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, ie 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.
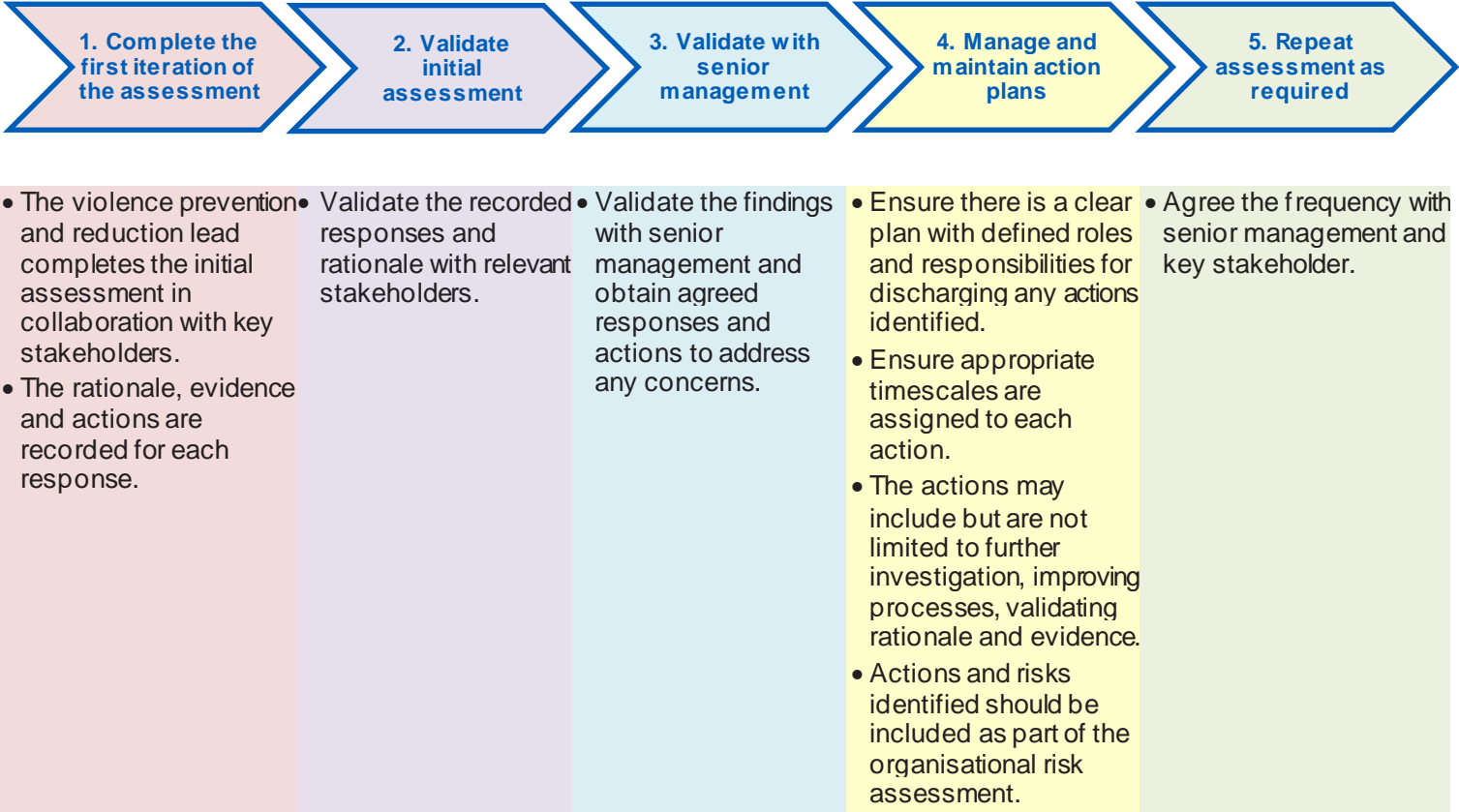
[1] Also known as the Deming cycle.

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

1. Complete the first iteration of the assessment	2. Validate initial assessment	3. Validate with senior management	4. Manage and maintain action plans	5. Repeat assessment as required
• 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

	Indicators	Compliant	Evidenced (how)
The board (non-exec and exec members) endorses the violence prevention and reduction policy	• 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.	Yes/No	
	• 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/No	
	• The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders.	Yes/No	
	• 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).	Yes/No	
	• 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/No	
	• 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/No	

	Indicators	Compliant	Evidenced (how)
Clearly defined objectives and performance criteria	• The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.	Yes/No	
	• 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.	Yes/No	
	• The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, ie via the organisation's auditors.	Yes/No	
	• 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/No	
Violence prevention and reduction plans recorded, implemented and maintained	• Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	Yes/No	
	• The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.	Yes/No	
	• Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders.	Yes/No	
	• The plans are reviewed in consultation with subject matter experts pertaining to the Equality Act 2010.	Yes/No	

Do

	Indicators	Compliant	Evidence
Board members approve resources	• The senior management assesses and provides the resources required to deliver the violence prevention and reduction objectives.	Yes/No	
	• A designated board-level (director) manages the violence prevention and reduction workstream and ensures appropriate and sufficient resources are allocated to the function (which is underpinned by an organisational risk assessment).	Yes/No	
Regular workforce engagement	• The senior management team regularly provides accessible communications on the violence prevention and reduction objectives and priorities.	Yes/No	
	• Communications cover all staff groups and functions within the organisation.	Yes/No	
	• The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives.	Yes/No	
	• 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/No	
Clear roles, responsibilities and training	• The organisational roles and responsibilities across all levels are clearly set out in a violence prevention and reduction policy.	Yes/No	
	• 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/No	

	Indicators	Compliant	Evidence
Regular risk assessment	• Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an ongoing process and documented in the appropriate organisational risk registers.	Yes/No	
	• Violence risks are co-ordinated across the organisation, and are accessible and shared with senior management and all appropriate stakeholders.	Yes/No	
	• Identified violence risks and their mitigations/controls are communicated to all staff in regular bulletins.	Yes/No	

Check

	Indicators	Compliant	Evidence
Process to assess violence prevention and reduction performance	• 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.	Yes/No	
	• 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/No	
	• Staff members are actively encouraged to report all incidents, including near misses.	Yes/No	
Data is traceable retrievable and accessible	• Violence data is managed in accordance with the General Data Protection Regulations (GDPR)	Yes/No	
	• Violence data is frequently analysed using primary metrics to support the violence prevention and reduction assessments and inform the audit process.	Yes/No	
	• Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation.	Yes/No	
	• The protection and storage of data about violence follows the organisation's information governance policies.	Yes/No	

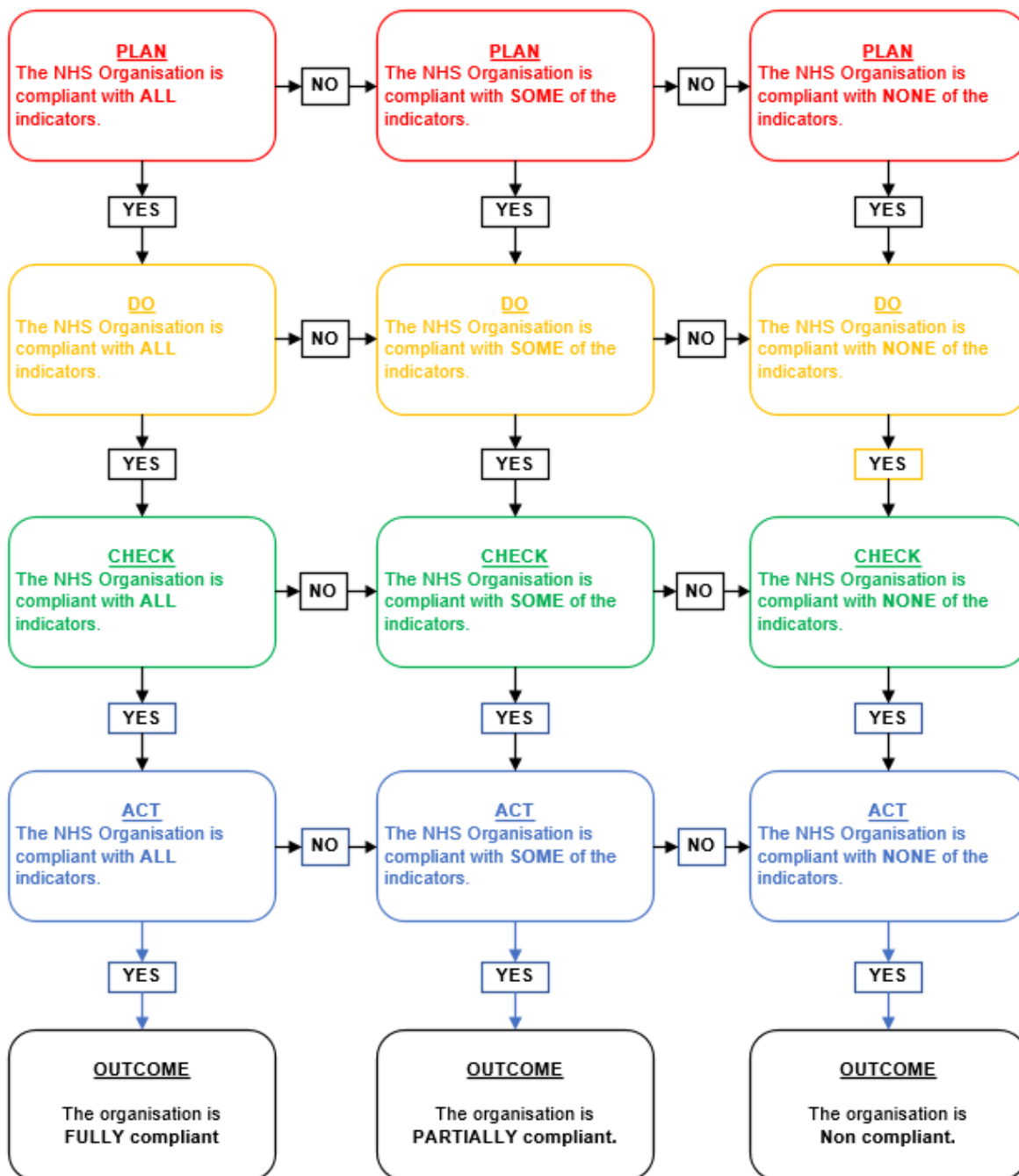|			
	• Data collected about violence assures that the processes are effective and identifies where lessons can be learnt and that the policy objectives are being achieved.		
Established audit and assurance process for violence prevention and reduction	• A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	Yes/No	
	• The audit outcomes inform a regular senior management review held at least twice a year.	Yes/No	
Process for corrective and preventative actions for violence prevention and reduction	• 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/No	
	• The violence prevention and reduction risk registers are updated accordingly.	Yes/No	

Act

	Indicators	Compliant	Evidence
Board reviews the violence prevention and reduction performance	• 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.**	Yes/No	
	• Inputs to the process include: - local risk management system (data about violent incidents) - risk registers - audit and governance reports that include violence performance - lessons learned (STP and ICS level) - 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/No	

	Indicators	Compliant	Evidence
Violence prevention and reduction policy updated with lessons learned	• 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.	Yes/No	
Informed decisions at senior management level	• 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/No	
	• 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/No	
	• 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/No	

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.

PLAN — The NHS Organisation is compliant with **ALL** indicators. → NO → **PLAN** — The NHS Organisation is compliant with **SOME** of the indicators. → NO → **PLAN** — The NHS Organisation is compliant with **NONE** of the indicators.

YES ↓ (all three columns)

DO — The NHS Organisation is compliant with **ALL** indicators. → NO → **DO** — The NHS Organisation is compliant with **SOME** of the indicators. → NO → **DO** — The NHS Organisation is compliant with **NONE** of the indicators.

YES ↓ (all three columns)

CHECK — The NHS Organisation is compliant with **ALL** indicators. → NO → **CHECK** — The NHS Organisation is compliant with **SOME** of the indicators. → NO → **CHECK** — The NHS Organisation is compliant with **NONE** of the indicators.

YES ↓ (all three columns)

ACT — The NHS Organisation is compliant with **ALL** indicators. → NO → **ACT** — The NHS Organisation is compliant with **SOME** of the indicators. → NO → **ACT** — The NHS Organisation is compliant with **NONE** of the indicators.

YES ↓ (all three columns)

OUTCOME — The organisation is **FULLY compliant** | **OUTCOME** — The organisation is **PARTIALLY compliant.** | **OUTCOME** — The organisation is **Non compliant.**

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