

Classification: Official

(Blue Box) Agenda Item 10.3(iv)

Violence prevention and reduction standard

December 2020

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Introduction

The *violence prevention and reduction standard* provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

The World Health Organization defines violence as: “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” ([Global status report on violence prevention 2014](#)).

All NHS commissioners and all providers of NHS-funded services – referred to in this document as NHS organisations – operating under the NHS Standard Contract **should have regard to** the violence prevention and reduction standard, and are required to review their status against it and provide board assurance that they have been met it twice a year.

Commissioners are also expected to undertake compliance assessments as part of their regular contract reviews, twice a year as a minimum or quarterly if significant concerns are identified and raised.

Subject to consultation over winter 2020/21, the violence prevention and reduction standard will be incorporated into the 2021/22 NHS Standard Contract.

As a minimum, the standard will be reviewed annually or following significant changes, ie legislative and strategic changes. It is applicable until further notice.

The standard has been developed with partners from the [Social Partnership Forum](#) and its subgroups, the Workforce Issues Group and the Violence Reduction Group. The standard is managed by NHS England and NHS Improvement and was endorsed by the Social Partnership Forum on **15 December 2020**.

We would like to thank all stakeholders for their support and professionalism during the standard's development.

Underpinning legislation

Employers (including NHS employers) have a general [duty of care](#) to protect staff from threats and violence at work. Five pieces of health and safety legislation cover violence at work:

- [Health and Safety at Work Act 1974 \(HASAWA\)](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013\(RIDDOR\)](#)
- [Safety Representatives and Safety Committees Regulations 1977](#)
- [Health and Safety \(Consultation with Employees\) Regulations 1996.](#)

The Health and Safety Executive undertakes annual inspections across all health sectors. Please refer to the [operational guidance](#) for more detail.

Associated legislation

- [The Corporate Manslaughter and Corporate Homicide Act 2007](#)
- [Protection from Harassment Act 1997 – Legislation.gov.uk](#)
- [Assaults on Emergency Workers \(Offences\) Act 2018](#)
- [Equality Act 2010 - Legislation.gov.uk](#)
- [Offences against the person legislation](#)
- [Section 39 Criminal Justice Act 1988](#)

Approach

The violence prevention and reduction standard employs the Plan, Do Check, Act (PDCA) approach,¹ an iterative four-step management method to validate, control and achieve continuous improvement of processes.

Plan

The NHS organisation must review their current status against the violence prevention and reduction standard and identify their future requirements, to understand what needs to be completed and how, who will be responsible for what, and what measures will be used to judge success. This phase of the process includes developing or updating strategies, policies and plans to deliver the aims.

Do

The NHS organisation must:

- assess and manage risks
- organise and implement processes, and communicate plans to and involve NHS staff and key stakeholders in their delivery
- provide adequate resources and training.

Check

The NHS organisation must ensure that the plans are implemented successfully, assess how well the risks are controlled and determine if the aims have been achieved, i.e. via audit measures. As part of the process, the NHS organisation should routinely assess any gaps and ensure swift corrective action. Credible, accurate and unambiguous data will assist in checking incidents of violence have fallen.

¹ Also known as the Deming cycle.

Act

The NHS organisations must review its performance to enable the senior management team to direct and inform changes to policies or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. The NHS organisation should share critical findings with internal and external stakeholders.

Compliance assessment

The process outlined in Figure 1 is for NHS organisations to consider when completing the violence prevention and reduction assessment. It ensures that responses to the evaluation are valid and any required organisational actions are endorsed at senior management level in consultation with key stakeholders, via the designated internal governance routes.

The evidence showing the criteria have been met for each indicator, or not, should be made available to essential stakeholders.

Figure 1: Violence prevention and reduction assessment process



- The violence prevention and reduction lead completes the initial assessment in collaboration with key stakeholders.
 - The rationale, evidence and actions are recorded for each response.
- Validate the recorded responses and rationale with relevant stakeholders.
- Validate the findings with senior management and obtain agreed responses and actions to address any concerns.
- Ensure there is a clear plan with defined roles and responsibilities for discharging any actions identified.
 - Ensure appropriate timescales are assigned to each action.
 - The actions may include but are not limited to further investigation, improving processes, validating rationale and evidence.
 - Actions and risks identified should be included as part of the organisational risk assessment.
- Agree the frequency with senior management and key stakeholder.

Plan

Suggested responsibility

Security

HR

Clinical

	Indicators	Compliant	Evidenced (how)
 <p>The board (non-exec and exec members) endorses the violence prevention and reduction policy</p>	<ul style="list-style-type: none"> The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance. 	Partially	<p>1, The Trust has three Depts proactively working on a violence reduction a prevention strategy. These include:</p> <ul style="list-style-type: none"> Workforce Group - staff on staff / staff survey issues / staff support and wayfinder feedback Security - Anti Social Behaviour - persistent offenders Corporate - clinical issues / challenging behaviours as result of medical issues / medication/ lack of capacity <p>A Quality Improvement Collaborative has been formed and a tender contract is in place to provide additional resources to deliver bespoke training to staff groups identified as being more at risk of challenging behaviours and violence.</p> <p>2, A strategy is in DRAFT as of May 22 for stakeholder consultation</p> <p>3, A process for reporting to the WFC is now established - May / Sept in 2022 the Board in Sept 2021 to update on the current situation, work streams and other related matters</p> <p>Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> The organisation has developed a violence prevention and reduction policy which has been endorsed by the board and is underpinned by workforce and workplace risk assessments. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> A policy is in place, it is approved by the Trust Policy and Procedure Review Group.

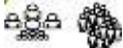
		<ul style="list-style-type: none"> The Violence and Aggression Policy on the LTH Policy HUB Ward / Dept Risk Assessments held by CSU's
<ul style="list-style-type: none"> The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> The Workforce Group has staff side reps and Trust CSU reps and clinical stakeholders represented Evidence meeting minutes
<ul style="list-style-type: none"> The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the sustainability and transformation partnership (STP) or integrated care system (ICS). 	Partially	<p>Evidence:</p> <ul style="list-style-type: none"> There is a risk on the Trust Risk Register that the Risk Management Committee and Board are cited on. There is a risk, CRRS4 Violence due to organic, mental health or behavioural reasons on the corporate Risk Register. This risk had been reviewed and updated by the Head of Mental Health Legislation in conjunction with the Deputy Chief Nurse with an update on the further mitigating actions, including CAMHS in-reach referral pathway redesigned and CAMHS crisis team resource increased, and now includes doctors being able to complete on ward MHA assessments. In addition, specific training needs analysis is to be developed to ensure face to face restraint training is targeted at high risk staff areas. There is no proposed change to the score of 16. <p>Not sure if this shared with ICS? Full compliance by Sept 22</p>
<ul style="list-style-type: none"> The senior management (the chief executive and the board) is accountable for the violence prevention and reduction strategy and policy, and this is clearly set out in both documents. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> The Policy details the CEO responsibilities The strategy will include once finalised Trust Policy
<ul style="list-style-type: none"> Senior management is informed about any disparity trends for violence and aggression against groups with protected characteristics, and a full equality impact assessment has been developed and made available to all stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Workforce Group has trends identified from staff survey. DATIX can be interrogated using key words. Evidence staff survey

			<ul style="list-style-type: none">• DATIX reports as requested• Staff survey shared with Workforce Group and presentation prepared as required
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	Indicators	Compliant	Evidenced (how)
 <p>Clearly defined objectives and performance criteria</p>	<ul style="list-style-type: none"> The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy. 	Yes	Evidence: <ul style="list-style-type: none"> Current policy. Will be reviewed as part of 2021 Policy review
	<ul style="list-style-type: none"> There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders. 	Partially	On-going work There are various work streams on-going that are looking at all areas of violence aggression / challenging behaviours. A group to oversee all the work has established. A ToR is approved and the group's report to the Workforce Committee. More detailed work is required on metrics, discussed at May 22 Steering Group and metrics need to be agreed and monthly process for report out needs agreeing Full compliance by Sept 22
	<ul style="list-style-type: none"> The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, i.e. via the organisation's auditors. 	Yes	Evidence: <ul style="list-style-type: none"> Policies / Procedures in place in place - Security / Lone Workers / Violence and Aggression / Restraint# Risk assessment process in place Risk registers to escalate Policies and Procedures reviewed periodically by Trust Policy and Procedure Review Group
	<ul style="list-style-type: none"> Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is clearly referenced in the equality impact assessment. 	Yes	Evidence: <ul style="list-style-type: none"> Policy and Procedures are subject to an equality impact assessment MCA colleagues, LD Colleagues included in working groups, as are staff side
 <p>Violence prevention and reduction plans recorded,</p>	<ul style="list-style-type: none"> Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy. 	Partially	On-going work There are various work streams on-going that are looking at all areas of violence aggression / challenging behaviours. A group to oversee all the work has established. A ToR is agreed and the group reports to the Workforce Committee. Full compliance by Sept 22

implemented and maintained	<ul style="list-style-type: none"> The plans are updated and maintained to consider Improvements; lessons learnt and updated risk assessments, annually as a minimum schedule. 	Partially	<p>The establishment of the various groups overseeing all aspects of this subject will achieve compliance. Lessons have been learnt from incidents, hence the establishment of groups.</p> <p>A programme of Risk Assessments is in place from April 2022 to May 2022. This will see all areas have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review</p> <p>Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Violence and aggression risk assessment is provided by the trust for areas to complete Completed risk assessments are available for staff / trade unions and others as requested
	<ul style="list-style-type: none"> The plans are reviewed in consultation with subject matter experts pertaining to the Equality Act 2010. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Work plans, processes and other related work is shared with subject matter experts Policies / procedures in place and subject to equality impact assessments

Do

	Indicators	Compliant	Evidence
 <p>Board members approve resources</p>	<ul style="list-style-type: none"> The senior management assesses and provides the resources required to deliver the violence prevention and reduction objectives. 	Yes	Evidence: <ul style="list-style-type: none"> Additional resources provided to tender training and eLearning in 20/21 Additional training package provided via GoodSense to deliver training to those assessed as being at greatest risk of violence and aggression in the workplace Additional HCA's in some areas
	<ul style="list-style-type: none"> A designated board-level (director) manages the violence prevention and reduction work stream and ensures appropriate and sufficient resources are allocated to the function (which is underpinned by an organisational risk assessment). 	Yes	Evidence: <ul style="list-style-type: none"> Policy names Director of E&F as lead. However discussion and Policy review will identify: Chief Nurse leads on clinical matters related to V&A / challenging behaviours Director of HR / OL will lead on staff on staff Director of E&F all other matters - those with capacity, ASB etc.
 <p>Regular workforce engagement</p>	<ul style="list-style-type: none"> The senior management team regularly provides accessible communications on the violence prevention and reduction objectives and priorities. 	Yes	Evidence: <ul style="list-style-type: none"> Zero Tolerance Campaign Controls Assurance Standard in annual audit checks on availability of posters / info for staff Updates sent in Staff communications periodically
	<ul style="list-style-type: none"> Communications cover all staff groups and functions within the organisation. 	Yes	Evidence: <ul style="list-style-type: none"> as above Staff wayfinder held in June 2021 - sent to all staff for completion
	<ul style="list-style-type: none"> The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives. 	Yes	Evidence: <ul style="list-style-type: none"> During policy reviews Involved in Violence and Aggression Steering Group chaired by Director of HR

			and OL
	<ul style="list-style-type: none"> A diversity lens is applied to objectives development, to provide due diligence for Public Sector Equality Duty, and this is validated by the subject matter expert pertaining to the Equality Act 2010. 	Yes	Evidence: <ul style="list-style-type: none"> LD, MCA, Corporate Nursing involved in work around restraint, violence and reduction and are represented on working groups and Quality Improvement Collaborative
 <p>Clear roles, responsibilities and training</p>	<ul style="list-style-type: none"> The organisational roles and responsibilities across all levels are clearly set out in a violence prevention and reduction policy. 	Yes	Evidence: <ul style="list-style-type: none"> Trust Policy sets of responsibilities - available on the Trust Policy HUB
	<ul style="list-style-type: none"> A training needs analysis (violence) informed by the risk assessment has been undertaken, and suitable and sufficient training and support are accessible and provided to all staff. 	Yes	Evidence: <ul style="list-style-type: none"> TNA completed by Team Managers / Ward / Dept Managers as to whether Conflict Resolution Training is applicable to their staff. Completed by Teams locally and recorded with OL

	Indicators	Compliant	Evidence
 <p>Regular risk assessment</p>	<ul style="list-style-type: none"> Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an on-going process and documented in the appropriate organisational risk registers. 	Partially	<p>Recommended each CSU reviews and completes a new risk assessment and records it within their CSU risk assurance arrangements</p> <p>A programme of Risk Assessments is in place from April 2022 to May 2022. This will see all areas have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review</p> <p>Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> Violence risks are co-ordinated across the organisation, and are accessible and shared with senior management and all appropriate stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Focussed work is taking place based on DATIX information, Security Log reports and other DATA / intelligence Quality Improvement Collaborative formed Bespoke training tendered and being delivered
	<ul style="list-style-type: none"> Identified violence risks and their mitigations/controls are communicated to all staff in regular bulletins. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Zero tolerance campaigns Local awareness sessions bespoke to local issues - EMS / ED/ Neuro

Check

	Indicators	Compliant	Evidence
 <p>Process to assess violence prevention and reduction performance</p>	<ul style="list-style-type: none"> The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents. 	Partially	<p>Currently this is taking place. As the Quality Improvement Collaborative and Workforce Committee develop work groups this will report through the Workforce Committee. More work is required on metrics and report out</p> <p>Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> The senior management is directly accountable for ensuring that the system is working effectively and providing assurance that the violence prevention and reduction objectives are being achieved. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> The Exec Team recognise this is an issue and the various groups looking at a reduction in incidents have been formed These matters are minuted at various workgroups Risk on the Trust Risk Register Board report in DRAFT for September 2021 Board
	<ul style="list-style-type: none"> Staff members are actively encouraged to report all incidents, including nearmisses. 	Yes	<p>Evidence</p> <ul style="list-style-type: none"> Reporting of Incidents Policy Security Policy Security Strategy Zero tolerance campaigns
 <p>Data is traceable retrievable and accessible</p>	<ul style="list-style-type: none"> Violence data is managed in accordance with the General Data Protection Regulations (GDPR) 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Recorded in DATIX Where shared with other stakeholders MoU in place from IG Dept Security logs password protected and agreed by IG
	<ul style="list-style-type: none"> Violence data is frequently analysed using primary metrics to support the violence prevention and reduction assessments and inform the audit process. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Recorded incidents checked weekly and followed up DATIX / Security Logs monitored for themes / trends / DATA Concerns from those investigating passed to stakeholders within CSU's

<ul style="list-style-type: none"> • Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation. 	<p>Yes</p>	<p>Evidence:</p> <ul style="list-style-type: none"> • Wayfinder carried out and finding being analysed • DATIX • Staff survey results • Results from other groups such as BME network and LGBBTQ+ and others
<ul style="list-style-type: none"> • The protection and storage of data about violence follows the organisation's information governance policies. 	<p>Yes</p>	<p>Evidence:</p> <ul style="list-style-type: none"> • IG regulations complied with

	<ul style="list-style-type: none"> Data collected about violence assures that the processes are effective and identifies where lessons can be learnt and that the policy objectives are being achieved. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Recorded incidents checked weekly and followed up DATIX / Security Logs monitored for themes / trends / DATA <p>Concerns from those investigating passed to stakeholders within CSU's</p>
 <p>Established audit and assurance process for violence prevention and reduction</p>	<ul style="list-style-type: none"> A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly. 	Partially	<p>Currently this is taking place. As the Quality Improvement Collaborative and Workforce Committee develop work groups this will report through the Workforce Committee. More work is required on metrics and report out Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> The audit outcomes inform a regular senior management review held at least twice a year. 	Partially	<p>Currently this is taking place. As the Quality Improvement Collaborative and Workforce Committee develop work groups this will report through the Workforce Committee. More work is required on metrics and report out Full compliance by Sept 22</p>
 <p>Process for corrective and preventative actions for violence prevention and reduction</p>	<ul style="list-style-type: none"> All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable timeframes, and where this may be prolonged by investigations and or staff support, this is recorded and communicated to senior management, relevant staff and stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Incidents are recorded in DATIX, this is reliant on staff completing the DATIX Security will complete Security Log Report and DATIX - or request persons involved to complete DATIX after every incident attended Dependant on the serious of the incident other reports may be completed SUI / Level 1 / Police Investigation or it may just be through DATIX Time parameters are set by DATIX - local governance groups will track compliance in CSU's. Trust Risk Registers reviewed at RMC Corporate Risk Register Reviewed
	<ul style="list-style-type: none"> The violence prevention and reduction risk registers are updated accordingly. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Each CSU has a risk register and there is a corporate risk register If CSU's have a risk related to violence

			<p>and aggression it would be recorded locally and Tri Teams within CSU's through local governance groups will review</p> <ul style="list-style-type: none">• CSU's present risk registers and risks above 16 at the Risk Management Committee quarterly• As risks are identified risk registers would be updated• Risk registers held with DATIX system
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Act

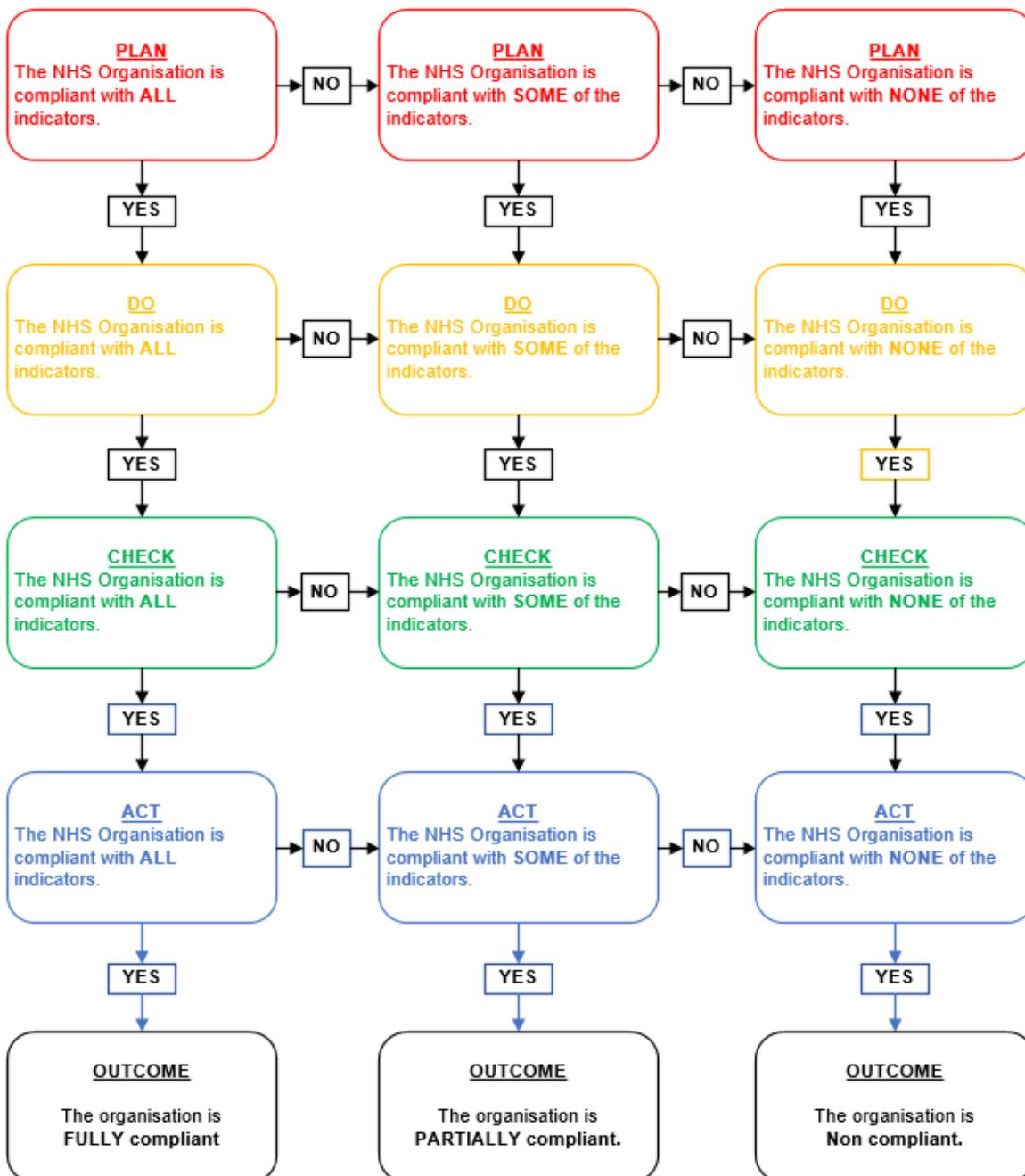
	Indicators	Compliant	Evidence
 <p>Board reviews the violence prevention and reduction performance</p>	<ul style="list-style-type: none"> A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the board. 	Partially	<p>The steering group is established with Exec Director in attendance - this meets monthly and as report out develops assurance and governance will increase. Findings will shared with metric agreed and papers to WFC / Board</p> <p>Full compliance by Sept 22</p>
	<ul style="list-style-type: none"> Inputs to the process include: <ol style="list-style-type: none"> Local risk management system (data about violent incidents) Risk registers Audit and governance reports that include violence performance Lessons learned (STP and ICSlevel) Review of the violence prevention and reduction processes Risk assessments (workplace and workforce) Triangulated with WRES and WDES Staff experiences (causation themes, impact on health and wellbeing, consequences, etc.) Serious Incidents NHS Staff Survey, local or pulse surveys Local HR intelligence (staff recruitment and leavers rates, absenteeism or retention rates) Key stakeholders. Trade union concerns raised through the health and safety committee Meetings with chief constable or designated representative, police and crime commissioners, etc. 	Yes	<p>Evidence:</p> <ol style="list-style-type: none"> DATIX used to record incidents Entry on Trust Risk Registers and CSU's have local risk registers These would be presented as required at Risk Management Committee, Workforce Committee and other groups as required. Annual Board Report SUI's shared as required Security Team / Violence and Aggression Steering Group / Quality Improvement Collaborative Violence and aggression risk assessment / conflict resolution risk assessment are available HR led Violence and Aggression Steering Group, the Collaborative, Zero Tolerance Campaigns SUI carried out as required and supported by action plans Staff survey findings distributed to CSU's, the Violence and Aggression Steering Group has been formed and local Wayfinder campaigns held In July 2021 Exit Interview Champions identified and training taking place, Collaborative is reviewing incidents with staff, staff support and health and

			<p>wellbeing in place. All these can feed into trend areas and support staff.</p> <ol style="list-style-type: none"> 1. All Key Stakeholders involved, these include OL, LD, MCA, Security, Corporate Nursing, Violence and Aggression Steering Group, Quality Improvement Collaborative, Risk Management, Health and Safety and Exec Team 2. Violence and Aggression report sent quarterly to Trust Health and Safety Consultation Committee. Staff side represented there. There also local CSU H&S forums and the HR led Violence and Aggression Steering Group. All have staff side representation 3. Meetings take place and regular communications with West Yorkshire Police. Not at Chief Constable or PCC level, but issues could be escalated as required. Trust meets up to Chief Inspector level.
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	Indicators	Compliant	Evidence
 <p>Violence prevention and reduction policy updated with lessons learned</p>	<ul style="list-style-type: none"> Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes. 	Partially	<p>The steering group is established with Exec Director in attendance - this meets monthly and as report out develops assurance and governance will increase. Findings will shared with metric agreed and papers to WFC / Board</p> <p>Full compliance by Sept 22</p>
 <p>Informed decisions at senior management level</p>	<ul style="list-style-type: none"> Senior management has enough information from the violence prevention and reduction performance inputs to make informed decisions about the violence prevention and reduction policy, and this information is based on credible intelligence and risk assessments. 	Yes	<p>Evidence</p> <ul style="list-style-type: none"> DATIX information, Security reports and Staff Survey provide information that details trends and data. Reports are available from Security and DATIX can be analysed
	<ul style="list-style-type: none"> Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process and is closely aligned to the STP and ICS planning arrangements. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Workforce Violence Reduction Steering Group - minuted Anti-Social Behaviour Officer in post working with external stakeholders - monthly data / reports produced Quality Improvement Collaborative in place and training programme in place
	<ul style="list-style-type: none"> Staff receive timely responses to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management and relevant stakeholders. 	Yes	<p>Evidence:</p> <ul style="list-style-type: none"> Security Reports of incidents and DATIX reviewed daily and incidents followed up on. There is a sign of column in Security Log. DATIX will be signed off by the person investigation. Reports can be reviewed by requesting DATIX report from Risk Management. Security / Collaborative staff carry out welfare follow ups with staff reporting incidents. Trust employs a PCSO from West Yorkshire Police to assist in follow up with staff is part of their role.

Compliance matrix

The matrix should be used to determine the overall level of compliance for the organisation, based on the criteria for the PDCA indicators.



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This publication can be made available in a number of other formats on request.

Publication approval reference:

Action Tracker

Indicator	Action required	Review date	Completion date	Work stream / lead
The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance	A strategy is in DRAFT as of May 22 for stakeholder consultation. DRAFT needs approving by 31st august 2023	July meeting of VPR Steering Group	31st Aug 2022	Security Peter Aldridge
The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the sustainability and transformation partnership (STP) or integrated care system (ICS) .	Specific training needs analysis is to be developed to ensure face to face restraint training is targeted at high risk staff areas.	July 2022	August 2022	Clinical Lisa Robinson
There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.	More detailed work is required on metrics, discussed at May 22 Steering Group and metrics need to be agreed and monthly process for report out needs agreeing	July 2022	August 2022	Clinical Lisa Robinson
Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	There are various work streams on-going that are looking at all areas of violence aggression / challenging behaviours. A group to oversee all the work has established. A ToR is agreed and the group reports to the Workforce Committee.	July 2022	August 2022	Clinical Lisa Robinson
The plans are updated and maintained to consider Improvements; lessons learnt and updated risk assessments, annually as a minimum schedule.	A programme of Risk Assessments is in place from April 2022 to May 2022. This will see all areas have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review	July 2022	August 2022	Clinical Lisa Robinson

Indicator	Action required	Review date	Completion date	Work stream / lead
Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an on-going process and documented in the appropriate organisational risk registers.	Each CSU reviews and completes a new risk assessment and records it within their CSU risk assurance arrangements All areas to have Conflict Resolution and Violence and Aggression Risk Assessments updated - then there will be an annual / on-going review. These will be subject to peer - review	July 2022	August 2022	Security Peter Aldridge
The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents.	Currently this is taking place. As the Quality Improvement Collaborative and Workforce Committee develop work groups this will report through the Workforce Committee. More work is required on metrics and report out	July 2022	August 2022	Security Peter Aldridge
A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	More work is required on metrics and report out	July 2022	August 2022	HR Chris Carvey
The audit outcomes inform a regular senior management review held at least twice a year.	More work is required on metrics and report out	July 2022	August 2022	HR Chris Carvey
A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the board.	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board	July 2022	August 2022	Security Peter Aldridge
Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes.	Findings from Steering Group will be shared with metric agreed and papers to WFC / Board	July 2022	August 2022	Security Peter Aldridge

