



DOCUMENT TYPE: Policy		UNIQUE IDENTIFIER: TP-33	
DOCUMENT TITLE: Violence and Aggression Policy		VERSION NUMBER: 11	
SCOPE: Full and part-time, clinical and non-clinical, directly employed, contractor staff and volunteers.		STATUS: Ratified	
CLASSIFICATION: Organisational		DEPARTMENT: Emergency Preparedness, Resilience and Response	
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REPLACES: Violence and Aggression Policy V10		HEAD OF DEPARTMENT: Russ James Assistant Director, Emergency Preparedness, Resilience and Response	
VALIDATED BY: Estates and Facilities Divisional Board		DATE: 15 June 2017	
RATIFIED BY: Procedural Documents Ratification Group		DATE: 04 July 2017	
(NOTE: Review dates may alter if any significant changes are made).		REVIEW DATE: 04 July 2020	
WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY? 1. The NHS provides a comprehensive service, available to all. <input checked="" type="checkbox"/> 2. Access to NHS services is based on clinical need, not an individual's ability to pay. <input type="checkbox"/> 3. The NHS aspires to the highest standards of excellent and professionalism. <input checked="" type="checkbox"/> 4. The patient will be at the heart of everything the NHS does. <input checked="" type="checkbox"/> 5. The NHS works across organisational boundaries. <input checked="" type="checkbox"/> 6. The NHS is committed to providing best value for taxpayers' money. <input checked="" type="checkbox"/> 7. The NHS is accountable to the public, communities and patients that it serves. <input checked="" type="checkbox"/>	Tick those which apply <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY? 1. Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability. <input checked="" type="checkbox"/> 2. Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities. <input type="checkbox"/> 3. Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. <input checked="" type="checkbox"/> 4. Provide support and opportunities for staff to maintain their health, wellbeing and safety. <input checked="" type="checkbox"/> 5. Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. <input type="checkbox"/> 6. To have a process for staff to raise an internal grievance. <input type="checkbox"/>	Tick those which apply <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	√
WHICH AIMS OF THE TRUST APPLY? 1. To offer excellent health care and treatment to our local communities. 2. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria. 3. To drive innovation through world-class education, teaching and research.	Tick those which apply <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WHICH AMBITIONS OF THE TRUST APPLY? 1. Consistently deliver excellent care. 2. Great place to work. 3. Deliver value for money. 4. Fit for the future.	Tick those which apply <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: No			
Has an evidence search been completed? N/a If so, by whom? N/a Date evidence search conducted: N/a			

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1. SUMMARY

A policy is to ensure that staff working in Lancashire Teaching Hospitals NHS Foundation Trust are provided with an environment that is safe and secure and minimises the risk of violence and aggression, in line with the requirements of the NHS Security Management Service and Health and Safety legislation.

2. PURPOSE

- 2.1 The issue of violence against staff continues to be an important issue on the NHS managerial agenda and the Trust is committed to protecting staff from all forms of violence, abuse or harassment.
- 2.2 The Trust encourages a pro-active approach to dealing with violence and aggression placing the emphasis on planning and de-escalation of potentially violent situations without physical intervention. When physical intervention is unavoidable, the minimum force should be used to achieve the objective.
- 2.3 The Trust is committed to a policy that deals with such matters effectively and therefore the policy will be reviewed at regular intervals to ensure its continued effectiveness in the working environment.
- 2.4 Lancashire Teaching Hospitals NHS Foundation Trust recognises that it has a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees (Health and Safety at Work Act 1974). This policy is intended to embrace all current guidance and legislation in regard to the management of violence and aggression within the Trust and will form part of the Trust's overall Health and Safety Policy.
- 2.5 The template for this policy and the Violence and Aggression Procedure follows Health and Safety Executive (HSE) HSG65, the key elements of successful health and safety management, in relation to managing the risk of violence and aggression.
- 2.6 This policy must be read in conjunction with the Trust's Violence and Aggression Procedure.
- 2.7 The policy and procedure will assist the organisation in the key elements of successful health and safety management in relation to violence and aggression and in meeting its legal responsibilities as set out in Secretary of State Directions, commissioning contracts and health and safety legislation.
- 2.8 This policy applies to full and part-time, clinical and non-clinical, directly employed, contractor staff and volunteers. This policy and the supporting Violence and Aggression Procedure excludes patient-on-patient and staff-on-staff incidents.

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3. SCOPE

This policy applies to all Full and part-time, clinical and non-clinical, directly employed, contractor staff and volunteers.

4. POLICY

4.1 DEFINITION OF VIOLENCE

4.1.1 The Secretary of State for Health Directions issued on 20th November 2003 instructed NHS Trusts to put into place a number of key practical measures to deal with the issue of violence in the NHS, these include NHS Security Management Service (NHS SMS) definitions for Physical and Non-physical assaults against staff.

4.1.2 PHYSICAL ASSAULT – *“The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort”*

4.1.3 NON-PHYSICAL ASSAULT – *“The use of inappropriate words or behaviour causing distress and/or constituting harassment”*

4.1.4 The definition of violence includes verbal abuse and threats (with or without a weapon) rude gestures, innuendo, sexual and racial harassment, discrimination because of a person’s disability or sexuality as well as physical assault, whether or not it results in injury, and regardless of intent. Incidents may occur when dealing with members of the public, patients, relatives, clients and co-workers and the definition includes any work-related incident of violence, regardless as to whether the employee is on or off duty and/or on Trust premises.

4.2 OBJECTIVES

4.2.1 The Trust recognises the difficult and complex nature of health care delivery by its staff, including dealing with patients and clients (who may be physically or mentally ill, under stress or confused) and that relatives or friends of their patients or clients may contribute to the potential for violence. In the past violence at work in the Health Services has often been accepted as part of the job. The Trust would view such a situation as being totally unacceptable.

4.2.2 The Trust recognises and accepts its responsibilities, in accordance with the Health and Safety at Work Act 1974 and Good Employment Practice, to provide as far as is reasonably practicable the following conditions related to the prevention and containment of violence – effective and comprehensive systems at work must include the following:

- A working environment including the provision of adequate levels of staffing, conducive to the prevention and/or management of potential or actual violence.

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- Provision of information and training to staff on handling potential or actual violence, including summoning of assistance.
- Positive support to staff involved in violent incidents.
- A system of monitoring and reviewing violent incidents.

4.2.3 In dealing with violence and aggression, the Trust will provide a coherent framework within which to assess the risk of violence and aggression and wherever practicable, avoid the situation arising. It will develop clear strategies for the risks that remain and provide suitable training and a response strategy.

4.2.4 The Trust will achieve this through pursuing the following objectives:

- All departments are required to undertake a risk assessment. Managers should ensure that all departments within their division undertake a thorough threat and risk assessment and develop a local strategy to reduce the threat or risk from violence and aggression.
- Similarly, departmental and unit managers must undertake threat and risk assessments for their areas of responsibility and develop a strategy to reduce violence and aggression. Managers will also be responsible for ensuring that, where appropriate, there are local written security procedures for that department or work area.
- By assessing the workplace environment, a range of preventative measures can be developed to reduce the risk of violence, these may include;
 - Revised working practices
 - Workplace arrangements
 - Training
 - Communication devices
 - Security systems
 - Work environment and building design

4.2.5 Identifying causation and establishing the root cause of incidents will also play an important part in developing preventative control measures, managers must ensure that incidents are investigated thoroughly and at a level commensurate with nature of the incident.

4.2.6 There will always be a risk of violence and aggression and managers should ensure that the risks are adequately controlled or there are measures in place to mitigate the risk, as far as is reasonably practicable.

4.3 RESPONSIBILITIES

Management Responsibilities

4.3.1 In dealing with violence and aggression, the Trust will provide a coherent framework within which to assess the risk of violence and aggression, and wherever practical avoid the situation arising. It will develop clear strategies for the risks that remain and provide suitable training and response strategies.

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4.3.2 All senior staff will be responsible for the implementation of this policy and will ensure that all management and supervisory staff undertake the duties and responsibilities detailed in the attached procedure.

Individual Personal Responsibility

4.3.3 Notwithstanding the Trust's responsibilities defined in the earlier sections – this policy makes it clear that employees have a personal responsibility for their own safety and that of others, i.e. patients, visitors, colleagues (Section 7 Health and Safety at Work Act 1974).

4.4 HELPING EMPLOYEES AFTER AN INCIDENT

4.4.1 Within the context of the Trust's overall policy, each directorate will be required to prepare their own local protocols and procedures following a risk assessment to assist staff in the local situation.

4.4.2 The Trust expects its staff to react to incidents in an appropriate manner, which will be fully supported. Following an incident, where required, the Trust will provide a range of support mechanisms, which can include Occupational Health advice, counselling, security advice, etc. Management support will be made available when dealing with the police and practical assistance when making compensation claims via the Criminal Injuries Compensation Authority or the NHS Injury Benefits Scheme.

4.4.3 Section 2.4 of the NHS Executive/RCN document will be adhered to, to ensure that staff concerns are taken seriously even if the incident appears to have been minor.

4.5 TRAINING

4.5.1 Staff training plays a vital role in assisting staff to deal with violence and aggression and should be considered when managers undertake risk assessments and appropriate control measures.

4.5.2 As part of their departmental risk assessments, managers must ensure that a risk-based Training Needs Analysis (TNA) is conducted and directorate/departmental training plans are formulated.

4.6 AUDIT

4.6.1 The process for monitoring compliance with the requirements of this document is:

- All incident reports will be monitored by the NHS Accredited Security Management Specialist who will produce an annual report to the Board.
- Divisional Clinical Governance Managers will also monitor reporting and report to Divisional managers as required.

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4.7 REVIEW

4.7.1 This policy and attached procedure document will be regularly reviewed in order to ensure the adequacy of the Trust's arrangements in respect of the handling of violence and aggression. The review will also ensure that any necessary changes are implemented as quickly as possible.

4.8 DISSEMINATION

4.8.1 This policy is disseminated through the organisation in accordance with the Trust's Policy Approval Procedure.

4.9 STATUTORY RESPONSIBILITIES

4.9.1 The Health and Safety Executive

The Health and Safety Executive (HSE) is responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare, underpinned by the Health and Safety at Work etc Act 1974. Employers have responsibilities under the Health and Safety at Work etc Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work. Employers must have a written health and safety policy setting out their arrangements for managing health and safety risks.

The Management of Health and Safety at Work Regulations 1999 require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

Employers need to ensure that suitable provisions are in place to monitor and assess how effective they are in controlling the risks and these need to be able to be demonstrated to the HSE.

Effective health and safety management requires board-level commitment. Employers should ensure that they seek competent advice where needed to assist them in complying with these statutory duties.

The HSE and NHS SMS have signed an agreement to ensure the closer working of the two organisations, including better communication and liaison, information sharing, referrals of concerns and joint visits on violence and abuse issues, which have wider implications on the health, safety and welfare of staff.

4.9.2 The Care Quality Commission

The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. Under this Act, the Regulated Activities Regulations 2010 outlines the types of service that must be registered with the CQC and the Registration Requirements Regulations 2009 outlines what service providers have to do to become registered.

Since January 2010, NHS providers have been required to register against a new set of outcomes/standards regarding the safety and quality of services.

Since April 2010, all NHS trusts, including PCTs, have been required to be

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registered. From October 2010, all adult social service providers and independent healthcare providers must be registered. It is illegal for an NHS provider to operate without being registered with the CQC.

The CQC has issued guidance on compliance: *Essential standards of quality and safety*. This outlines the outcomes/standards providers need to meet to achieve compliance with the registration requirements. This guidance includes essential standards of quality and safety and requires that staff are supported by the NHS provider to undertake their work in a safe working environment where risk of violence is minimised. Providers are not legally bound to meet these standards, however if they follow alternative arrangements, they should still be able to demonstrate that they have taken account of the standards when judging compliance with the regulations.

As part of registration, the CQC will develop a Quality and Risk Profile (QRP) for each provider to assess where the risks lie and which may prompt further regulatory activity, such as inspection. The CQC will continue to check and monitor service providers to ensure that they continue to meet the essential quality and safety standards, including preventing violence against staff.

Where a provider is not complying, the CQC will take further action such as making further enquiries to the provider or partner organisations and making a site visit. If the non-compliance is serious or previous action plans have not been completed, the CQC will take proportionate enforcement action. This could include warning notices, imposition or variation of conditions, suspension of registration to provide certain services, fines, prosecution or cancellation of registration.

4.9.3 The NHS Litigation Authority

The NHS Litigation Authority (NHSLA) handles civil legal liability claims and works to improve risk management practices in the NHS in England. The NHSLA has an active risk management programme to help raise standards of care in the NHS through Risk Management Standards for acute, mental health, ambulance, primary care and foundation trusts and independent providers of NHS care to reduce the number of incidents leading to claims. Risk Management Standards include an assessment of the policies providers have in place covering violence and aggression in respect of good risk management, governance and assurance.

Standard 3, Safe Environment, includes criteria which cover the management of violence and aggression, and the potential risks to those who work alone. The violence and aggression policy should demonstrate that there are effective risk management measures in place that meet the NHSLA's minimum requirements.

The progression of providers through the standards is logical, incorporating the development, implementation, monitoring and review of policies and procedures. **Level 1** demonstrates that the process for managing risks has been described and is documented; **Level 2** demonstrates that the process for managing risks, as described within the approved documentation, is in use; and **Level 3** demonstrates whether or not the process for managing risk, as described within the approved documentation, is working across the entire

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provider. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks.

4.10 LEGISLATION

4.10.1 Health and Safety at Work etc Act 1974

Employers have responsibilities under the Health and Safety at Work etc Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

Employers should have written policies setting out their arrangements for managing health and safety risks. These policies should be publicised and easily accessible to staff.

4.10.2 Secretary of State Directions

NHS bodies have responsibilities to manage security, in accordance with *Directions to health bodies on measures to deal with violence against NHS staff* and *Directions to health bodies on security management measures*, 2003 and 2004 and as amended 2006.

4.10.3 The Management of Health and Safety at Work Regulations 1999

These regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.

Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

4.10.4 Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b)

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

4.10.5 The Corporate Manslaughter and Corporate Homicide Act 2007

This came into force in April 2008 and creates a new offence under which an employer (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an employer is in gross breach of health and safety standards and the duty of care owed to the deceased.

6. TRAINING

TRAINING		
Is training required to be given due to the introduction of this policy? Yes See paragraph 4.5		
Action by	Action required	Implementation Date
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7. DOCUMENT INFORMATION

ATTACHMENTS	
Appendix Number	Title
Appendix 1	Equality, Diversity & Inclusion Impact Assessment Form

OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
RMP SEC105	Violence & Aggression Procedure http://lthtr-documents/current/P155.pdf
TP-48	Security Policy http://lthtr-documents/current/P196.pdf
RMS-09	Security Strategy http://lthtr-documents/current/P166.pdf
RMP-HS-113	Adverse Incidents Reporting Procedure http://lthtr-documents/current/P189.pdf

SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NHS Security Management Service, Policy Template for the Management of Violence and Aggression (2010)
2	NHS Counter Fraud and Security Management Service, A Professional Approach to Managing Security in the NHS (December 2003).
3	Department of Health, Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff (November 2003). Also see amended Directions (2006)
4	Department of Health, Secretary of State Directions to NHS bodies on security management measures. (April 2004). Also see amended Directions (2006)
5	NHS Counter Fraud and Security Management Service, Non-Physical Assault Explanatory Notes (2004)
6	NHS Counter Fraud and Security Management Service, Tackling Violence Against Staff. Explanatory notes for reporting procedures introduced by Secretary of State Directions in November 2003 (updated 2009)
7	NHS Counter Fraud and Security Management Service, Prevention and Management of Violence Where Withdrawal of Treatment is Not an Option (2007)
8	NHS Counter Fraud and Security Management Service, Not Alone – A Guide for the Better Protection of Lone Workers in the NHS (2009)
9	NHS Counter Fraud and Security Management Service, Conflict Resolution Training: Implementing the National Syllabus (2004)
10	The Health and Safety at Work etc Act (1974)

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11	The Management of Health and Safety at Work Regulations (1999) ISBN0110856252
12	Health and Safety Executive – Successful health and safety management (1997)
13	The NHS Litigation Authority (NHSLA) Risk Management Standards: NHSLA Risk Management Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care
14	National Institute for Clinical Excellence – Clinical Guideline 25, (2005)
15	Care Quality Commission Guidance about compliance: Essential Standards of quality and safety (2010)
Bibliography	

DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
SMS	Security Management Service
HSE	Health and Safety Executive
CQC	Care Quality Commission
PCT	Primary Care Trust
QRP	Quality and Risk Profile
NHSLA	NHS Litigation Authority

CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
SEGS	Health and Safety Committee	

DISTRIBUTION PLAN

Dissemination lead:	Jim Lloyd
Previous document already being used?	Yes
If yes, in what format and where?	Electronic heritage library system,hard copy
Proposed action to retrieve out-of-date copies of the document:	Knowledge and library to replace with updated version. Any paper copies to be removed and placed in confidential waste
To be disseminated to:	Trust Wide
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the LTHTR weekly Procedural documents communication– New documents uploaded to the Document Library

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AMENDMENT HISTORY

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date

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Appendix 1

Equality, Diversity & Inclusion Impact Assessment Form

Department/Function				
Lead Assessor				
What is being assessed?				
Date of assessment				
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments:
Race (All ethnic groups)	Select	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Select	
Sex	Select	
Gender reassignment	Select	
Religion or Belief (includes non belief)	Select	
Sexual orientation	Select	
Age	Select	
Marriage and Civil Partnership	Select	

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Pregnancy and maternity	Select	
Other (e.g. caring, human rights, social)	Select	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
--	--

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

ACTION PLAN SUMMARY		
Action	Lead	Timescale

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