



Violence and Aggression Policy

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Danny Daniel	September 2008	Danny Daniel, Health, Safety & Security Manager
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Linked procedural documents	Risk Management Strategy CSOP 6.11 Computer Aided Despatch Managing Stress and Enhancing Psychological Wellbeing Policy Security Management Policy Lone Working Policy Health & Safety Policy Management of Incidents Policy
Dissemination requirements	All staff via email, intranet, managers briefing and Need to Know publication and through Line Managers for staff that do not have access to IT.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1.0 Introduction

- 1.1 The East of England Ambulance Service NHS Trust (the Trust) fully supports the NHS Tackling Violence and Aggression against Staff Campaign with the objective of reducing incidents where staff suffer from acts of violence and/or aggression. Violence and aggression towards employees is a crime and will not be tolerated. The Trust will press the Police and Crown Prosecution Service (CPS) for the maximum possible penalty for anyone who behaves in a violent, aggressive or abusive way to Trust staff. The Trust operates a policy giving the option of withholding treatment from violent and abusive patients if they continue to act in an inappropriate manner.
- 1.2 This policy aims to establish the arrangements, for managers and staff, for reducing the risk of abuse/violence and should be read in conjunction with the Trust Risk Management Strategy.
- 1.3 The Trust recognises that it has a responsibility to provide, as far as is reasonably practicable, a safe working environment. Due to the nature of our work the Trust acknowledges the risk of potential aggression or violence exists, and will actively pursue ways of reducing these risks to any employee. However, the Trust cannot control all the premises that its staff enter.

2.0 Purpose

- 2.1 The document sets out the Trust's Policy for dealing with violence and aggression where it is likely to, or does affect, Trust employees during the course of their work. This document has been produced in conjunction with the Secretary of State's NHS Long Term Plan 2019 on minimising violence and aggression to NHS staff with the objective of reducing incidents where staff suffer from acts of violence and / or aggression. The Trust will not tolerate violence and aggression towards its employees and will provide support to those staff that are affected.

3.0 Duties

3.1 Duties within the Organisation

3.1.1 Chief Executive

The Chief Executive has overall responsibility for the health, safety and well-being of all Trust staff.

3.1.2 Clinical Director

The Director of Clinical Quality & Improvement is the Trust nominated Security Management Director (SMD), Accountable Officer and Executive Lead responsible for providing the Board with assurances that all possible measures have been taken to minimise the risks to staff, patients and the organisation from violence and aggression arising in the course of the Trust's business. They are responsible for the prioritisation of resources in relation to control measures and have the responsibility for bringing to

the attention of the Board and Executive Team all cases of physical assault against staff including where weapons are used.

The Director of Clinical Quality & Improvement is responsible for ensuring the implementation and application of the Trust's Violence and Aggression Policy and will ensure that:

- The Trust is advised on an ongoing basis of risks associated within areas of responsibility.
- All staff receive the necessary health, safety and security information, instruction and training commensurate with their role (Conflict Resolution Training) to ensure safe working practice throughout the Trust.
- Active participation is taken in the continuous management and development of the Trust's Health and Safety, Risk Management and Violence and Aggression reduction measures.

3.1.3 Non Executive

Although it is no longer currently an NHS England requirement for Trusts to have a designated Non-Executive Director to promote security management work at board level, it is still considered to be good practice. These requirements have been met through the sponsorship of security management by the Non-Executive Chair of the Audit Committee, as well as by the discussion and promotion of Security Management at the Quality Governance Committee.

3.1.4 Health, Safety & Security Officer

The Health, Safety Officer is responsible for:

- Developing an annual work programme for approval to ensure the local delivery of the Health and Safety Executive (HSE) and any NHS requirements;
- Produce an Annual Report for presentation to the Trust Board by The Director of Clinical Quality & Improvement;
- Work with the Police/CPS in the applying of a range of sanctions against those responsible for violence and aggression against our staff, where there has been a security incident or loss and/or damage has occurred;
- Ensure that security audits of a percentage of premises owned by the Trust are undertaken; and
- Ensure that the reporting and, where necessary the investigation, of acts of violence and aggression against our staff to outside agencies are completed as required.

3.1.5 Local Security Management Specialist (LSMS)

The LSMS is considered to be the Trust expert in relation to security, theft, violence and aggression. They are responsible for:

- Developing an annual work programme for approval by the Health, Safety Officer;
- Assisting the Health, Safety Officer in producing the Trust's Annual Board Report;
- Work with the Police/CPS in the applying of a range of sanctions against those responsible for violence and/or aggression against our staff, where there has been a security incident or loss and/or damage has occurred;
- Work with the Police/CPS to ensure that where appropriate, redress is taken against persons who commit crimes against the Trust or its employees;
- Ensure that information sent to the Trust by NHS England in relation to Security Alerts are disseminated in accordance with the Data Protection Act 2018;
- Undertaking security audits of a percentage of premises owned by the Trust; and
- The reporting and, where necessary, the investigation of acts of violence and aggression against our staff to outside agencies as required.

3.1.6 Deputy Directors of Service Delivery and Heads of Departments

Deputy Directors of Service Delivery and Heads of Departments will be responsible for ensuring that objectives/Key Performance Indicators are set for Senior Managers to enable them to carry out their roles as defined in 3.1.7 below.

3.1.7 Managers

Managers are responsible for ensuring that:

- Overall risk assessments are in place in relation to potential violence and aggression (see also Section 6 below for details). Where there are specific local circumstances such as nightclubs, music festivals or special events, the Locality Resilience Managers will need to carry out a risk assessment to assess the level of risk of aggression or violence at these events. This information and any consequent action plans must be conveyed to staff (including to ensure that any risk assessments undertaken by the organiser of the event will be passed on to staff including the Health, Safety & Security Team);
- All staff whose role comes into contact with the public receive the necessary violence and aggression information, instruction and training, including bi-annual conflict resolution training;
- Managers must ensure that procedures are in place to minimise risks to staff and that suitable training and support mechanisms are available. This includes the updating of records of known violent individuals and addresses, and ensuring that this information is available and disseminated;

- Managers will co-ordinate relevant Well Being referrals and/or staff support to employees that encounter violence and aggression while at work;
- Managers must ensure that all incidents, near misses relating to violence and aggression are reported and accurately documented in accordance with statutory requirements and Trust procedures and where appropriate, report these to the Police/HSE;
- Ensure that staff are made aware of all Policies and Procedures for reporting, actions and support in relation to violence and aggression;
- Managers must investigate all violent or aggressive incidents that cause injury or damage to staff or to Trust property within the timescales outlined in the Management of Incidents Policy. Managers must consider the results of all investigations to ensure that learning is shared across the whole Trust;
- Where staff are subjected to abuse or threats over the phone Managers must ensure that staff are aware of the procedures in place to terminate the call; and
- Where staff have been subjected to physical or non-physical abuse at a patient's home address, Managers will co-ordinate the placing of a temporary flag (known as a risk marker) on the Computer Aided Dispatch (CAD) systems on that address if deemed to be an appropriate sanction and in line with the appropriate policy.

3.1.8 Senior Operations Centre Managers (AOCs and Clinical Services)

Managers are responsible for:

- The maintenance of the violence warning systems on the Computer Aided Dispatch (CAD) system used by the Trust;
- The adding and removal of violent warnings markers on the CAD in accordance with the Trust Policy. In exceptional circumstances the Duty EOC Officer can add a temporary flag marker at the request of a Leading Operations Manager which is backed up by a DATIX and emailed to cadflags@eastamb.nhs.uk;
- The dissemination of risk information to staff who are dispatched to a location where a risk marker is held on the CAD;
- Where the member of staff is a lone worker ensure that this information is verbally communicated to the member of staff;
- Ensure that the emergency phone line or communications equipment to AOC is available and able to be answered at all times;
- Contact the Police if they are required in the event of an emergency communication from a member of staff or if this need is identified before arrival. It should be remembered that informing the police does not guarantee their immediate response;
- Send additional Trust resources (for example manager support) if needed;
- Ensure where at all possible, a single operated vehicle is not dispatched to incidents where there is a known medium/high risk of violence/abuse without

assessing the risk and identifying actions, which may include use of a rendezvous point (RVP);

- For incidents reported to involve firearms or weapons ensure that the Police are informed and a RVP agreed and ensure that this is communicated to staff. Where at all possible this should be a manager who can co-ordinate the Trust response;
- Provision of the link to the staff support system;
- Ensure that where animals are known to be on the premises that, where possible, the animal is restrained or placed in another room prior to the arrival of staff. Current legislation states that any attack by a dog is now a criminal offence and should be reported to the police;
- Where an incident of violence and aggression has been reported by a member of staff, contact the nearest manager and/or on call commander, to advise them of the incident, so that it can be investigated, and any appropriate support given to the staff;
- Ensure compliance with the Computer Aided Dispatch (CAD) Markers Policy and associated standard operating procedures or instructions.
- Ensure compliance with Operational Instruction No 144, Requests for Police Assistance;
- Ensure compliance with Digital Radio Ambient Listening procedure.

3.1.9 Staff

All staff are responsible for following any instruction by the Trust or other Authorities to protect themselves and others from the risk of violence or aggression by:

- Not putting themselves at any unnecessary risk by following any approach which they are not qualified or prepared for;
- Ensuring that when arriving at an incident where the risk of violence is clearly visible, to move to a safe position and immediately inform AOC of their actions, and only provide emergency medical treatment **WHEN IT IS SAFE TO DO SO**. In addition:
 - Employees should not enter a known hostile, violent or dangerous environment. (e.g. fight still in progress), unless supported by the police;
 - For incidents reported to involve firearms or weapons (e.g. knives) staff will proceed to a designated rendezvous point and meet up with Police. The Police will then advise on when staff can proceed to the scene of the incident. However, it is important to be aware that it is not possible to eliminate all risks and there may still be an element of danger present;
 - Never underestimate the threat of violence nor should it be responded to aggressively as this may increase the risk of confrontation;

- Where a dog or a potentially dangerous animal is present at the patient's address, staff should request that the dog/animal be safely secured prior to their entry. It is now a criminal offence if a dog attacks a member of staff and this should be reported to the police;
- Staff should avoid confrontation and do all that is reasonably possible to diffuse a potentially violent or aggressive situation in line with their training;
- Staff should not attempt to deal with a dangerous or aggressive patient or member of the public but inform AOC via radio or mobile phone, of the situation and withdraw to a safe location and await assistance;
- If an employee suffers an injury as a result of intentional physical violence, details should be passed to AOC as soon as possible who will notify the nearest manager and On Call Duty Officer;
- Report **all** incidents of violence or aggression appropriately in accordance with the Trust's Procedures for Reporting Incidents.
- If an employee wishes action to be taken by the Police against an individual in relation to any incident of violence and aggression, it is **their** responsibility to make a formal complaint to the Police so the Police can instigate appropriate action. Your line manager will assist you in this process.
- All staff have the right to refuse to convey any patient(s) who offers verbal abuse, are aggressive or threaten violence. However, there are certain clinical conditions where it is possible that the patient may present in a violent way (e.g. a post ictal state, head injury, seizure) and these patients should be approached with caution, continually risk assessing the situation, and treated according to their condition. Where there are no known clinical conditions the following procedures will apply:
 - withdraw to a safe distance
 - If en-route to hospital and the patient becomes aggressive / threatening, stop the vehicle where safe to do so and offer the patient the option of exiting the vehicle. (Note: where the journey involves a motorway progress should be made to the nearest exit before stopping – due regard must be given to the patient's safety);
 - Notify AOC who will inform the Police;
 - Record the details of the incident fully on the Trust Incident Reporting system; and
 - Complete a Patient Clinical Record with as much detail as possible with regards to the patient's condition.

IT IS IMPORTANT TO REMEMBER THE PATIENT HAS THE RIGHT TO REFUSE TREATMENT.

3.1.10 Telephone: abusive / threatening calls

- All staff operating telephones, having applied the correct procedures, have the right to 'terminate' calls where abusive, obscene or threatening language is directed towards them. In AOCs, this may not always be the case as a patient's medical condition may affect their behaviour and therefore termination of the call may be delayed where appropriate or if the caller's behaviour is being directly affected by their emotional state.
- Staff receiving calls should adopt the following procedure when dealing with abusive, obscene or threatening language that is directed towards them as an individual:-
 - Warn the caller that the call will be terminated if they continue to use abusive, obscene, threatening language;
 - If the behaviour persists, to remind the caller that the warning has been given;
 - If the behaviour continues despite the two warnings to remind the caller that the two warnings have been given and that the caller is being passed to a Supervisor and/or Manager;
 - The Supervisor and/or Manager are to give a third warning to the caller to stop using abusive, obscene or threatening language. If the behaviour continues the Supervisor/Manager is to advise the caller that the call is being terminated;
 - The incident must be reported as an abusive/hostile call using the Trust incident reporting system;
 - If threats to kill, harm or cause damage are received anonymously or otherwise, whether at home or in the workplace the Police must be notified.
- Where the recipient of a call is a "lone" worker (e.g. secretarial staff, ambulance fleet assistant) and/or a Supervisor/Manager is not immediately available, the staff member shall terminate the call as detailed above. The lone worker is required to inform their Supervisor and/or line Manager or other responsible person as soon as possible via the Trust Incident Reporting system.

Further clarification of roles and responsibilities including Police, CPS, Witness Care Unit, can be found on the Health, Safety & Security Section on the Trust's Intranet and specifically in the "Acts of Violence and Aggression Guidance".

4.0 Consultation and Communications with Stakeholders

- This Policy is the responsibility of the Health and Safety Committee and representatives from the Trade Unions are an integral part of that committee;
- All employees are entitled to have access to this Policy which will be located on the Trust Intranet site. Copies are also available from the Health, Safety Officer and any employee can seek advice from their manager or their trade union representative.

5.0 Definitions

- The NHS Tackling Violence and Aggression against staff defines violence as:
'Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health'.
- The Health and Safety Executive's working definition of violence is: **'Any incident, in which the employee is abused, threatened or assaulted by a member of the public or other Trust employees in circumstances arising out of his/her employment.'**
- For the purposes of the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, the term 'accident' has been extended to include **'an act of non-consensual violence done to a person at work'.**
- The Trust: East of England Ambulance Service NHS Trust
- The Policy: The Trust's Violence and Aggression Policy
- Staff: Includes both contractors and volunteers working on behalf of the Trust.

6.0 Risk Assessments

This Policy will require that risk assessments be undertaken, in order;

- To prevent, wherever possible, risks to staff from violence and aggression;
- To ensure that staff and their representatives are involved in the risk assessment process and are kept fully informed of the outcome of the assessments and the steps to reduce risk;
- To fulfil legal and ethical obligations by ensuring the Trust is aware of the safety issues from incidents of violence and aggression;
- To protect staff from all forms of violence and/or aggression whenever possible;
- To provide aftercare, should staff be subjected to violence and/or aggression;
- Staff are provided with training to enable them to avoid and/or deal with actual or potential violence;
- That the training needs of staff are appropriately assessed and that all staff can access the Trust's Conflict Resolution Training sessions.

7.0 Training

The Director of Clinical Quality and Improvement is responsible for ensuring the adequate provision of training for matters related to health, safety and wellbeing to all staff via:

- The Health and Safety Team, who are responsible for identifying training needs for all staff through a training needs analysis (TNA). The training needs analysis must take into account the major source of risk to staff from a Violence and Aggression Perspective (e.g. incidents where there have been physical assaults against staff).
- It is the responsibility of the Health and Safety Team to ensure the TNA and contents remain current and fit for purpose.
- The appropriate commissioning of training and development will be done in consultation with the Organisational Development Team.
- Ensure that all staff are provided with Conflict Resolution Training (CRT) as required by the Secretary of State Direction 2003, NHS guidance and the People, Development and Education Training Matrix, so that they can recognise, avoid and diffuse potentially violent situations;
- Ensure that all staff who answer the telephone are provided with the necessary training in answering calls where the person uses threatening, obscene or abusive language; and
- Undertake periodic review of this training in light of experience of the actual incidents of staff involved in violent and abusive incidents.

Attendance on the CRT training course is mandatory.

8.0 Equality Impact Assessment

An Equality Impact Assessment has been completed for this Policy and there is no impact.

9.0 Monitoring Compliance with and the Effectiveness of Documents

9.1 The Health, Safety Officer and LSMS will monitor all incidents of violence and aggression against staff and report to the Director of Clinical Quality & Improvement on all matters in relation to this Policy;

9.2 Violence and Aggression is a standing agenda item on the Health and Safety Committee which meets quarterly; and reports to the Quality Governance Committee.

10.0 Standards/Key Performance Indicators

Key performance indicators will be agreed by the Executive Directors of the Trust for Managers. These will be monitored by the Health and Safety Committee at each quarterly meeting.

11.0 Review

This Policy will be reviewed every two years by the Health and Safety Committee or earlier if prompted by changes in legislation or working practices.

12.0 References

- Management of Health and Safety at Work Regulations 1999
- Health and Safety at Work etc., Act 1974
- Reporting of Disease and Dangerous Occurrences Regulations 1995
- NHS Long Term Plan 2019
- Computer Aided Dispatch (CAD) Marker Policy
- Digital Radio Ambient Listening Procedure
- OI 144 Requests for Police Assistance
- Managing Stress and Enhancing Psychological Wellbeing Policy
- Acts of Violence and Aggression Guidance
- Data Protection Act 2018
- Dangerous Dogs Act 2014
- Lone Worker Policy
- Security Management Policy
- Management of Incidents Policy

APPENDIX 1

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
1.3.8.	<i>The Policy is the responsibility of the Health and Safety Committee which is chaired by The Director of Clinical Quality & Improvement who is the nominated Director for Health and Safety in the Trust</i>	<i>This Policy will be reviewed every two years or when circumstances indicate that it is no longer valid</i>	<i>Every two years</i>	<i>Health and Safety Committee Minutes ELB Minutes</i>	<i>Minutes of meetings</i>	<i>The SMD and LSMS will monitor the policy</i>	<i>The policy will be communicated to all staff via the internal intranet. Those staff who do not have access to this format will be informed by their manager and a copy of the policy will be placed on the premises notice board.</i>
Duties of Staff	Each individual within the Trust has their duties identified within the policy.	The LSMS will check that staff are complying with their duties by monitoring incident reports. Managers are responsible for investigating all incidents of V&A	As reports come in and during the 5-10% audits undertaken annually. Results of investigations and action/lessons learnt are audited by the DATIX team	Incident reports Audit reports Inspection sheets	Quarterly reports on V&A are presented to the Health and Safety Committee as and when an incident occurs.	The LSMS will work with the relevant manager to ensure that an action plan is developed and agreed.	Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Risk Assessments	Managers for specific areas e.g. nightclubs. Staff Dynamic	Incident reports V&A Reports	As necessary Quarterly	Local Risk Register	All acts of V&A are reported quarterly to the Health and Safety Committee. The Trust LSMS receives all reports of incidents of V&A	Where recommendations are made an agreed action plan is formulated and implemented.	Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.
Lone Working	AOC Managers LSMS	CAD Marker Policy Lone Worker Policy Incident investigation Notification of all incidents Airwave	As Necessary All Staff and Managers	DATIX reports	All acts of V&A are reported quarterly to the Health and Safety Committee.	Where actions have not been completed the issue will be escalated to the next level of management	Where changes are required they will be communicated to all staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.
Training	Managers, , OD, Health & Safety Committee	Training plans, attendance sheets	As necessary	Attendance sheets, CPD programme, induction programme.	OD report monthly on non compliance	OD report this to the appropriate managers and groups for actions	<i>Any required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholder</i>



Appendix 2 - Equality Impact Assessment Summary

Guidance Notes

Equality Impact Assessments (EIA) and Equality Analysis are processes by which we assess or test the impact of the way we provide our services be it services to our communities or staff. They are relevant to all of our services, policies and procedures and functions. They are a legal requirement and adhere to the EDS2 and Equality Act 2010.

EIA's are primarily used to help us demonstrate that we have considered equality and is designed to make us challenge our own assumptions about whether a policy or service is fair to all? We need to ensure and provide evidence that people are not being excluded or treated unfairly. We collect this evidence via equality analysis.

Providing information

We have a wealth of information that we can call on to help us assess the impact of our services, policies and procedures from an equality perspective. This could include data that is routinely collected. It can also include minutes from management or team meetings. It could simply be conversations we have with our staff and communities / service users who have used a particular service. Information could come from outside the service I, such as our partners or visitors. Anything that helps inform our understanding can be included.

Protected Characteristics

Through the EIA process, we are asking managers and staff to think seriously about equality based on the protected characteristics which we are bound by law to consider:

- | | | |
|---------------|-----------------------------|-----------------------------------|
| Race | Religion/belief | Marriage/Civil Partnership |
| Gender | Disability | Sexual orientation |
| Age | Gender re-assignment | Pregnancy/maternity |

Action Plans

You may find that you need more information to help make a full assessment. Please put down what information you need and identify in the action plan, how you intend to collect it. When completing your action plan it is important that you clearly state where within existing management structures those actions will be performance monitored.

Guidelines	
Written policy involving staff and patients	X
Strategy	
Changes in practice	
Department changes	
Project plan/Action plan	
Other (please state)	

Please do not view EIAs as a simple tick box exercise designed to placate or meet the needs of some bureaucratic government department and something which can be ignored. Should we ever face a legal challenge on the grounds of discrimination, we will be asked to demonstrate to the courts that we have met the full requirements of the law. The completed EIA is ours/your written evidence of our commitment to equality, diversity, inclusion and human rights.

Document reference, title, version number

Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Violence & Aggression Policy
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL056
Person responsible for process/policy	Ajay Kumar (Health and Safety Officer) Tracy Nicholls (Director – Clinical Quality and Improvement)
Directorate and department/section	Clinical Quality
Name of assessment lead or EIA assessment team members	Ajay Kumar, Amanda Marsh
Has consultation taken place? Was consultation internal or external? (please state below):	Internal – The policy will be submitted to the Health and Safety Committee for approval. The Health and Safety Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc. The minutes of the policy will also be available on the intranet for staff to view

Document reference, title, version number



<p>The assessment is being made on:</p> <p>Please tick whether the area being assessed is new or existing.</p>	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state)	
	Training programme.	

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to reduce so far as is reasonably practicable incidents where staff suffer from acts of violence and/or aggression. The Trust will not tolerate violence and aggression towards its employees and will provide support to those staff that are affected.

The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities

Document reference, title, version number

are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate “Due Regard” in all aspects of our business

Who does the policy/procedure/practice/event impact on?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Who is responsible for monitoring the policy/procedure/practice/event? Director – Clinical Quality and Improvement

What information is currently available on the impact of this policy/procedure/practice/event?

The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed and approved by the Health and Safety Committee (the Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.).

Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?

No. I will review the contents of the policy and its impact with the EDI Team. I will review the policy with external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes

Document reference, title, version number



Race	<input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>	Marriage/Civil Partnership	<input checked="" type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input checked="" type="checkbox"/>
Age	<input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Please provide evidence:

The policy aims to reduce as far as reasonably practicable, incidents of violence and aggression against staff. The safety of staff by the prevention of violence and aggression against them is of vital importance to the Trust who provide support to those staff that are affected.

Currently, there is no evidence that the policy will have a negative impact. The policy will be reviewed on a regular basis to minimise the risk of any negative impact.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>

Please provide evidence:

No. The policy is aimed to protect staff regardless of the characteristics mentioned above.

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Document reference, title, version number



Evaluation Monitoring Plan/how will this be monitored?

Who - Ajay Kumar

How - Regular review of the policy

By – Every two years (earlier , if required)

Reported to – Director - Clinical Quality and Improvement

Document reference, title, version number

