

Violence Prevention and Reduction Strategy

Department / Service:	Health and Safety
Originator:	Local Security Management Specialist Head of Health and Safety.
Accountable Director:	Director of Estates & Facilities.
Approved by:	Health and Safety Committee, JNCC
Date of approval:	18 th November 2025
First Revision Due:	18 th November 2028
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments:	ALL
Target staff categories:	All staff

Policy Overview:

The purpose of this Violence Prevention and Reduction Strategy is to set out a plan for Worcestershire Acute Hospitals NHS Trust to address the significant and ever-increasing risk to staff from violence and aggression by members of the public. This will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression, and violence.

Key amendments to this document

Date	Amendment	Approved by:
May 2022	New Strategy	H&S Committee
July 2025	The strategy has been updated to reflect key improvements, including the replacement of individual names with to now only job titles, removal of the "Plan, Do, Check, Act" model in favour of the updated seven core domains, and the addition of clear objectives for the Violence Prevention and Reduction Strategy. Further enhancements have been made to sections on leadership, reporting and data analysis, training, and post-incident support to strengthen overall implementation and accountability	July 2025

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Mission Statement

At Worcestershire Acute Hospitals NHS Trust, our mission is to create a workplace where all staff feel safe, supported, and empowered to deliver care, free from fear of violence, abuse, or aggression.

We are committed to building a culture of safety, respect, and accountability, where violence is never accepted as part of the job, and every individual has the confidence to speak up and seek support.

Through strong leadership, collaborative working, proactive training, and real-time intelligence, we will reduce harm, support victims, and promote recovery. Our goal is simple:

To protect our people, strengthen our culture, and make working without fear a reality for everyone who works at our Trust.

Worcestershire Acute Hospitals NHS Trust recognises its legal and moral responsibility to protect the health, safety, and wellbeing of all staff. Under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, the Trust is required to identify risks, including violence and aggression, and to take all reasonably practicable steps to reduce them.

The Health and Safety Executive (HSE) defines violence at work as:

“Any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.”

This includes verbal abuse, harassment, intimidation, and physical assault—whether the incident occurs on Trust premises or elsewhere in connection with work duties.

The Trust recognises that repeated or serious verbal abuse can have a cumulative impact on staff mental health, leading to stress, burnout, or long-term absence. Violence, in any form, is unacceptable.

Our mission is to:

- **Minimise preventable incidents of violence and aggression across all sites and services**
- **Provide a safe, supportive, and respectful working environment for all colleagues**
- **Reduce the wider impact of violence-related incidents, including sickness absence, staff turnover, and time lost managing harm**

This mission underpins our commitment to ensuring that every colleague can truly work without fear, and that those affected by violence are heard, supported, and protected.

1. Introduction

- 1.1. Worcestershire Acute Hospitals NHS Trust (the Trust) Violence Prevention and Reduction Strategy has been produced to outline the overarching security approach for tackling violence and aggression within the Trust.
- 1.2. Anyone working in the NHS, receiving NHS treatment or visiting NHS properties has the right to feel safe and secure from violence and abuse, both physical and verbal. The overriding aim for security management is to support Trust staff in providing high quality healthcare through a safe and secure environment that protects patients, staff and visitors, their property and the physical assets of the organisation.
- 1.3. People are our most important asset, and we recognise that their security, safety and welfare and that of others affected by our activities is paramount. The Trust will comply with all relevant legislation and continue to work to raise the standards of the service.

2. Purpose

This Violence Prevention and Reduction Strategy outlines the Trust's commitment to tackling the ongoing and growing risk of violence, aggression, and abuse directed at our staff. It sets a clear course of action to reduce harm, protect staff, and strengthen the systems and culture needed to promote a safe and respectful working environment.

The strategy provides a structured and proactive approach to addressing the causes and consequences of workplace violence, including physical assault, verbal abuse, and threatening behaviour—whether intentional or arising from clinical need or vulnerability.

Key areas of focus include:

- Improved reporting and analysis through systems such as DATIX
- Management of violence and aggression involving:
 - Individuals with impaired mental capacity or serious mental illness
 - Individuals who display violence or aggression while retaining capacity
 - Supporting HR with Incidents involving Staff on Staff violence or aggression
- Full implementation of the NHS Violence Prevention and Reduction Standard
- Targeted training programmes and ongoing staff development
- Insight from staff survey results, including incidents of Staff on Staff
- Use of robust reporting metrics to support assurance, learning and accountability

By setting out this strategy, the Trust aims to protect its workforce, uphold legal and ethical obligations, and build a culture where every staff member can work without fear and is empowered to speak up.

2. Legal Requirement

- 2.1 The Management of Health and Safety at Work Regulations 1999 requires the Trust to assess the activities it undertakes and identify situations / locations where the risk of violence, aggression etc may occur. The risk assessment must be suitable and sufficient and result in the identification and implementation of effective controls to prevent or reduce the risk. This include for example, safety systems of work for lone workers, protective devices and training to staff. If severe harm is sustained, then the Trust Health and Safety team must assess applicability against RIDDOR and report the incident to the HSE if appropriate (e.g. fatalities or injuries that result in an employee being unable to work for more than seven days).

3. Violence Prevention and Reduction Standard

- 3.1 Under the NHS Standard Contract 2021/22, all organisations providing NHS services should have regard to the Violence Prevention and Reduction Standard (General Condition 5) and are required to review their status against it and provide Board assurance that they have been met twice a year.
- 3.2 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.
- 3.3 Commissioners are expected to undertake compliance assessments as part of their regular contract reviews with the Provider, twice a year as a minimum or quarterly if significant concerns are identified and raised.
- 3.4 As part of its commitment to improving security, the Trust has appointed the Head of Health and Safety to lead on the management of violence and aggression. In addition, the Trust has a fully trained and accredited Local Security Management Specialist (LSMS) to advise on crime prevention, manage security-related incidents, and support efforts to raise awareness around Violence Prevention and Reduction initiatives.

This will provide direction and guidance in relation to security to all the services operated by the Trust.

- 3.5 This strategy is underpinned by the Trust's Violence Prevention Reduction and Management of Violence and Aggression Policy which is available via the Trust's intranet. It explains the various aspects of the organisations approach to the management of violence and aggression.
- 3.6 The strategy is summarised on a 'Plan on a Page', which is included as Appendix A page 11.

4. Strategy Aims

- 4.1 Strategic aims:

- Identify and respond to incidents better, so that staff feel that reporting is worthwhile.
- Ensure victims are central to the process and ensure adequate support for those engaging with the criminal justice system.
- Gain Trust Board level support and oversight for violence prevention and reduction.
- Raise staff awareness of the issues, along with the action that will be taken.
- Review policies, procedures and resources with the Strategy in mind.
- Ensure each and every member of staff has fit for purpose training.
- Ensure effective communication throughout the Trust.
- Ensure effective communication with partners such as other organisations and partners for example other Local Security Management Specialists, Police Officers, Counter Terrorism Advisors, Counter Fraud Specialists and Auditors.

5. Strategic Context

5.1 With regards to violence prevention and reduction, the Trust is committed to creating a safer environment by taking proactive steps to manage and reduce incidents across its services with the aim to::

- Reduce the number of avoidable incidents of violence within the Trust
- Create a safer working environment for staff
- Reduce the associated expenditure on sickness, retention and associated time lost through incident management.

5.2 At the core of the strategy is the recognition that the management of violence and aggression work must be based on clear and unambiguous risk identification and assessments.

5.3 Security will be improved, and crime reduced by targeting work effectively and building in anti-crime measures in all Trust processes and procedures and reflecting the wider NHS initiatives where appropriate.

5.4 In order to reduce crime, it is necessary to take a multi-faceted approach that is both proactive and reactive.

5.5 This strategy is built around the seven domains set out in the NHS Violence Prevention and Reduction Standard (updated as of December 2024):

5.6 **Leadership and Accountability** – Establishing strong, visible leadership and clear lines of responsibility across all levels of the Trust.

5.7 **Governance and Assurance** – Embedding violence prevention into Trust-wide governance, reporting, and risk management systems.

5.8 **Collaboration** – Strengthening internal and external partnerships, including with the police, ICB, safeguarding leads and mental health services.

5.9 **Data** – Using high-quality, real-time data to understand risks, inform decisions, and monitor progress.

- 5.10 **Workforce** – Ensuring all staff are trained, supported and empowered to prevent and respond to violence.
- 5.11 **Interventions** – Implementing proactive and proportionate measures to reduce risk and improve safety.
- 5.12 **Evaluation** – Embedding continuous learning, improvement, and accountability at every level.
- 5.13 A safe and secure workplace needs to be embedded amongst staff, professionals and the public to create a culture where the responsibility for safety is accepted by all and the actions of the minority who breach them are not tolerated.
- 5.14 It is important that the Trust identifies the issues of security management and violence or aggression against staff and thereafter maintains or develops policies, procedures and systems that include administrative or technical features which make them less vulnerable, or exposed, and more able, to address these issues.
- 5.15 The need for effective preventative measures is a major factor in an effective security management strategy, but it can only be so with the full support of the Executive Officers, managers and staff within the Trust.
- 5.16 It is recognised that it is not always possible to deter or prevent criminal activity from succeeding. In such circumstances, the Trust must ensure that it effectively investigates, and where appropriate, imposes sanctions and seeks redress from those responsible.
- 5.17 It is imperative that the Trust adopts a robust approach towards imposing sanctions and seeking redress against those responsible for any criminal act, whether or not losses have occurred.
- 5.18 Following the detection and investigation of violence or aggressive related incidents, the Trust must ensure that effective sanctions are taken against those responsible. This may include sending unacceptable behavioural warning letters to patients or supporting legal action in a criminal or civil court and could extend to reporting individuals found to be responsible for misconduct to their Professional Regulatory body for disciplinary action to be considered.
- 5.19 The Trust may take action through its internal disciplinary procedures in respect of any potential wrongdoing which has been found during the course of an investigation. In such circumstances, the Local Security Management Specialist may assist Human Resources in obtaining evidence.

6. Objectives

Objective 1: Empower Leadership at Every Level

To create a culture where safety and accountability are embedded in daily practice, the Trust will empower leaders — from the Board to frontline managers — to model, promote, and enforce a zero-tolerance approach to violence and aggression. This will involve:

- Empowering all staff—clinical and non-clinical—to challenge unacceptable behaviours and feel supported in doing so without fear of repercussion.
- Ensuring that all episodes of violence or aggression are reported through Datix and appropriately escalated through established channels, with lessons learned communicated Trust-wide.
- Delivering regular briefings and bulletins that share incident learning, reinforce key messages around de-escalation, and demonstrate the Trust’s ongoing commitment to staff and patient safety.
- Promoting leadership visibility and learning through observational walkabouts led by the Senior Nursing Team, Health and Safety Team, and Local Security Management Specialist (LSMS).

Objective 2: Identify Themes and Trends to Reduce Harm

To reduce incidents, the Trust will strengthen how it collects and uses data to identify risks, target interventions, and learn from incidents. By analysing DATIX reports, risk assessments, and real-time security data, we can better understand local trends and respond quickly and effectively. The Local Security Management Specialist (LSMS) and Head of Health & Safety will:

- Conduct reviews of DATIX and security team reports to identify patterns and hotspot areas.
- Review local risk assessments to reflect current threats and controls.
- Provide feedback to staff involved in incidents, including support options and any actions taken.
- Develop structured feedback loops to ensure lessons are shared and embedded at all levels of the organisation.

By combining structured reporting with real-time intelligence, the Trust will move towards a proactive, preventative approach that improves safety, supports staff, and strengthens operational oversight.

Objective 3: Develop Security Risk Reduction Tools

To effectively manage the risks associated with violence and aggression, the Trust will implement and maintain a standardised security risk assessment process across all wards, departments, and services. This will be delivered through the use of a focused Management of Violence and Aggression Checklist, which is designed to capture both behavioural and environmental security concerns.

This checklist includes structured prompts and examples to guide staff in identifying and addressing common risks. These include, but are not limited to:

- Ensuring violence and aggression risk assessments are conducted, are up to date, visible, and controls known to staff
- Communicating high-risk patient behaviours during handovers, team huddles, and via patient notes

- Assessing the availability of emergency alarms, panic buttons, and ensuring staff understand how to summon help
- Verifying that dangerous implements/objects and sharps are stored securely
- Checking staff knowledge of lockdown procedures, lone working guidance, and incident reporting systems
- Confirming debriefing is provided after incidents and that documentation is updated accordingly

Where risks are identified, the checklist requires documentation of actions, responsible persons, and timescales to support local accountability and Trust-wide oversight.

This objective ensures that the Trust's approach to risk reduction is consistent, evidence-based, and supports a culture of prevention, visibility, and local ownership of security responsibilities

Objective 4: Competent and Trained Staff

To maintain a safe, confident, and capable workforce, the Trust will ensure that all staff are equipped with the knowledge, skills, and confidence required to prevent and respond to incidents of violence and aggression.

A core component of this strategy is the delivery of a robust, role-specific training programme that reflects the diverse needs of staff across clinical and non-clinical settings. Training will align with national best practice, legal responsibilities, and the updated NHS Violence Prevention and Reduction Standard (2024).

The Trust will:

- Provide a comprehensive training plan covering induction, mandatory updates, and enhanced training for high-risk roles and environments.
- Ensure staff access appropriate refresher training at defined intervals, in line with role requirements and risk exposure.
- Embed trauma-informed care principles and ED&I awareness throughout training content to support compassionate and inclusive practice.
- Maintain a Trust-wide Training Needs Analysis (TNA) to guide programme design and resource allocation.

To support continuous improvement, the Trust will also:

- Evaluate the effectiveness of all training delivery through participant feedback, incident trend analysis, and compliance audits.

By prioritising staff competence and confidence, this objective will support safer responses to incidents, reduce reliance on restrictive practices, and help build a culture where safety is proactive, not reactive.

Objective 5: Strengthen Support Mechanisms for Staff

The Trust is committed to ensuring that any member of staff affected by violence or aggression receives timely, compassionate, and appropriate support. Recognising the impact such incidents can have on both emotional wellbeing and professional confidence, we will embed structured support systems across the organisation.

This objective aims to create a responsive, inclusive, and well-publicised network of support, ensuring staff never feel isolated following an incident and always know where to turn.

To deliver this, the Trust will:

- Provide clear debriefing guidance for line managers to help them offer immediate, effective support to staff following any incident. This includes emotional reassurance, practical advice, escalation processes, and referrals.
- Raise awareness of the range of internal and external support options available to staff, including:
 - **Employee Health and Wellbeing services**
 - **Wellbeing Matters Hub**
 - **Occupational Health**
 - **Psychological Wellbeing Services**
 - **Freedom to Speak Up Guardians**
 - **Network of Staff Supporters (NOSS)**
 - **Health and Safety Team**
 - **Human Resources**
 - **Staff-side Trade Union Representatives**
 - **embRACE Staff Network**
 - **LGBTQ+ Staff Network**
- Ensure all support services and contact details are clearly signposted on internal platforms such as the intranet and in post-incident follow-up communications.
- Include referral and support information in post-incident procedures, Safety Huddle discussions, and DATIX feedback where appropriate.
- Encourage managers to proactively check in with affected staff after the immediate response phase, ensuring longer-term support needs are identified and met.

By embedding a broad and accessible support network that reflects the diversity and needs of our workforce, the Trust will promote recovery, resilience, and retention while demonstrating a clear culture of care and accountability.

7. Approach to Tackling the Management of Violence and Aggression

- 7.1 The violence prevention and reduction standard, lone working guidelines, Violence Prevention and Reduction and management of Violence and Aggression policy are available to assist in the way in which violent and aggressive related incidents are managed in the Trust.
- 7.2 The Trust has a nominated Local Security Management Specialist in place who has the authority to act in the role, and in doing so will develop and deliver a risk assessed programme of work to ensure the Trust complies with all its responsibilities and contractual obligations.
- 7.3 To tackle violence and aggression management effectively, the Local Security Management Specialist will work with other Trust colleagues, other organisations and partners for example other Local Security Management Specialists, Police Officers, Counter Terrorism Advisors, Counter Fraud Specialists and Auditors.
- 7.4 The Trust has an effective Trust wide Risk Register which is sub divided into Divisional registers. The Health and Safety Manager has access to the risk register in order to review information on potential risks and they are actioned appropriately.

8. Violence and Aggression/Physical and Non-Physical Assault

- 8.1 It should be recognised that the management of violence and aggression will always present a risk to the Trust due to the nature of the client/patient base to whom care is delivered. The Trust recognises and is committed to implementing relevant control measures to mitigate against identified risks related to violence and aggression.
- 8.2 The arrangements for the management of violence and aggression are detailed in the Trust's Violence Prevention Reduction and Management of Violence and Aggression Policy.

9. Lone Working – Supporting staff to work safely

- 9.1 Arrangements in place to reduce or control risks from lone working must be regularly monitored and recorded to ensure that they are being adhered to and remain workable. This is the responsibility of the Line Manager; however, where concerns are raised regarding local controls, protocols or procedures; a joint review should be undertaken by staff and their Line Managers to determine corrective measures required. The advice of the Local Security Management Specialist should be sought as necessary.
- 9.2 The arrangements for the management of lone working are detailed in the Trust's Lone Workers Policy.

10. Implementation

10.1 Plan for implementation

The effective implementation of this strategy will support openness and transparency. The Trust will:

- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.
- Communicate to staff any relevant action to be taken in respect of violence and aggression issues.

- Ensure that relevant training programmes raise and sustain awareness of the importance of effective management of violence and aggression.
- All procedural documents are available via the Trust's website.
- Staff are notified by email of new or updated procedural documents.

10.2 Training and awareness

A safe and confident workforce is central to the delivery of this strategy. Worcestershire Acute Hospitals NHS Trust is committed to ensuring that all staff, volunteers, and contracted personnel receive the training they need to manage the risk of violence and aggression in a way that is safe, lawful, and aligned with the Trust's values.

10.3 The Trust will implement a comprehensive Training Needs Analysis (TNA) to identify those roles and services where staff are at heightened risk of exposure to violence and aggression. This analysis will guide the commissioning, development and delivery of training to ensure it is proportionate, evidence-based, and tailored to specific roles and responsibilities.

10.4 Training will align with the Workforce and Interventions domains of the NHS Violence Prevention and Reduction Standard (2024), with a focus on prevention, early recognition, safe withdrawal, and de-escalation.

10.5 All staff will receive training appropriate to their roles. Training will be refreshed in line with risk, incident trends, and local or national learning. This includes:

- **Corporate Induction:** All new starters, receive initial awareness training as part of the Trust's Corporate Induction Programme on the prevention of violence and reduction.
- **Conflict Resolution Training:**
Available in both online and face-to-face formats, this training provides all staff with the tools to recognise and respond appropriately to conflict in the workplace. It includes verbal de-escalation techniques and understanding behavioural cues.
- **Personal Safety Training:**
Face-to-face training that offers more in-depth education on managing behaviours of concern, particularly for high-risk roles. This includes situational awareness, non-restrictive physical responses, and disengagement techniques.
- **ED&I Awareness**
ED&I training is available on ESR to help staff recognise and respectfully respond to cultural differences that may influence communication and behaviour in high-tension environments.

11.0 Security

- The Security provision across Worcestershire Royal Hospital and Alexandra Hospital Redditch is delivered by ISS. ISS security personnel are trained in Maybo, a nationally recognised system for managing conflict and behaviours of concern in healthcare and public-facing environments.
- Maybo training is fully compliant with the Restraint Reduction Network (RRN) Training Standards and is certified by BILD ACT (British Institute of Learning Disabilities – Association of Certified Training). This ensures that all training provided meets the highest standards for the safe, ethical, and legally compliant management of restrictive practices, in accordance with NHS expectations and human rights principles.
- In addition to this core training, security staff are also trained to record and report incidents accurately, contributing to the Trust’s wider strategy of using real-time intelligence for trend analysis, risk mitigation, and targeted intervention planning.
- The Trust’s Local Security Management Specialist (LSMS) also maintains current expertise through required continuing professional development (CPD) and participation in national forums, and holding active memberships of professional bodies, ensuring that internal oversight is informed by best practice, regulation, and evolving NHS guidance.

12.0 Monitoring and compliance

The strategy will be reviewed every three years, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
3	Personal Safety Assessments carried out to identify high risk workers	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
3	Patient assessments to identify high risk individuals	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
3	Reporting of incidents of violence & aggression	Datix record of incident	Quarterly	H&S Manager	H&S Committee	Quarterly
7	Staff receive the appropriate level of training commensurate with their job	Training records (ESR)	Annually	Manager	H&S Committee	Annually

13.0 Policy Review

This policy will be reviewed by the Trust's Health and Safety Committee every two years or as required.

14.0 References – as listed below

Code:

Health and Safety at Work Act - 1974	
Management of Health and Safety at Work Regulations - 1999	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - 2013	
Safety Representatives and Safety Committees Regulations - 1977	
Health and Safety (Consultation with Employees) Regulations - 1996	
The Corporate Manslaughter and Corporate Homicide Act - 2007	
Protection from Harassment Act - 1997	
Assaults on Emergency Workers (Offences) Act - 2018	
Equality Act - 2010	
Offences against the person legislation	
Section 39 Criminal Justice Act - 1988	
Risk Management Strategy	WAHT-CG-007
Risk Assessment Procedure	WAHT-CG-002
Health and Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008
Violence Prevention Reduction and Management of Violence and Aggression Policy	WAHT-CG-006
Smoking Policy	

15.0 Background

15.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

15.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

15.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Chief Executive
Deputy Chief Executive
Director of Estates and Facilities

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee / Group
Trust Health and Safety Committee including staff side representatives
Trust Behavioural Charter group (sub group of the IDEA committee)
Emergency Department senior leads

15.4 Approval Process

This policy was approved by the Health and Safety Committee and JNCC.

15.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when sub



Supporting Document 1 - Equality Impact Assessment Tool Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Julie Noble, H&S Manager
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	Head of H&S	Julie.noble13@nhs.net
	Geoff Hunter	LSMS	Geoff.hunter3@nhs.net
Date assessment completed	05/08/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Violence Prevention and Reduction Strategy			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the strategic approach by the Trust to prevent or reduce violence or aggression occurring that affects staff, patients or others..			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff		
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			

	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, HSE website and UK applicable regulations has been conducted.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Geoff Hunter
Date signed	05/08/2025
Comments:	
Signature of person the Leader Person for this activity	 Julie Noble
Date signed	05/08/2025
Comments:	

Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff.	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.
mitted to the appropriate committee for consideration and approval.