose is not to replace existing training where it is of a good standard, but to ensure that all trusts are brought up to an equally high standard. Where NHS Trusts providing mental health and learning disability services have existing training, either in-house or supplied by an external training provider, they should ensure that this training meets the standard of the National Syllabus outlined in chapter 5.
- 6.5. *Standards for Better Health* - Core Standard C20 (Department of Health, 2004) indicate that 'healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property and the physical assets of the organisation'. Information from the NHS SMS about how NHS health bodies are applying the security management strategy, including the application of guidance issued by the NHS SMS, will form part of the advice given to the Healthcare Commission as to whether this standard is being met or not.
- 6.6. It is recommended that Service Level Agreements cover the following:
  - NHS health bodies commissioning staff from employment agencies should confirm that such agencies are providing training

for staff that meets with the learning outcomes set out in the syllabus: and

- NHS health bodies commissioning clinical services from non-NHS service providers should ensure that all staff employed in such services are trained to the core National Syllabus.
- 6.7. SMDs in NHS Trusts that provide mental health and learning disability services should nominate a suitable person to act as a Training Liaison Officer, if they have not done so already, to oversee and take responsibility for the provision of training according to the National syllabus. Details of that person should be sent to the NHS SMS as soon as possible. The details required are: name of Liaison Officer, name of health body, address, telephone number, email address and job title. This can be emailed to [crtguidance@cfsms.nhs.uk](mailto:crtguidance@cfsms.nhs.uk) or faxed to 020 7895 4360.
  - 6.8. NHS Trusts that provide mental health or learning disability services should aim to ensure delivery of this training to all existing staff by 31 March 2008, with capacity to deal with new staff joining within that timeframe and thereafter.
  - 6.9. To help monitor the implementation of this syllabus and its effectiveness, NHS Trusts that provide mental health and learning disability services should submit a return to the NHS SMS on the numbers and categories of staff they intend to train each year, along with the chosen or intended methods of delivery as outlined in this guidance. For PCTs that deliver mental health and learning disability services, numbers relating to staff groups that receive training in this new syllabus should be shown separately from numbers and groups of staff that receive training in the foundation CRT course (effective from 1 November 2005). The staff categories are detailed at Annex B. For the financial year 2005/06, this information should have been with the NHS SMS by 31 January 2006. For every following year the information should be with the NHS SMS by 1 December preceding the next financial year. This information should be sent to the NHS SMS via the contact points listed in paragraph 6.7 above. This information will be used by the NHS SMS when advising the Healthcare Commission on whether NHS health bodies are meeting standard C20a, as described above.
  - 6.10. NHS health bodies should co-operate with the NHS SMS in the evaluation and quality assurance of training.
  - 6.11. 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.
  - 6.12. Each member of staff attending a training course according to the National Syllabus should receive written recognition of their attendance

from the training provider. It is important to note that a certificate does not mean accreditation. To avoid unnecessary training, potential employees should be asked whether they have already undergone such training and be required to provide verification.

#### *Training in physical interventions*

6.13. With regard to physical intervention training, NHS Trusts who provide mental health and learning disability services should continue with their current training programmes in line with current guidance, pending further advice from NIMHE, for example:

- Department of Health (2003) - *Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders.*
- National Institute for Mental Health in England (2004) - *Mental Health Policy Implementation Guide: Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-patient Service-User Settings.*
- National Institute for Clinical Excellence (2005) – *The Short Term Management of Disturbed/Violent Behaviour in In-patient Psychiatric Settings and Emergency Departments – Guideline 25.*

## **7. Delivery**

- 7.1. There are three methods of delivery (which may be combined), as follows:
- The NHS CFSMS Training Service;
  - In-house trainers – employed directly by the health body; or
  - Private training providers.
- 7.2. When commissioning or procuring training, care should be given to the health body's rules on procurement and tendering contained in Standing Orders and Standing Financial Instructions. NHS Trusts that provide mental health and learning disability services should ensure that, where the training is procured, it is of good quality and provides value for money. Potential bidders must be able to provide training in accordance with the National Syllabus.
- 7.3. On completion of the course, participants will receive a certificate and their employer will be required to record this. The NHS SMS is currently exploring other methods of recognising attendance on the course through the Continual Professional Development (CPD) path and other recognised qualification routes.

## 8. Familiarisation Seminars

- 8.1. Where NHS health bodies have existing training provided by either in-house trainers or private providers, identified training leads responsible for the delivery of this training will be required to attend a one-day national syllabus familiarisation course in *Promoting Safer and Therapeutic Services* at a location to be determined by the NHS SMS and feed back information regarding the syllabus to the training teams.
- 8.2. The purpose of the familiarisation seminar is not to train the trainer, but to induct them and introduce them to the concept of the National Syllabus and the philosophy behind *Promoting Safer and Therapeutic Services*. This will ensure a consistent delivery of the syllabus across the NHS. It is also an opportunity for trainers to exchange information and share good practice.
- 8.3. It is important to note that this seminar **does not** lead to accreditation of trainers and the NHS SMS **does not** approve individual trainers or training organisations to deliver the syllabus.
- 8.4. The Liaison Officer overseeing training (see chapter 6) should provide the NHS SMS with details of those who require familiarisation training as soon as possible so that the courses can be organised. Where it is possible to do so and numbers are sufficiently high, NHS SMS familiarisation seminar trainers will provide training locally to ensure minimum disruption.
- 8.5. The familiarisation seminar, including a trainer's manual containing trainer's notes, slides and exercises, references for further reading, workbooks for delegates and access to the NHS SMS Extranet (where these materials will be updated regularly as legislation changes or the syllabus is revised), will be provided free to NHS bodies. Independent sector providers can access familiarisation seminars for free, but will be charged an annual fee of £1000 plus VAT for access to the NHS SMS Extranet.

## **9. Timescales**

- 9.1. NHS Trusts that provide mental health and learning disability services should aim to ensure delivery of this training to all existing staff by 31 March 2008, with capacity to deal with new staff joining within that timeframe and thereafter. This is the target set by Ministers when CRT was launched and it applies to all training provided to staff in conflict resolution or prevention and management of violence.

## 10. Meeting the National Standards

- 10.1. The onus is on the NHS health body to ensure that staff are trained in accordance with this guidance and the National Syllabus. The HSE will be issuing guidance which Health and Safety Inspectors will use when inspecting health bodies and their training arrangements, on how to evaluate the effectiveness and need of training in the management of violence training in the NHS. This guidance will help ensure consistency and give health bodies a tool with which they can make effective and evidence based evaluations as to their training needs.
- 10.2. In March 2005, the NHS SMS and the HSE signed a concordat that committed them to closer working, both in policy terms and operationally, including the sharing of data and information on how NHS health bodies are tackling the problem of violence against NHS staff. Primarily designed to reduce the burden of the inspection regime on NHS health bodies, it will allow HSE inspectors to use guidance issued by the NHS SMS in their assessment of whether NHS health bodies are meeting their statutory health and safety obligations.
- 10.3. Where NHS health bodies opt for training provision by in-house or private providers, they should ensure that evaluation processes are equivalent to those that the NHS SMS will be employing and that the results are open to inspection.
- 10.4. NHS health bodies will need to co-operate with NHS SMS inspection processes to enable judgments to be made on how the National Syllabus is being delivered and the quality of such delivery. The NHS SMS will only use people with relevant training assessor qualifications for inspection work and will apply the same rigorous assessment approach to its own trainers.
- 10.5. This training is included in the practice plus level accreditation for Improving Working Lives.
- 10.6. *Promoting Safer and Therapeutic Services* is also referred to in the recently published NICE guidelines on the management of disturbed behaviour.
- 10.7. Data on the provision of this training will be one of the information sources the Healthcare Commission will use to risk assess whether NHS bodies are meeting core standard C20a (as set out in the Healthcare Commission's document: *Criteria for Assessing Core Standards*).
- 10.8. The longer-term plan is to ensure that all training in non-physical and physical interventions is accredited and regulated. Further details on this will be published towards the end of the year by NIMHE and the NHS SMS.

## **11. Resources and Access to the NHS SMS Extranet**

- 11.1. On completion of a familiarisation seminar, all trainers will be given access to the NHS SMS Extranet, which will contain the following resources:
- Trainer's manual with notes and instructions for each session;
  - PowerPoint slides for each session;
  - Participant's workbook with exercises and workplan to implement within their trust; and
  - Web-based notice board where trainers can exchange ideas and provide feedback, ask questions or share best practice. This will enable the syllabus to develop and be strengthened over time.
- 11.2. This package will help the trainer to develop existing training, if there are aspects which do not meet the National Syllabus, or deliver the training if the syllabus is new to them. The manual is intended to be a resource and guide, and not to be prescriptive. Compliance with the National Syllabus will be determined based on the learning outcomes, not adherence to the manual.
- 11.3. Training providers will be responsible for completing a training needs analysis to ensure that staff are given training relevant to their needs and risk.
- 11.4. The familiarisation seminars and access to the NHS SMS Extranet will be provided at no cost to NHS bodies. Independent sector providers can access familiarisation seminars for free, but will be charged an annual fee of £1000 plus VAT for access to the NHS SMS Extranet.

## **12. Refresher Training**

- 12.1. No guidance has yet been produced regarding the frequency of refresher training. All trusts should aim to train all their staff within the set timescale. Further advice will be provided shortly.

### **13. Reference Material**

Secretary of State Directions – tackling violence against NHS staff and professionals, (November 2003)

Strategy document – *A Professional Approach to Managing Security in the NHS*, (December 2003)

Secretary of State Directions – general security management measures, (March 2004)

*Guidance on National Syllabus for CRT*, (March 2004)

*Explanatory Notes on Tackling Physical Assaults Against NHS Staff*, (May 2004)

*Explanatory Notes on Tackling Non-physical Assaults Against NHS Staff*, (November 2004)

*Not Alone – A Guide for the Better Protection of Lone Workers in the NHS* – (March 2005)

Lone Worker Device – NHS National Trial Evaluation Report, (March 2005)

SeCure Poster Campaign – raising awareness amongst staff, (March 2005)

## **Annex A**

**List of those <sup>1</sup>organisations that have helped develop or have contributed to the development of the new National Syllabus *Promoting Safer and Therapeutic Services***

**The NHS SMS would like to thank all stakeholders and trainers who have provided invaluable support and knowledge in the development of this syllabus, in particular:**

### **Academic**

Institute of Psychiatry  
Health Services Executive of Ireland  
Middlesex University  
Stirling University

### **National Organisations**

British Institute of Learning Disabilities  
British Medical Association  
MIND  
National Institute for Mental Health in England  
National Patient Safety Agency  
Health and Safety Executive  
Nursing & Midwifery Council  
Royal College of Nursing  
Royal College of Psychiatrists (Research Unit)  
UNISON

### **Private Sector**

Partnerships in Care

### **Training Providers**

Crisis Prevention Institute  
Institute of Conflict Management  
Securicare  
MAYBO

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<sup>1</sup> The presence of organisations that provide training found on this page does not mean that the NHS SMS endorses, has accredited or has approved that organisation in any way.

## **Trusts**

Avon and Wiltshire Mental Health Trust  
Birmingham Heartlands Trust  
Birmingham Mental Health Trusts  
Bro Morganwg NHS Trust  
Leicestershire Partnership NHS Trust  
Leeds Mental Health Trust  
Lincolnshire Healthcare Trust.  
Mersey Care NHS Trust  
North Essex Mental Health Partnerships  
Humber Mental Health Teaching Trusts  
North Staffordshire Combined Healthcare NHS Trust  
Norfolk & Waveney Mental Health Partnership Trust  
North Warwickshire PCT  
Nottinghamshire Healthcare Trust  
Oxleas NHS Trust.  
Pennine Care NHS Trust  
South Essex Partnership Trust  
South London and Maudsley NHS Trust  
South West London and St Georges  
Oxfordshire Learning Disability Trust  
University of Wales College of Medicine  
West London Mental Health Trust

## **Annex B**

### **Examples of staff who are considered frontline (list not exhaustive)**

**Nurses on wards/community teams**

**Medical staff on wards/community teams**

**Psychologists/occupational therapists and other relevant professionals on wards/community teams**

**Clinical staff in A&E mental health liaison services**

**Support staff on wards – administrators/domestic staff**

**Staff (clinical and non-clinical) in out-patient departments, based on risk assessment and training needs analysis**

**Non-clinical staff in community teams, based on training needs analysis and risk assessment**

**Primary care teams, based on training needs analysis and risk assessment**

## **Annex C**

### **Frequently Asked Questions**

#### **Is the National Syllabus compulsory?**

The NHS SMS remit is defined in law by Statutory Instrument no. 3039/2002, which states that the NHS SMS '*shall have policy and operational responsibility [...] for the management of security in the NHS*'

The NHS SMS, therefore, determines the policy, legal framework, operational guidance and standards necessary for the provision of a secure environment within the NHS in England.

The NHS SMS strategy puts into context the approach to the management of security in the NHS and outlines the legal requirements that now apply to all health bodies in England for both tackling violence against staff and security management measures.

A key preventative measure, to complement the range of reactive measures already in place to tackle violence against staff and professionals, was the development of a national syllabus. The non-physical intervention syllabus for mental health and learning disability services (*Promoting Safer and Therapeutic Services*) aims to ensure that all frontline staff receive a nationally consistent standard of training in order to set high standards within the NHS.

#### **Why is a National Syllabus necessary?**

The content and quality of training varies nationally – the syllabus aims to overcome this by setting a standard and a consistent approach.

#### **Who developed the syllabus?**

The mental health and learning disability syllabus *Promoting Safer and Therapeutic Services* is the result of the work of an NHS SMS-led expert group including major stakeholders and specialists in the field of management of violence in the mental health and learning disability environment, which was tasked with developing a national syllabus for such settings.

In developing this work, the NHS SMS has been working closely with stakeholders such as the Department of Health, the National Institute of Clinical Excellence and the National Institute of Mental Health England.

### **If training is already being provided, should this be discontinued and the National Syllabus adopted?**

Training providers who are meeting the learning outcomes will not be required to alter current practice.

The syllabus identifies 10 key learning outcomes that may be met using current local training syllabi. The National Syllabus aims to provide a resource pack that can be accessed, in whole or in part, to help training providers to meet the learning outcomes identified.

Existing in-house training programmes or those provided by private training organisations must provide evidence that the standards are being met.

### **Do all sessions need to be delivered to all staff?**

Service needs vary from area to area and the training needs of staff also vary – depending, for example, on their role, responsibility and previous experience. Training must, therefore, be needs-led on the basis of training needs analysis. It will be the trainer's responsibility, in consultation with relevant personnel in the health body, to assess the needs of the group and access the materials considered relevant to their needs from the syllabus.

### **How do the trainers know what the standards required are?**

Familiarisation seminars have been provided for trainers since October 2005. Attendance at these events provides trainers with information about the standard required, access to the syllabus and access to a secure extranet site which will be regularly updated so that good practice can be shared.

Training providers who are meeting the learning outcomes will not be required to alter current practice, but will benefit from the opportunity to share best practice.

### **Do all trainers have to attend the familiarisation seminars?**

Trainers who have been actively involved in the pilot project will not be required to attend. However, should they wish to do so, this can be accommodated.

### **Do all trainers in the organisation need to attend a familiarisation event?**

An identified lead trainer can attend on behalf of the training team and provide feedback locally.

Should the lead trainer prefer all team members to attend, this can be accommodated.

**Do trainers in mental health and learning disability settings need to attend the Conflict Resolution Training (CRT) familiarisation events also?**

The mental health and learning disability syllabus, *Promoting Safer and Therapeutic Services*, has been developed to meet the needs of staff working in these services, as the CRT course was not intended to cover these. Relevant elements of the CRT programme are now incorporated in the mental health and learning disability syllabus and therefore attendance at CRT is not required.

Should training providers be required to present a basic CRT programme, the resources required can be found in the *Promoting Safer and Therapeutic Services* resource pack.

**Will participants in the *Promoting Safer and Therapeutic Services* familiarisation seminar receive a certificate?**

A certificate will be provided and access to a secure extranet site containing the relevant resources will be authorised.

**When will the *Promoting Safer and Therapeutic Services* syllabus commence?**

The syllabus was launched in October 2005.

**When will the familiarisation seminars start?**

The familiarisation seminars started in October 2005.

**Where will the familiarisation seminars take place?**

The events have taken place regionally, across England. Any future events will be held at the NHS SMS Central Unit in London.

**How can the events be booked?**

The NHS SMS training centres in Coventry and Reading will provide dates and venues.

Dates and venues can also be accessed on the NHS SMS website, [www.cfsms.nhs.uk](http://www.cfsms.nhs.uk).

**How will the syllabus be evaluated?**

An evaluation programme is being developed in consultation with the Health and Safety Executive and Nottingham University.

**How will the syllabus standards be regulated?**

The Healthcare Commission and the Health and Safety Executive are aware of the standards required and these are now incorporated in the inspection process.

The National Institute for Mental Health in England (NIMHE) is leading on work to develop national guidelines for the accreditation and regulation of training nationally. The NHS SMS is involved in this process and will support future recommendations.