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Training Plan

NHS Lothian Management of Aggression Education & Training Strategy

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1. Purpose and Scope

The Training Strategy is a key component of the Keeping People Safe – Management of Violence and Aggression Policy.

The policy states,

“Due to the nature of services provided by NHS Lothian there is a risk that individuals may be exposed to violence and aggression. Staff at all levels have responsibilities in relation to the prevention and management of violence and aggression.

The personal safety of all staff and volunteers is valued and protected through the prevention and management of Violence and Aggression within NHS Lothian. This will be achieved by minimising the risk to exposure of violence and aggression for those delivering care, their patients, visitors, and the public by creating safe and secure work environments.”

Providing training that is proportionate to the level of risk in an area is central to Keeping People Safe.

2. Objectives

This V&A training strategy is designed to,

- Provide a proportionate training plan for use across the organisation taking account of local risk assessments (the “purple pack”)
- Provide a cost-effective approach to keeping people safe that ensures there is local and corporate input to training as appropriate to the level of training need.
- Describe the associated support the Management of Aggression team can provide to service areas.
- Support Health & Safety Standards related to management of aggression to ensure that these are adhered to throughout the organisation.

3. Pre – requisites for Training

- The Purple Pack assessment must have been completed by the manager of any areas seeking access to training. The purple pack enables a service to determine the level of risk and the training package that best meets the needs of the area.
- Suitable training environments / equipment must be available to facilitate training sessions.
- Staff must be released from clinical and other work to attend the prescribed training.

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4. Scope

- The training strategy is applicable to all NHS Lothian employees and workers engaged through the Staff Bank and volunteers.
- External contractors must evidence that their employees / workers are trained to the appropriate level relevant to the area and the work that they are undertaking and must evidence this as requested.

5. Training Approach

The purple pack risk assessment results in a local assessment of need, against which an action plan must be generated to mitigate the residual risk.

Whilst the overall risk rating for an area may be high or very high the training needs identified may be different for different disciplines within the team; the differentiation may be aligned to whether or not the staff and volunteers are involved in direct patient care, indirect care or have no patient contact. The training needs assessment tool enables areas to best align their circumstances to the training offerings.

It is important that the purple pack risk assessment considers the staff and volunteers from other teams of that might be deployed or who regularly visit the department. Ideally the person completing the risk assessment for an area will liaise with the managers completing risk assessments for support staff and volunteers that are periodically in the area. The risk assessment carried out by support services need to be proportionate to the risk to their staff in any given circumstance not necessarily to the risk aligned to the core staffing for an area.

EXAMPLES

The risk assessment for an OOH District Nurse team may result in a higher level of risk to the Clinical Team that attend clients' homes as category 1 lone workers therefore requiring level 2 advanced training. The admin support to the DN team may result in a low (or no) level of risk as these staff are based in the service base and do not directly deal with clients face to face but do speak to people on the telephone organising visits and clinic attendances. The admin team would align to either level 1 intermediate or level 2 core depending on the types of calls they receive.

The risk assessment for all clinical, ancillary and admin staff working in an emergency department might be at level 4 intermediate for clinical staff but the occasional visitor to the department from another team e.g. facilities (electrician / plumber) or diagnostics may not require the same level of training as they will not be involved in direct patient restraint and will be advised if it appropriate to carry out their duties depending on the departmental circumstances at the time.

Each staff and volunteer group within an area will undertake the appropriate level of training as defined by the risk assessment. The outcome of the risk assessment results in one of the following categories – with the proviso that different staff groups may fall into a different risk assessment category across a team.

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Training Needs Assessment

	Training Level		Training Level
Datix Analysis/Staff Perspectives raised no concerns re volume/frequency of incidents/severity	Level 1 Core	Frequently provide care, advice, or information to patients/visitors and/or dealing with people on telephone who may display signs of anger	Level 2 Core
Workplace is multi-occupied with support readily available in case of incidents.		Medium to high likelihood of assisting people displaying signs of stress, distress and/or anger in a face-to-face situation.	Level 2 Intermediate
Not delivering treatment/care or providing advice and information to patients/visitors.		Lone Worker Category 1 Staff who visit patients in their homes on their own or work in isolation within a department out of hours and at weekends	Level 2 Advanced
No requirement to use physical restraint practices		Medium to high likelihood of using low-level restraint practices (e.g., Guided Hold) to prevent absconding.	Level 3 Core
Low risk of assisting people displaying signs of stress, distress and/or anger (including on telephone and visitors)		Medium to high likelihood of using low-level restraint practices to deliver treatment and care (e.g., Seated and Trolley Restraints)	Level 3 Intermediate
Infrequently/never provide care for people who are assessed as requiring increased interventions.		Frequently provide care for who are assessed as requiring increased and/or continuous interventions as a response to a medium or high risk of suicide, self-harm or harm to others.	Level 3 Advanced
Workplace has a lack of nearby support in case of incidents.	Level 1 Intermediate	Use of high-level (floor level) restraint practices as part of planned interventions / practice to maintain safety and prevent harm to patient or others.	Level 4 Intermediate
Lone Worker Category 2. Staff who visit patients in their home or run clinics in buildings alone or in isolation, within office hours (Mon – Fri)	Level 1 Advanced	Use of Softer Restraint & Safer Holding System – Medium Secure Unit ONLY	Level 4 Advanced
		Individual Patient Concerns	Bespoke
Additional Local Trainer Capacity Required	Train the Trainer	Datix Analysis/Staff Perspectives raised concerns re volume and / or frequency of incidents and / or the severity of incidents	Consult

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5.2 Training Programmes

Each training programme will include elements from the prior levels of training as necessary.

All training programmes require the Core eLearning and other relevant eLearning modules to have been completed by all participants.

	Core	Intermediate	Advanced
ALL STAFF	Management of Aggression Core Skills eLearning		
Level 1 Training		Management of Aggression Core Skills eLearning Management of Aggression Lone Working Lone Worker Safety Awareness eLearning	Management of Aggression Core Skills eLearning Management of Aggression Lone Working Lone Worker Safety Awareness eLearning De-escalation Skills eLearning
Level 2 Training	De-escalation Skills eLearning	De-escalation Skills eLearning Breakaway Techniques	Management of Aggression Lone Working Lone Worker Safety Awareness eLearning De-escalation Skills eLearning Breakaway Techniques for Lone Workers

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Level 3 Training	Management of Aggression Restraint eLearning Low Level Restraint Techniques e.g., Guided Hold,	Management of Aggression Restraint eLearning Low Level Restraint Techniques e.g., Seated & Trolley restraint.	Management of Aggression Restraint eLearning Low Level Restraint Techniques
Level 4		High level Restraint Techniques	High level Restraint Techniques Softer Restraint & Safe Handling System (SRSHS) Training
Bespoke Training	Patient Specific Will be determined after a full review with the Management of Aggression Training Team Lead	Site Specific Requests for site specific training will be reviewed by the Management of Aggression Team Lead to determine if the needs are not covered by the standard offerings at L1 to L4	New Equipment / Techniques Where new equipment or techniques are established the Management of Aggression Team Lead should be approached to consider the implications for extant training programmes
	Staff Group Specific Examples such as Doctors in Training who will receive an induction and new Consultants will receive bespoke programmes.	Examples such as Childrens' Services will be managed by cohorting participants on extant training programmes.	Situation Specific Whether in response to a potential or actual risk the Management of Aggression Training Team Lead will assess situations and advise on the most appropriate training.

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Consultation	Where the area does not neatly fit one of the other criteria and the Datix analysis or staff perspectives questionnaires have raised concerns re volume and / or frequency of incidents and / or the severity of incidents the Management of Aggression Team will offer a consultation to determine the most appropriate approach to training.
Training for Trainers	All areas are required to develop a cohort of local trainers to deliver elements of the training as described above. Initial Training programmes will be aligned to the level of training being delivered and participants will be required to have their competency confirmed through delivery of 3 training sessions under supervision of the Management of Aggression Training team within 3 months of undertaking their Training for Trainers

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5.3 Training Delivery

As far as possible the training programmes will be delivered to cohorted groups of staff and volunteers working in similar specialties / services (e.g., children and adolescents, mental health, emergency departments, medicine of elderly, critical care, community nurses, admin teams, facilities etc).

The delivery model is based on a central team of experts (the Management of Aggression Team) who will support Work Based Trainers to deliver the majority of the level 2 and 3 training to groups of up to 12 participants.

Level 4 training will be led by the Management of Aggression Team but will be supported by Work Based Trainers from the areas being trained.

The role of the Work Based Trainers is wider than delivery of training, their role includes being cognisant to local practice and addressing any gaps in knowledge locally in real time. This is not instead of training but as an adjunct to ensure that all staff practice safely in the clinical environment.

Level 1 Training	All level 1 training is self-directed, delivered by eLearning	
Level 2 Training	De-escalation Conversations self-directed eLearning	Breakaway Techniques training will be delivered by Work Based Trainers x2
Level 3 Training	Low Level Restraint Techniques e will be delivered by Work Based Trainers x1 supported by Management of Aggression team x1	
Level 4	High level Restraint Techniques will be delivered by Management of Aggression team x2 supported by Work Based Trainers x2	
Bespoke Training	All bespoke training will be designed and delivered by the Management of Aggression team. Where appropriate, after initial cohorts have completed training the Management of Aggression team may delegate the delivery to local Work Based Trainers for maintenance.	
Training for Trainers	Training for Work Based Trainers will be delivered by Management of Aggression Team.	

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Initial Training programmes will be aligned to the level of training being delivered and participants will be required to have their competency confirmed through delivery of 3 training sessions under supervision of the Management of Aggression Team within 3 months of undertaking their Training for Trainers.

The Management of Aggression team will attend update training programmes through a recognised or accredited route

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5.4 Maintaining Competency

All level 1 to level 4 training will be subject to a two-yearly refresh. Participants will be required to undertake the relevant programme in full.

Work Based Trainers will be required to demonstrate their competency on an ongoing basis, when working with the Management of Aggression team and will collectively attend an update programme run by the Management of Aggression team on an annual basis. Any immediate changes in practice which need to be shared with Work Based Trainers will be communicated through the network communications channel.

Work Based Trainers will be required to deliver a minimum of ten sessions per annum to maintain their practice, at least 2 sessions per annum will be working alongside a Management of Aggression team member for the purposes of both support and competency assessment.

5.5 Training Expectations

The highest level of training applicable should be applied for each group within any department. This may mean that different disciplines attend different levels of training.

The construct of training at each level will include all the pre-requisite lower-level training and it is expected that staff, workers, and volunteers will attend the full programme. Each training programme will include elements from the prior levels of training as necessary.

All training will include a competency / proficiency assessment. Where participants cannot demonstrate the level of proficiency required during the programme the local manager will be advised and the participant must NOT undertake any techniques that they have not been able to demonstrate competency in. The Management of Aggression Lead will determine whether the candidate is required to repeat the full training programme of a particular element and will facilitate an opportunity for the candidate to complete within 3 months of the initial training. This will be advised on the Learning Outcomes Assessment (see Assessment section below)

Face to Face courses will be timetabled across sites and services for 6 to 12 participants. Courses will not run if >33% of the participants are non-attenders, i.e., a class scheduled for 6 participants must have 4 participants to run and a class of 12 must have 8 participants to run.

Nonattendance will be reported to the local manager and will be recorded and reported through local Health and Safety Committees.

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5.6 Training environment

- All training environments must be risk assessed and will be well ventilated.
- Crash mats will be used for floor work.
- Participants who jeopardise their own safety and/or the safety of others by practicing out with safe perimeters will be excluded from the programme. The Management of Aggression Team Lead will advise the appropriate line manager if this action is necessary.
- Trainers (whether Management of Aggression Team or Work Based Trainers) will recognise the individual limitations of participants and of themselves, and exercise patience and tolerance always.

6. Assessment

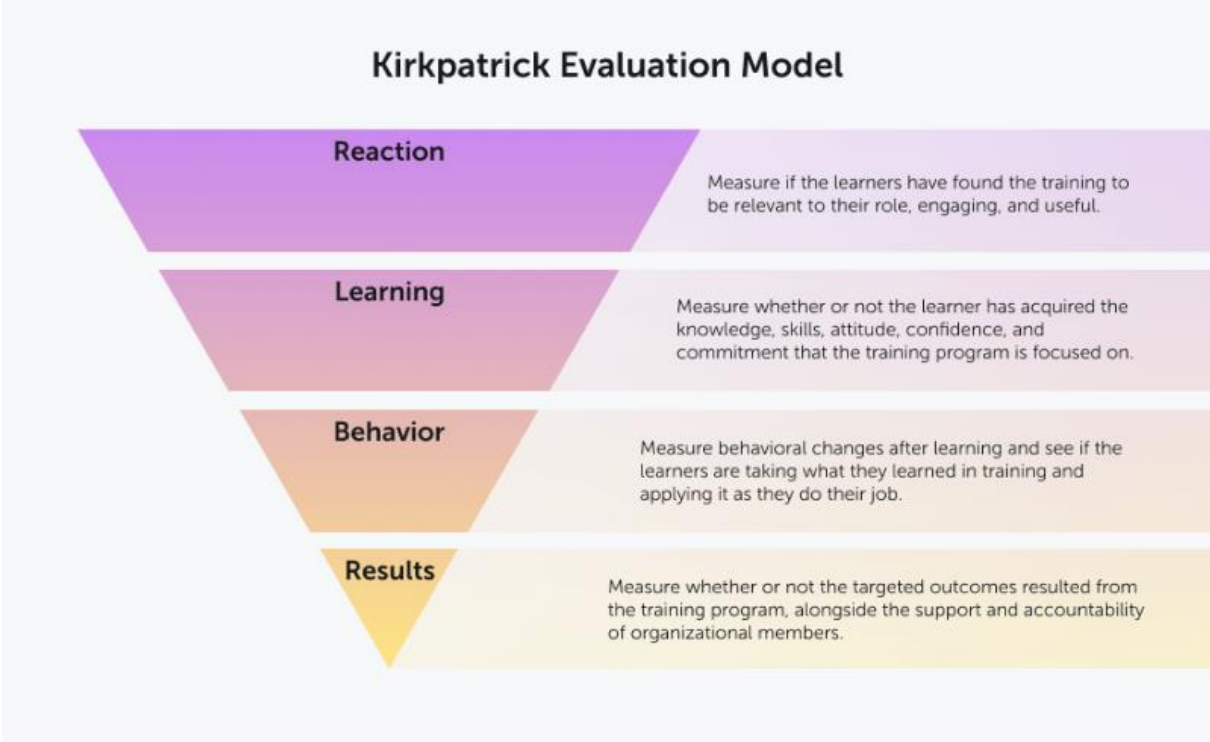
- Due to the physical nature of the face-to-face courses a Health, Safety and Wellbeing questionnaire is used at the start of the session and repeated at the end of the session.
- The purpose of the competency / proficiency assessment is to highlight the essential components of each of the techniques included in the program and record the participants learning outcome for each of the components.
- The outcome of the competency / proficiency assessment will be recorded on a Learning Outcomes Assessment (LOA) proforma (see recording of training below).
- This LOA process allows the management of aggression advisors to advise/give guidance to managers on occasions where a delegate has not met the minimum skills requirement.
- The line manager is responsible for taking the appropriate action in response to the record of training on the LOA.

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7. Evaluation

To assess the quality, effectiveness and relevance of the programme, Kirkpatrick’s Training Evaluation Model will be used as a simple but robust approach to training evaluation.

The role of the Work Based Trainers will be important in measuring the behavioural changes in the workplace.



Valamis illustration of Kirkpatrick, D. L. and Kirkpatrick, J. D. (2016). 'Evaluating Training Programs,' Oakland, CA: Berrett-Koehler.

8. Training Administration

- All bookings for face-to-face training for staff will be managed through the eESS system.
- All bookings for face-to-face training for volunteers will be managed through the Voluntary Services Team.
- The local NHS Lothian Management of Aggression training records provide evidence of courses that have been provided, participant attendance and safety precautions have been adhered to and outcomes achieved.
- The complete training record will be held by the Management of Aggression team electronically for the required duration (according to the legal retention of documents guidance).

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- The individual training record will be retained in the personal file of the staff member.

9. Risks and Issues

- There is a risk around the release of staff for training given the service pressures. This strategy sets out a clear expectation of the training to be delivered in different clinical settings. Attendance will be monitored and areas that are failing to achieve necessary levels of training will be escalated via the Health and Safety Committee structure.
- Availability of appropriate training venues, facilities, and environment will need to be developed over the first year of implementation of this strategy together with the recruitment and development of Work Based Trainers.

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