

RCHT Violence Prevention and Reduction Strategy 2023 – 2026

Vision:

We will be an exemplar organisation for staff safety based on evidence-driven practices to support the health and wellbeing of our staff.



Table of Contents

Summary	3
Strategic Aim	4
Scope	4
Trust Strategy	5
Developing the Violence Prevention and Reduction Strategy	5
Forming part of the Trust's overall Strategy	7
Underpinning legislation	8
Ownership and Responsibilities	9
Where are we now	10
We are responding to what our Staff have told us	13
How we will respond to what our Staff have told us	13
Plan on a Page – our future for the safety of our staff – how we will realise our vision.....	14
Delivering the Violence Prevention and Reduction Strategy	15
High Level Overview of priorities and deliverables.....	15
Violence Prevention and Reduction: Governance Reporting Structure.....	26
Appendix 1. Governance Information.....	27
Appendix 2. Equality Impact Assessment	30
Appendix 3.Trust Pledges in support of Strategy	34

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

Summary

Royal Cornwall Hospitals NHS Trust (Trust) is committed to providing an environment that is safe and secure for all staff, patients and visitors. Acts of violence, abuse or threatening behaviour towards staff are not acceptable. NHS staff should be able to come to work without fear of violence, abuse or harassment from patients, their relatives or other members of the public that use the services of the NHS. Similarly, NHS staff should not be subjected to such behaviour from each other.

Now is the time where the delivery of health and care services needs bold and innovative leadership; to be curious and to view the challenges we face from new perspectives. Tackling violence and abuse directed towards staff through a prevention perspective requires an understanding of the causation factors; what leads an individual to violence or abusive behaviour? This is a complex and wide-ranging question which necessitates a new approach; one that is trauma informed, holistic and evidenced based and nuanced by bringing together our partners in health and social care, as well as those across the wider public and voluntary sectors, to share knowledge and insight to mitigate this common issue.

This is a three-year strategy (April 2023 – March 2026) supporting and valuing our staff.

The following key objectives and measures of performance have been identified for this strategy:

Key Objectives	Measure of Performance
1. Improved Workplace Staff Safety Culture.	Annual Staff Survey. Bi-annual Bespoke Staff VPR Survey. Freedom to Speak Up relevant data.
2. Reduction in the number of incidents reported relating to violence and aggression requiring full investigation (Near Miss and/or ≥Moderate Harm based on	Quarterly Violence and Aggression Assurance Report (presented to Health and Safety Committee).

Key Objectives	Measure of Performance
the actions being taken.	
Monitoring of incidents reported regarding violence and aggression, identifying trends and escalating to the Corporate Risk Register if required.	Quarterly Violence and Aggression Assurance Report (presented to Health and Safety Committee).
Any individual who has been affected by or exposed to violence and aggression will be offered appropriate individualised support.	Referrals to Occupational Health Team. Referrals for TRiM support.
Implement bespoke campaign, targeted to staff/specialty type to support prevention.	Quarterly Violence and Aggression Assurance Report (presented to Health and Safety Committee).

Strategic Aim

Our primary aim is for our staff to be and feel supported, safe and secure at work through preventing and reducing incidents of violence and abuse against them. To support this approach, the strategy places the Trust's workforce at its heart; fostering a culture whereby **all** incidents are reported (irrespective of how small they may be perceived to be) and that this becomes the norm, and more crucially; **each** and **every** incident will be acted upon with **each** and **every** incident having a fit for purpose process in place. Staff's health and wellbeing is paramount to delivery of outstanding care for one + all.

Scope

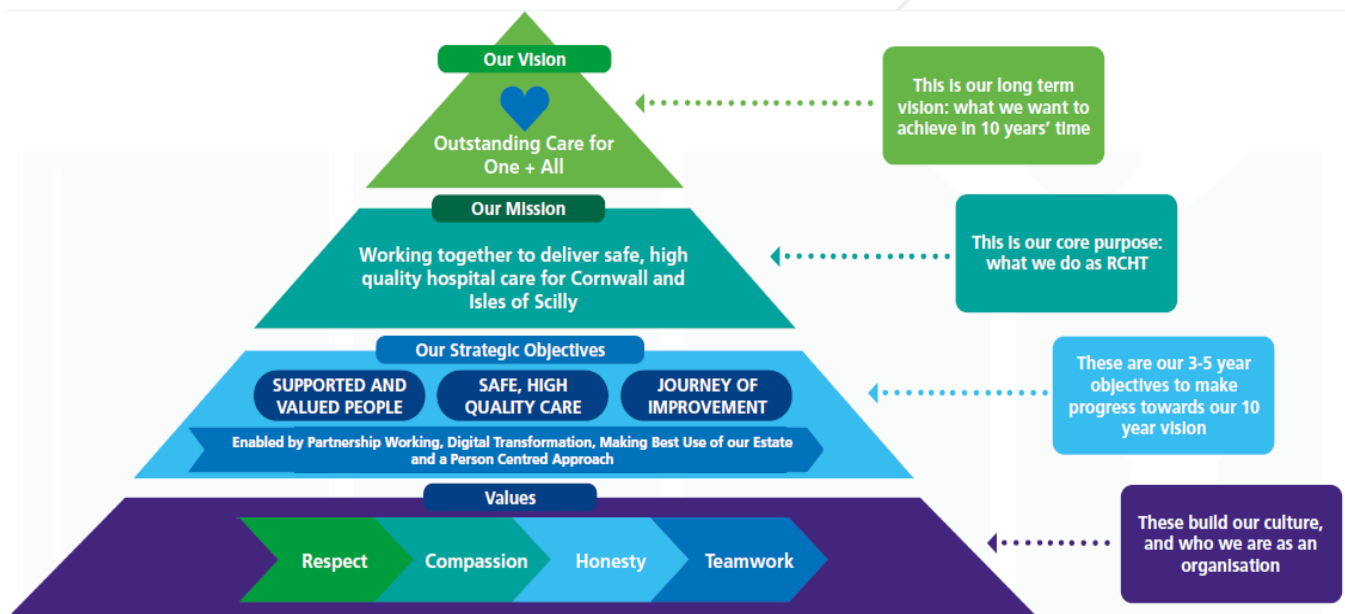
This strategy applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility including agency staff, students, trainees, volunteers, clinical attachments, seconded staff, those covered by honorary contract or work experience and all other staff on placement within the Trust.

Trust Strategy

At Royal Cornwall Hospitals NHS Trust, our vision is:

Providing Outstanding Care for One + All

To deliver the Trust vision, three key strategic goals have been developed, which are underpinned by the Trust values:



Developing the Violence Prevention and Reduction Strategy

We have adopted the three Trust Strategic Goals and Values. Our Violence Prevention and Reduction Strategy will support the Trust in achieving its vision to provide Outstanding Care for One + All through Supported and Valued People.

This strategy has been developed following completion of the NHS England Violence Prevention and Reduction Standard Self-Assessment tool.

We undertook an initial gap-analysis against the [NHS England » Violence prevention and reduction standard](#) (Standard) in February 2023 declaring the Trust to be partially compliant.

The purpose of the Standard is to provide a risk-based framework which supports our staff to work in a safe and secure environment and safeguards against abuse, aggression and violence – the Standard has informed the basis of this strategy and set out the roadmap for the work we need collectively to do.

The World Health Organization (WHO) 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”.

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

- ‘Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.’
- It is important to remember that this can include verbal abuse, including face to face, online and via the telephone as well as physical attacks.
- For violence to be work-related, it must be in connection with the work activity.

For absolute clarity, this Strategy relates to work-related violence, ie violence which takes place in the workplace. Royal Cornwall Hospitals NHS Trust does not tolerate any form of violence, verbal abuse, aggression, harassment of any form including sexual and/or inappropriate behaviour/misconduct within the workplace and has committed to eradicate this by signing up to the Sexual Safety Charter¹ further committing to taking a zero-tolerance approach to any unwanted, inappropriate and/or harmful behaviours. For confidential support, specifically relating to sexual misconduct and/or inappropriate behaviour from your work colleagues; staff are encouraged to engage with the Trust’s Safeguarding Services and/or Freedom To Speak Up Guardian who for confidential support by contacting Integrated Safeguarding Team on 01872 255741 and/or richt.freedomtospeakup@nhs.net.

We have engaged with and brought together senior leaders, managers, and colleagues from across the Trust to collaboratively develop the Violence Prevention and Reduction Strategy and we have reviewed soft intelligence such as the Annual Staff Survey and staff incident data – this has helped us to ensure we have included the right priorities and focus for the next 12 months.

¹ [NHS England » Sexual safety in healthcare – organisational charter](#)

Forming part of the Trust's overall Strategy

This strategy supports the Trust's 2022-2032 Strategy, Trust Values and responds to the NHS People Promise. The Trust is committed to providing a safe working environment where everyone feels valued and respected.

Trust Values: what we stand for



We promote diversity and equality, and we are respectful to others and to our environment.

We treat everyone with the care and compassion we would want for our loved ones.

We speak up and learn from our mistakes and do what we say we will do.

We help each other to deliver the best outcomes for One and All.

People Promise: this is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.



Trust Anti-Discrimination Statement: our commitment to eliminating discrimination.

The Trust is committed to eliminating discrimination and promoting equality and diversity in our policies, practices and procedures and we want to support you to do the same in your dealings with all staff, patients, visitors, and partners. Our commitment to fairness and equal opportunities must be at the core of everything that we do. We strive to treat everyone equitably and with the same attention, courtesy, compassion, and respect.

Underpinning legislation

All NHS employers have a general duty of care to protect staff from threats of violence at work. Five pieces of health and safety legislation cover violence at work:

- Health and Safety at Work Act 1974 (HASWA).
- 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 (HSE) undertakes annual inspections across all health sectors.

Associated legislation

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

Associated policies and Documentation: This Strategy is supported by the following policies and documentation:

- Management of Violence and Aggression Policy.
- Risk Assessment and management Strategy and Policy.
- Incident Management Policy.

- Health and Safety General Policy.
- Lone Working Policy.
- RCHT Staff Health and Wellbeing Support (Out for Review).
- People and Organisational Plan.
- RCHT Anti-Discrimination Statement.
- Freedom to Speak Up – Raising Concerns Policy.
- Staff Domestic abuse and Sexual Violence Policy.
- Sexual Harassment and Misconduct in the Workplace Poster.
- Disciplinary Policy.

Ownership and Responsibilities

The Chief Executive Officer and Trust Board hold ultimate accountability for the Violence Prevention and Reduction Strategy and for ensuring compliance with the Health and Safety at Work Act 1974 (and relevant other legislation). The Trust Board holds overall responsibility for upholding the Trust's Values and implementing the strategic aims including Supported and Valued People.

The Chief Operating Officer in his capacity as Security Manager Director (SMD) has received delegated authority and overall responsibility for ensuring that there are systems and processes to effectively manage violence prevention and reduction and successful delivery of the Violence Prevention and Reduction Strategy. This appointment demonstrates that board level responsibility has been clearly defined.

The Dual Chief People Officer is responsible for delivery of the NHS People Promise which demonstrates a commitment to the health and wellbeing of NHS colleagues noting violence and abuse towards NHS colleagues is one of the many factors that can have a devastating and lasting impact on health and wellbeing.

The Security Management Non-Executive Director is designated under the directions to NHS Bodies on Security Management Measures 2004 to promote security management work at Board level and is responsible for championing and supporting delivery of the Violence Prevention and Reduction Strategy.

All Executive Directors are recognised throughout the organisation and externally as the overall owners of their respective specialty portfolios and are responsible for promoting the reduction of incidents relating to violence and aggression within the organisation and providing leadership to support a staff safety culture.

Care Group Triumvirate Leads and Specialty Head of Departments are responsible for the safety of their staff, raising awareness of the Violence Prevention and Reduction Strategy and for developing and creating a culture where employees feel safe, valued and can discuss concerns ensuring prompt action is taken to address such concerns.

All Staff: have a general duty of care to his or her own safety and that of immediate colleagues. All staff also have a responsibility to both work to and uphold our Trust values and are responsible for ensuring awareness of the Violence Prevention and Reduction Strategy, reporting concerns and incidents relating to aggression.

Staff Side Colleagues are responsible for advising and representing employees who are members of a recognised Trade Union and providing guidance and support to all staff.

Where are we now

The Trust self-assessed itself as partially compliant against the Standard. The Standard consists of 43 indicators set against four separate (but interconnecting) areas. A summary of the declared position is set out below:

- Compliant = 22.
- Non-Compliant = 21.

The self-assessment work was limited to 'intended acts' or 'deliberate acts' of violence; however, data has demonstrated that violence and aggression driven by clinically challenging behaviour accounts for ~ 95% of such behaviour directed towards our staff - this Strategy therefore includes clinically challenging behaviour when addressing preventative and reduction measures.

An initial meeting was held comprising Trust Executives. During this meeting we discussed the Standard and known challenges. It was acknowledged during the initial discussion that co-production and engagement would be crucial to the long-term success of the Strategy.

We have held two overarching Violence Prevention and Reduction Strategy Group meeting which included membership from:

- People and Organisational Development/Workforce Groups to look at 'staff on staff' aggression, staff survey issues and our staff support offer including occupational health and our health and wellbeing offer.
- Nursing and medical staff to support violence and aggression incidents brought about through clinically challenging behaviour as a result of adverse effect to medication and/or treatment, lack of capacity.
- Administration colleagues to provide insight and learning; specifically, that via telecommunications.
- Trust Violence and Aggression colleagues (within Learning and Development) to review incidents and provide post incident support with violence and aggression type training building on trauma informed methodology.
- Staffside representation to support the aspiration to collaborate on Unison's '#Its not part of the job' campaign.
- Corporate Services include:
 - Patient Safety to support the development of a bespoke Patient Safety Review (PSR) process for violence and aggression type staff incidents – aligned to the patient safety investigation and timelines. Learning from recent staff incidents.

- People information to develop a dashboard which allows for real time awareness and measurement.
- Communications to support the development of a bespoke Violence and Aggression Campaign across Cornwall.
- Health and Safety to support the requirement for Risk Assessment working with Care Groups and Specialities providing advice and expertise. Legislation requirements and Health and Safety Executive requirements.
- Security to support anti-social behaviour and persistent offenders and working with police.
- External stakeholders will be engaged with and consulted upon to support alignment of mutual priorities and joint working, such as Cornwall Partnership Foundation Trust (CFT), South Western Ambulance Service Foundation Trust (SWAST), Devon and Cornwall Police Force.
- We will formally bring together an executive led Violence Prevention and Reduction Improvement Group (VPRIG) reporting directly to the Health and Safety Committee who hold governance and oversight responsibility on behalf of the Trust Board for the ongoing delivery work.

We are responding to what our Staff have told us

Trust violence and aggression type reported incidents: 2022-2023 -v- 2021-2022

14% increase in reported incidents of violence and aggression

9% increase in physical attacks
28% increase in verbal aggression

95% of violence and aggression is clinically related challenging behaviour.

2022 Trust Staff Survey Outcome:

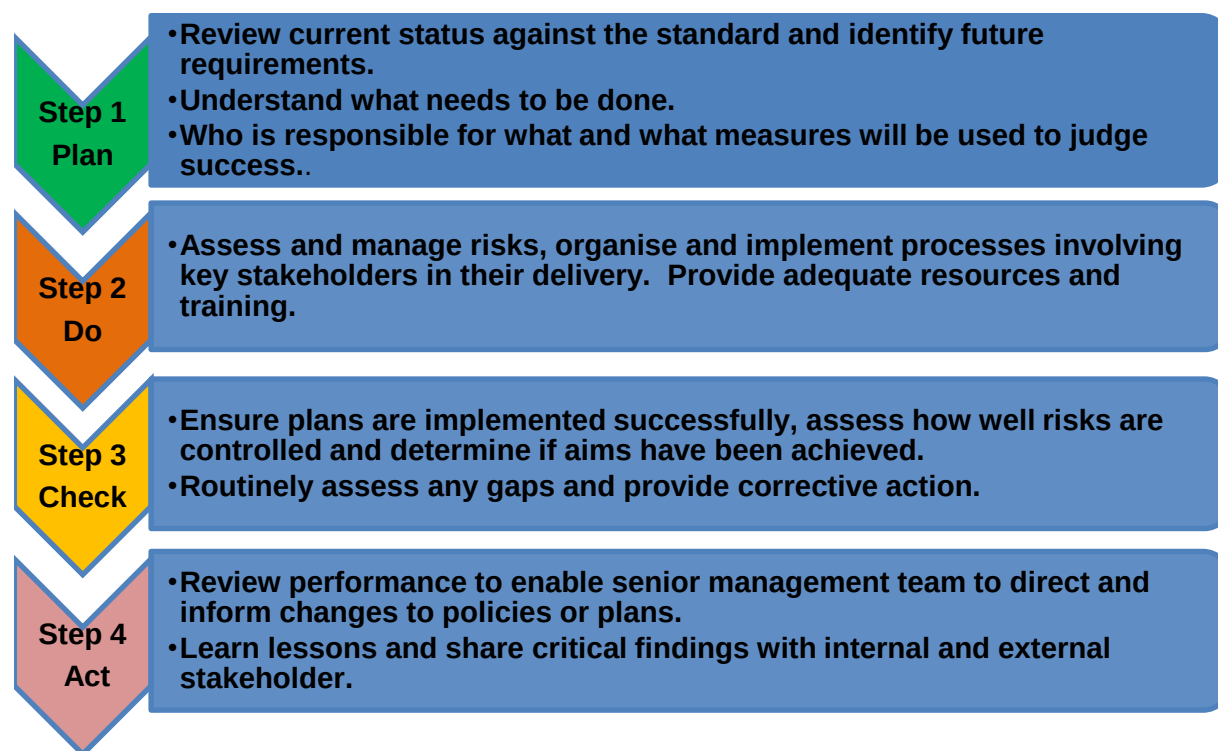
14.2% stated they had experienced physical violence at work from patients¹.

26.8% stated they had experienced harassment, bullying or abuse at work from patients¹.

20.5% stated they had experienced harassment, bullying or abuse at work from colleagues².

How we will respond to what our Staff have told us

We will adopt the Plan, Do, Check, Act (PDCA) approach utilised in the violence prevention and reduction standard. The PDCA approach is an iterative four-step management method to validate, control and achieve continuous improvement of processes. The Trust has undertaken Step One and now in the 'doing' phase:



¹ Patients include their relatives and/or other members of the public

² Over half of staff stated they did not report the experience (53.6%)

Plan on a Page – our future for the safety of our staff – how we will realise our vision

Supported and Valued People	Safe, High Quality Care	Journey of Improvement
ATTRACTS: We will embed a workplace staff safety culture increasing awareness and promotion of violence prevention and reduction.	SAFE: We will embed and implement robust risk assessments ensuring they are appropriately managed and documented.	QUALITY IMPROVEMENT and INNOVATION: We will grow our culture of staff workplace safety to enhance the quality and efficiency of our care, and support innovation.
INCLUDES: We will focus on staff wellbeing to ensure staff feel safe and supported at work, both clinical and non-clinical colleagues.	EFFECTIVE We will regularly consult and listen to our staff to ensure we are supporting them to work safely.	RESEARCH AND DEVELOPMENT We will establish Cornwall and Isles of Scilly as an exemplar for staff safety based on trauma informed public health.
DEVELOPS: We will support all our staff to access the correct violence and aggression type training based on their assessment of risk and prevalence of incidents.	PERSON and POPULATION FOCUSSED We will put our staff and their wellbeing at the heart of everything we do focusing upon prevention and use of relevant intelligence and data to guide targeted action.	FINANCIAL STABILITY We will support the Trust to deliver financial stability through increased staff retention thus reducing agency and litigation costs.
THRIVES: We will develop a 'staff first' culture that celebrates personal safety in the workplace, health and wellbeing and deliver on our People Promise.	CARE CLOSER TO HOME We will consider as a priority; those lone workers who may be providing care in the community and work with our partners to ensure they are safe.	SUSTAINABILITY We will support the Trust to become an environmentally sustainable organisation by adhering to its Green Plan.

PARTNERSHIP

We will work with our Community colleagues to ensure alignment of our strategies and to harness any opportunities for joint implementation.

DIGITAL

We will improve our current reporting and alert platforms taking advantage of any digital developments to further enhance this process.

ESTATE

We will improve our current estate and ensure our new builds are both staff and patient safety friendly.

COMMUNICATIONS, ENGAGEMENT and PERSON CENTRED

We will ensure staff engagement underpins everything that we do.

Delivering the Violence Prevention and Reduction Strategy

High Level Overview of priorities and deliverables

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
Supported and Valued People	1. Launch our new Strategy and embed a workplace staff safety culture across the organisation.	a. Develop Draft Strategy and send out for consultation to all Executives and key keyholders ensuring: - Accountabilities, roles and responsibilities, objectives and performance outcomes clearly identified. - Gain support, approvals and endorsement through the appropriate governance and raise awareness with all staff.	Fully engaged, visible and embedded Violence Prevention and Reduction Strategy which supports a workplace staff safety culture across the organisation.	End Sep 23 (consultation ends [incl. appropriate forums]). Strategy listed for approval at Health and Safety Committee at its 26 Oct 23 sitting and Trust Board on 2 Nov 23.	Programme Manager. Chief Operating Office.
Supported and	2. Continue to support staff with	a. Occupational Health team to work collaboratively with	Improved Staff Survey.	Ongoing.	Interim Head of Occupational Health

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
Valued People	wrap-around support which links includes linking up with 'TRiM' practitioners.	staff who have been subjected to violence and aggression in work. b. Occupational Health team to link with, align and consult on supportive systems in place (internal and external).	Outcomes/ Freedom to Speak Up (FTSU) relevant data. • Referrals to Occupational Health. • Referrals to TRiM support.		and Wellbeing.
Supported and Valued People	3. Strengthening our approach to staff engagement and communications.	a. Continue to report regular statistics of all violence and aggression type incidents to relevant forums at a frequency agreed with Chairs. b. Utilise established means of communication for key messages. c. Raise awareness of VPR	• Improved Staff Survey Outcomes/ FTSU relevant data. • Number of contacts with staff relating to violence and aggression.	End Mar 24	Violence and Aggression Lead, Learning and Development. Programme Manager. Chief Operating Office. Programme

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
		work through recognised ‘Let’s Talk’ approach – gain ‘lived’ examples and presenters. d. Develop bespoke staff survey to inform improvement and any lessons learned piloting first with highest V and A prevalent area.	- Established Newsletters. - Improved bespoke Feedback results.		Manager. Chief Operating Office. Programme Manager. Chief Operating Office.
Supported and Valued People	4. Review suite of violence and aggression type training to ensure face to face training is prioritised for staff (clinical and non-clinical) identified as requiring de-	Review and update (where required) the current training need analysis (TNA) ensuring it is informed by risk assessment, including: - Reviewing of evaluation returns to inform future training sessions. - Working collaboratively with	- Improved Staff Survey Outcomes / FTSU relevant data. - Provision and delivery of appropriate training and support.	End Mar 24. End Mar 25.	Violence and Aggression Lead, Learning and Development.

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
	escalation and physical intervention training.	Health, Safety, Wellbeing and Staffside colleagues to align, develop supportive training opportunities.	commensurate to roles and risks posed.		
Supported and Valued People	5. Recruit VPR Lead to embed the VPR Strategy, ensure organisational achievement and champion our vision.	a) Develop job description gaining funding and matching approval. b) Recruit to position of VPR Lead.	VPR Lead in post.	End Mar 24.	Programme Manager. Chief Operating Office.

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
Safe, High Quality Care	1. Review and implement robust Workplace Risk	a. Review all Care Group / Corporate Risk Assessments.	Suite of robust V and A risk assessment	End Mar 24. End Mar 24.	Head of Health and Safety.

Domain	Priority	Actions	• Measure of Success	Timeline	Action/Workstream Lead(s)
	Assessment, giving specific consideration to priority areas, ie. incident prevalence, protected characteristics.	b. Undertake priority walk-around review of those five highest reported prevalence areas (review team to be agreed). c. Develop annual workplan to support areas in the production of fit for purpose Risk Assessment aligned to agreed priority indicators. d. Consider how risks are reviewed and managed. Are they: ▪ Documented in the appropriate risk register and updated regularly. ▪ Coordinated across the trust, accessible and shared with senior	available for all Trust areas managed and governed in line with Trust Risk Assessment Management Strategy and Policy. • Reduced levels of risk 'likelihood' demonstrating whilst hazard may remain the same, there will be a reduction in the likelihood of hazard conversion.	End Mar 24. End Mar 25.	

Domain	Priority	Actions	• Measure of Success	Timeline	Action/Workstream Lead(s)
		management and all appropriate stakeholders; and ▪ Mitigations/controls communicated to all staff in regular bulletins.			
Safe, High Quality Care	2. Review all related policies including those relating to clinically challenging behaviours, increase awareness to all staff.	Ensure all out of date related policies are updated and informed by: ▪ Relevant legislation; and ▪ Lessons learned.	• Approved violence and aggression related policies and procedures including governance accountability, and reporting arrangements which support staff to remain safe.	End Mar 24.	Programme Manager. Chief Operating Office.

Domain	Priority	Actions	• Measure of Success	Timeline	Action/Workstream Lead(s)
Safe, High Quality Care	3. Review and implement VPR specific points to answer into PSR template ensuring adherence specifically to those deemed to be ≥ 'moderate' harm, responding to violence and/or abuse towards our staff with the same care and compassion afforded to patients and members of the	Implement specific points to answer into established PSR template ensuring the current system supports: ▪ Positive culture of reporting and recording incidents of violence toward staff. ▪ Good management in line with reporting process. ▪ Lessons learned and immediate safety concerns. ▪ Sharing of data (where deemed 'need to know' is in line with GDPR and IG policies. ▪ Trend analysis and identification of hot spots. ▪ Outcome reporting.	• Recognised bespoke PSR template and process which encourages reporting, is effectively managed allowing lessons to be learned. • Reduction in incidents reported relating to violence and aggression incidents requiring PSR (≥ 'moderate' harm.	End Mar 26.	Interim Head of Risk, Safety and Patient Experience.

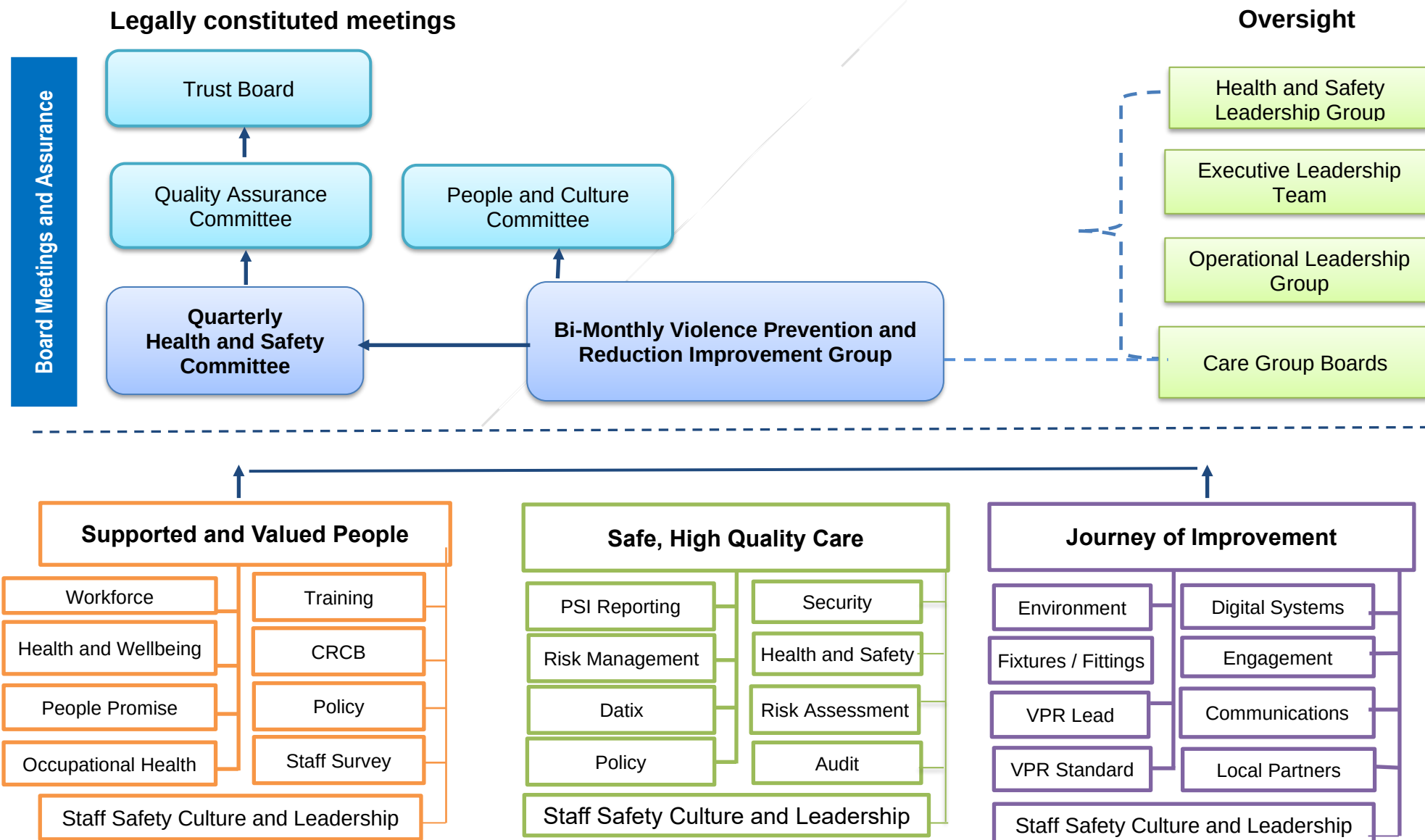
Domain	Priority	Actions	• Measure of Success	Timeline	Action/Workstream Lead(s)
	public.				
Safe, High Quality Care	4. Improve awareness and visibility of patients through relevant 'flag' system process and have robust reporting procedures.	Create a Clinically Related Challenging Behaviour (CRCB) flag alert for patients to enable staff to prepare and mitigate for challenging behaviour ensuring clear guidance is developed in support. As above, review the current flag alert process for elective/intentional violence to ensure it is fit for purpose, managed in line with policy and has clear guidance on its use.	90% of flagged CRCB related patients have a positive care plan in place.	End Mar 24.	Head of Nursing, Urgent, Emergency and Elder Care (clinical). Local Security Management Specialist.

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
Journey of Improvement	1. Consider the development of a violence and aggression dashboard to support staff safety.	Work with intelligence team to support development of data driven dashboard.	Supportive dashboard used to inform preventative planning for the prevention and reduction of violence and aggression.	End Mar 25.	Programme Manager. Chief Operating Office.
Journey of Improvement	2. Work collaboratively with our Staffside colleagues to develop bespoke Trust Violence and Aggression Campaign.	Work with Union Representative to support development of Trustwide VPR Campaign.	Recognisable VPR Campaign with identifying 'hashtag' slogan used as signature block.	End Mar 24.	Programme Manager. Chief Operating Office. Local Security Management Specialist.
Journey of Improvement	3. Review performance against the NHSE	Undertake twice yearly review against Standard ensuring: Evidence to support	- Fully complied Standard. - Governance	Ongoing.	Programme Manager. Chief Operating

Domain	Priority	Actions	Measure of Success	Timeline	Action/Workstream Lead(s)
	Violence Prevention and Reduction Standard providing Trust Board assurance.	compliance is available. - Identify any gaps and add to action plan for to support future compliance. - Raise any risks to the organisation as appropriate. - Undertake quarterly reporting to the Health and Safety Committee and other relevant forums of progress. appropriate risk.	reporting structure in place.		Office.

Domain	Priority	Actions – Measure of Success – Timeline – Action/ Workstream leads
Enablers	1. Partnership Working	We will work with our local partners. Violence and aggression can only be prevented through a collaborative approach once we have reviewed where we are as a Trust, causation factors and themes and the impact on the health and wellbeing of our staff.
Enablers	2. Communications and User Engagement	We will work with our staff ensuring a sense of ownership of any change process and involve them in the iterative development and implementation of this Strategy. A variety of communications strategies to engage with our staff will be adopted linked to the wider Trust communications processes.
Enablers	3. Digital	We will work with our staff ensuring a sense of ownership of any change process and involve them in the iterative development and implementation of this Strategy. A variety of communications strategies to engage with our staff will be adopted linked to the wider Trust communications processes.
Enablers	4. Estate	We will work collaboratively with our Estates colleagues building on incident causal factors to ensure the environment is safe and calming for both our staff and for patients.
Enablers	5. Person Centred	We will continue to value, listen and engage with our staff ensuring we build a compassionate, inclusive, trauma informed leadership culture.

Violence Prevention and Reduction: Governance Reporting Structure



Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	RCHT Violence Prevention and Reduction Strategy 2023 – 2026
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	02 November 2023
Date Valid From:	November 2023
Date Valid To:	November 2026
Author / Owner:	Karen Beckett, Programme Manager, Chief Operating Office
Contact details:	karen.beckett3@nhs.net
Brief summary of contents:	New strategy to meet the requirements of the Violence Prevention and Reduction Standards. The Trust is committed to supporting the promise from the NHS People Plan launched in 2020 for leaders to prevent and control violence so that “staff should never be fearful or apprehensive about coming to work”. The aim of this strategy is for our staff to be and feel supported, safe and secure at work through preventing and reducing incidents of violence and abuse against them.
Suggested Keywords:	VPR, Violence, Aggression, Staff Safety, Health, and Wellbeing.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Trust Board – Approval. Quality Assurance Committee – endorsing Committee for recommendation to Trust Board. Health and Safety Committee – endorsing. All Trust Executives and Key Stakeholders. Executive Leadership Team.

Information Category	Detailed Information
	Joint Consultation and Negotiation Committee. Health and Safety Leadership Team. Operational Leadership Group. People and Culture Committee.
Manager confirming approval processes:	Chief Operating Officer
Name of Governance Lead confirming consultation and ratification:	Karen Beckett, Programme Manager, Chief Operating Office.
Links to key external standards:	NHS England » Violence prevention and reduction standard
Related Documents:	• Management of Violence and Aggression Policy. • Risk Assessment and management Strategy and Policy. • Incident Management Policy. • Health and Safety General Policy and Strategy. • Lone Working Policy. • RCHT Staff Health and Wellbeing Support. • People and Organisational Development Plan. • RCHT Anti-Discrimination Statement. • Staff Domestic Abuse and Sexual Violence Policy. • Sexual Harassment and Misconduct in the Workplace poster. • Disciplinary Policy.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2023	V1.0	Initial issue	Karen Beckett, Programme Manager Chief Operating Office.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	RCHT Violence Prevention and Reduction Strategy 2023 – 2026
Department and Service Area:	Trustwide
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Karen Beckett, Programme Manager
Contact details:	Karen.beckett3@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	New strategy to meeting the requirements of the violence prevention and reduction standards. It aims is to set out the Trust's strategy to ensure that staff should never be fearful or apprehensive about coming to work.
2. Policy Objectives	Primary objective is to create a culture where staff feel confident to raise their concerns and as a far a reasonably possible, reduce occurrence of violence towards staff.

Information Category	Detailed Information
3. Policy Intended Outcomes	• Improved workplace staff safety. • Delivery of appropriate training and support commensurate with staffs' roles and risks posed. • Provision of individualised support to any member of staff affected by or exposed to violence. • Reduction in number of violence and aggression incidents causing medium or above harm to the member of staff.
4. How will you measure each outcome?	• Improvement in relevant staff survey indicators. • Reduction in number of incidents being reported. • Lessons Learned. • Number of referrals to Occupational Health. • Violence and Aggression Statistics.
5. Who is intended to benefit from the policy?	• All staff. • Workforce through improved retention.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Trust Board. Health and Safety Committee. Operational Working Group. Executive Leadership Team. Joint Consultation and Negotiation Committee (JCNC). Quality Assurance Committee (QAC). People and OD Committee. Violence Prevention and Reduction Strategy Group.

Information Category	Detailed Information
6c. What was the outcome of the consultation?	Fully endorsed and supported by all committees/groups. - One amendment request by JCNC for inclusion of Anti-Discrimination Statement. Amendment made. - Two amendment requests by QAC for inclusion of FTSU data triangulation and clarity on exclusion of Sexual Aggression/Staff misconduct – both made. - One amendment made to strengthen signposting of Sexual Aggression/Staff misconduct. - Trust Board approval received on 02 November 2023.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This strategy applies to all regardless of age.
Sex (male or female)	No	This strategy applies to all regardless of sex.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	This strategy applies to all regardless of gender reassignment.
Race	No	This strategy applies to all regardless of race.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	This strategy applies to all regardless of disability.
Religion or belief	No	This strategy applies to all regardless of religious beliefs.

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	This strategy applies to all regardless of marriage/civil partnership.
Pregnancy and maternity	No	This strategy applies to all regardless of pregnancy and maternity.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	This strategy applies to all regardless of sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Karen Beckett, Programme Manager, Chief Operating Office.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3.Trust Pledges in support of Strategy

Care Group	Care Group Pledges
Anaesthetics, Critical Care and Theatres:	• We will commit to ensuring that all our staff have had the right level of Violence and Aggression training so that they know how to respond to any incidents. • We will review all Violence and Aggression related incident alerts from Datix. • We will undertake a review of these incident to ensure lessons are learned quarterly.
Clinical Support:	• We will work together to foster an environment where colleagues are empowered to speak up when they experience violence and aggression and to be confident that they will get the support they need. We will record these incidents on the Trusts reporting system and will encourage colleagues to include the full detail of actions and/or words used towards them. • We will talk openly about violence and aggression incidents across all of our Specialties, sharing the circumstances as well as what action has been taken so we can learn from one another. • We will share the standards we uphold in Care Group with new colleagues when they join one of our teams so that they know what we will and won't tolerate at Royal Cornwall Hospitals Trust.

Care Group	Care Group Pledges
General Surgery and Cancer:	• We will take a zero-tolerance approach to all discriminatory and violence and aggressive behaviours towards our staff. • We will aspire to provide a working environment which is safe and free from violence, aggressive and verbally abusive behaviour towards staff. All staff should be able to work in an environment free from the threat of violence or verbal abuse, however, where such incidents do occur, our staff feel able to challenge that behaviour, confident that the organisation has strong reporting and recording mechanisms to support them.
Peripheral Sites - West Cornwall and St Michaels Hospitals:	• We will commit to ensuring that the challenges of areas within our Care Group that are remote from the main site are considered when assessing risk and mitigation in support of staff health and wellbeing. We will ensure that all our staff have had the right level of Violence and Aggression training so that they know how to respond to any incidents.
Specialist Medicine:	• We will aim to enhance the safety culture in workplaces by prioritizing visible leadership and transparent communication. Encouraging an open-door policy will be a crucial goal to ensure that the staff is aware of the leadership's commitment to creating a psychologically safe environment where they can speak up freely.
Specialist Services and Surgery:	Working as a team we will encourage colleagues to: • NOT allow unsafe conditions or practices to go unreported. • WORK towards ensuring that Violence and Aggression issues are discussed at team

Care Group	Care Group Pledges
	huddles at all levels. • TAKE personal responsibility for creating and maintaining a safe environment through workplace risk assessments and control measures that everyone is aware of. • PERFORM our roles with the understanding that working safely is part of our roles and support incident investigation and share lessons learnt. • SUPPORT colleagues to have the appropriate level of training and share their views and experiences to enable us to learn from each other supported by our relevant policies and procedure’.
Urgent, Emergency and Elder Care:	• We are committed to observing a zero tolerance approach to incidents of violence and aggression by ensuring our team have sufficient means of raising an alarm and seeking assistance, that a security presence is visible in the department and by promoting a safe environment for patients and staff alike to be free from physical and verbal abuse and to ensure that staff involved in incidents are fully trained to deal with them and those involved in incidents are fully supported post incident and afforded the opportunity to decompress/reflect.
Women, Children’s and HIV:	• We will review all V and A type incident alerts from Datix, complaints and staff feedback and review them at our triangulation meeting to ensure we undertake a review of the incident ensuring lessons are learned.

Corporate, Enabling and Supportive	Trust Corporate, Enabling and Supportive Pledges
Cornwall IT Services:	• We will embed a staff safety culture within CITS and the wider Trust by raising awareness and ensuring that enabling systems are available and accessible; and • We will embed a staff safety culture within the department ensuring teams have access to appropriate training and support systems.
Corporate Clinical Governance:	• We will support the delivery of the Violence, Prevention and Reduction Strategy by contributing to its development, embedding its message, and promoting it with staff and colleagues to highlight the aim of the strategy which is to protect our workforce from the risk that violence and aggression can cause to their health and wellbeing whilst at work.
Corporate Operational Estates:	• We will fully support the strategy by providing an environment that is both safe and calming for all staff and patients. • We will pledge to work collaboratively with all our colleagues to prioritise and repair any temporary or permanent damage to Trust property, which was caused as the result of violent or aggressive acts, providing relevant costings to support any ongoing police action.
Corporate Health and Safety:	• We will support all areas by providing competent advice on health and safety risks and

Corporate, Enabling and Supportive	Trust Corporate, Enabling and Supportive Pledges
	mitigations to reduce the risk of harm from violence and aggression incidents. We will ensure that incidents are discussed at appropriate levels, through the Health and Safety Committee, to ensure high level oversight of issues and developments and resolutions.
Corporate Learning and Development - Violence and Aggression Team:	• We will pledge to advise and support in times of need, to provide suitable and sufficient training and endeavour to reduce incidents of aggression and violence. • We will offer and provide post incident support, empathy and reassurance to all staff across the trust).
Corporate Occupational Health and Wellbeing:	• We will pledge to offer support for all staff who have been affected by violence and/or aggression, and to support the organisation in its endeavours to minimise the risk of Violence and Aggression to our staff.
Corporate People and Organisational Development:	• We will commit to supporting our staff's health and wellbeing providing them with the time, space, and adequate accessible support to work safely.
Corporate Security Services:	• We will endorse the Strategy by supporting the delivery of a secure and safe environment for all, whilst remaining committed to the security principles – to inform, involve, prevent, deter, detect, and hold to account those responsible for perpetrating elective / intentional violence, aggression and/or abuse.