Violence and Aggression Reduction Policy

Document Reference:	POL056
Document Status:	Approved
Version:	V10.0

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
Health, Safety and Security Manager	September 2008	Health, Safety & Security Manager
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
V1.0	30 September 2009	Approved at Trust Board

#WeAreEEAST

Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V2.0	2 June 2010	Reviewed by the Health, Safety & Security Manager and LSMS
V3.0	18 January 2011	Agreed by Health & Safety Committee by email dated 18 January 2011
V4.0		Agreed by Executive Management Team
V5.0	July 2016	Approved at Health & Safety Committee
V6.0	August 2016	Approved at Health & Safety Committee
V7.0	February 2017	Approved by ELB
V8.0	April 2019	Reviewed by Health & Safety Committee to reflect NHS Protects change of role and other internal job titles/processes
V8.0	April 2019	Approved by Management Assurance Group
V8.1	May 2021	Reviewed by members of the Health, Safety and Wellbeing group.
V8.2	July 2021	Reviewed and updated by Health and Safety Lead
V9.0	19 July 2021	Approved by Compliance and Risk Group
V9.1	July 2023	Reviewed and Updated by Health, Safety & Security Lead

#WeAreEEAST

Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
V9.2	July 2023	Reviewed by Members of the Health, Safety & Wellbeing Group
V10.0	August 2023	Approved at CRG

#WeAreEEAST

Document Reference	POL056 Fundamental Standards of Care (2014) Relevant Trust Objective: Clinical Standards
Recommended at Date	Health, Safety and Wellbeing Group 26 July 2023
Approved at Date	Compliance and Risk Group 23 August 2023
Valid Until Date	31 August 2026
Equality Analysis	Complete
Linked procedural documents	Risk Management Strategy CSOP 6.11 Computer Aided Despatch Managing Stress and Enhancing Psychological Wellbeing Policy Security Management Policy Lone Worker Policy Health & Safety Policy Management of Incidents Policy Body Worn AVI Equipment 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

#WeAreEEAST

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.

#WeAreEEAST

Contents

Appendices

EEAST: POL056 – Violence and Aggression Reduction Policy
August 2023, V10.0

#WeAreEEAST

1. 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 must 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. 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 their work. 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

7

#WeAreEEAST

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

3.1.2 Director of Corporate Affairs and Performance

Director of Corporate Affairs and Performance is the Trust nominated person 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 during 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 is also 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 their areas of responsibility.
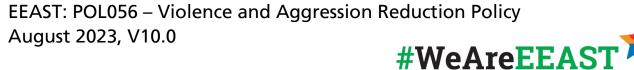
3.1.3 Director of Strategy, Culture & Education

- All staff receive the necessary training commensurate with their role such as 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. These include provision of training, equipment and the reviewing of risk assessments and safe working practices.

3.1.4 Non-Executive

The Non-Executive Chair of the Audit Committee is responsible for promoting security management within the Trust as well as by the discussion and promotion of Security Management at the Quality Governance Committee.

#WeAreEEAST

3.1.5 Health, Safety & Security Lead

The Health, Safety & Security Lead is 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 and Wellbeing Group
- 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 premises owned by the Trust where there is a known security risk.
- The reporting and, where necessary, the investigation of acts of violence and aggression against our staff to outside agencies as required.

3.1.6 Chief Operating Officer, Deputy Chief Operating Officers, and Heads of Departments/Head of Operations

Chief Operating Officer and Heads of Departments/Head of Operations will be responsible for ensuring that objectives/Key Performance Indicators are set for General Managers to enable them to carry out their roles as defined in 3.1.7 below.

3.1.7 General Managers

General 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).

#WeAreEEAST

- Where there are specific local circumstances such as nightclubs, music festivals or special events, the 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 encounters the public receive the necessary violence and aggression information, instruction, and training, including conflict resolution training.
- Encourage operational staff to wear a Body Worn Camera (BWC) to deter people from abusing and being violent towards trust staff, and to provide evidence to support the investigation and prosecution of those that threaten or harm staff.
- 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 Wellbeing referrals to employees that encounter violence and aggression while at work and ensure that there is appropriate support is in place.
- 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 and the Health, Safety & Security Team.
- 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.

#WeAreEEAST

- 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 (EOCs 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 EOC is available and able to be always answered.
- 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

#WeAreEEAST

medium/high risk of violence/abuse without assessing the risk and identifying actions, which may include use of a rendezvous point (RVP).
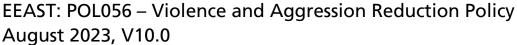
- For incidents reported to involve firearms or weapons ensure that the Police are informed, and an RVP agreed and ensure that this is communicated to staff. A manager must co-ordinate the Trust response.
- Provision of the link to the staff support system.
- Ensure that where animals are known to be 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 must 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 ESOP 67 Requesting 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:

- Report **all** incidents of violence or aggression appropriately in accordance with the Trust's Procedures for Reporting Incidents.
- Not putting themselves at any unnecessary risk.
- Consider wearing a Body Worn Camera (BWC) on shift to deter people from abusing and being violent towards Trust Staff.
- Ensuring that when arriving at an incident where the risk of violence is clearly visible, to move to a safe position and

#WeAreEEAST

immediately inform EOC of their actions. Crews will only provide emergency medical treatment following a dynamic risk assessment and **WHEN IT IS SAFE TO DO SO.** In addition:

- Employees must undertake a Dynamic Risk Assessment when entering any property or potential 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 the Police. The Police will then advise on when staff can proceed to the scene of the incident.is important to be aware that it is not possible to eliminate all risks and there may still be an element of danger present.

- When dealing with a threat of violence - activate body worn camera, take a stance that is not directly in front of the person, use a calm voice tone.

- Where a dog or a potentially dangerous animal is present at the patient's address, staff must 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 on the Trust incident reporting system and to the police.

- Staff must not attempt to deal with a dangerous or aggressive patient or member of the public but inform EOC via radio or mobile phone, of the situation and withdraw to a safe location and await assistance.

- If an employee suffers an injury because of intentional physical violence, details must be passed to EOC as soon as possible who will notify the nearest manager and On Call Duty Officer. Details must be reported on the incident reporting system and clinical assistance sought as soon as possible.

- 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 Health, Safety & Security Specialist will assist you in this process.

- All staff have the right to refuse to convey patient(s) who offers verbal abuse, are aggressive or threaten

#WeAreEEAST

violence. However, there are certain clinical conditions where it is possible that the patient may present in a violent way (e.g., a postictal state, head injury, seizure) and these patients must 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:

- o Withdraw to a safe distance.
- o 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 must be made to the nearest exit before stopping – due regard must be given to the patient's safety).
- o Notify EOC who will inform the Police.
- o Record the details of the incident fully on the Trust Incident Reporting system; and
- o 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 IF Assessed TO HAVE CAPACITY.**

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 EOCs, 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 must adopt the following procedure when dealing with abusive, obscene, or threatening language that is directed towards them as an individual.

#WeAreEEAST

- 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 following the two warnings staff shall 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 shall give a third warning to the caller to stop using abusive, obscene, or threatening language. If the behaviour continues the Supervisor/Manager shall 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 an incident report must be made, and 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 shall inform their supervisor and/or line Manager or other responsible person as soon as possible and report this using 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, Safety and Wellbeing Group and representatives from the Trade Unions are an integral part of that group.

#WeAreEEAST

All employees are entitled to have access to this Policy which will be located on the Trust Intranet site 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 their employment.'**

- 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.

Verbal abuse is:
- threatening, abusive or insulting words or behaviour, or display of visible representations, which:
  - o Are likely to cause fear of, or to provoke, immediate violence:
  - o Intentionally cause harassment, alarm, or distress: section 4A; or
  - o Are likely to cause harassment, alarm, or distress (threatening or abusive words or behaviour only):

#WeAreEEAST

6.0 Risk Assessments

This Policy requires that risk assessments be undertaken, to:

- Prevent, wherever possible, risks to staff from violence and aggression.
- 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.
- Fulfil legal obligations by ensuring the Trust is aware of the safety issues from incidents of violence and aggression.
- Protect staff from all forms of violence and/or aggression whenever possible.
- Provide aftercare, should staff be subjected to violence and/or aggression.
- Ensure staff are provided with training to enable them to avoid and/or deal with actual or potential violence.
- Ensure 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

Director of Strategy, Culture & Education 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 Lead is responsible for identifying training needs for all staff through a training needs analysis (TNA). The training needs analysis must consider the major source of risk to staff from a Violence and Aggression Perspective (e.g., incident trends where there have been physical assaults against staff) and developing of any specific training.

- It is the responsibility of the Health and Safety Lead to ensure the TNA and contents remain current and fit for purpose.

#WeAreEEAST

- The appropriate commissioning of training and development will be done in consultation with the Learning and Development Team.

- Ensure that all staff are provided with Conflict Resolution Training (CRT) 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 considering incidents of staff involved in violent and abusive incidents.

  Attendance on the Conflict Resolution 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 & Security Team will monitor all incidents of violence and aggression against staff and report to the on all matters in relation to this Policy.

9.2 Violence and Aggression is a standing agenda item on the Health, Safety and Wellbeing Group which meets quarterly; and reports to the Compliance and Risk Group.

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

#WeAreEEAST

by the Health, Safety and Wellbeing Group at each quarterly meeting.

11.0 Review

This Policy will be reviewed every two years by the Health, Safety and Wellbeing Group 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 2013
- NHS Long Term Plan 2019
- Computer Aided Dispatch (CAD) Marker Policy
- Digital Radio Ambient Listening Procedure
- 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
- Body Worn AVI Equipment Policy

#WeAreEEAST

APPENDIX 1 – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
1.3.8.	The Policy is the responsibility of the Health, Safety and Wellbeing Group which is chaired by the nominated Director for Health and Safety in the Trust	This Policy will be reviewed every Three years or when circumstances indicate that it is no longer valid	Every three years	Health, Safety and Wellbeing Group Minutes ELT Minutes	Minutes of meetings	Health, Safety & Security Lead will monitor the policy	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.
Duties of Staff	Everyone within the Trust has their duties	The Health, Safety & Security Team will check	As reports come in and during the 5-10%	Incident reports Audit reports	Quarterly reports on V&A are presented to	The Health, Safety & Security Lead will work with	Where changes are required, they will be communicated to all staff using the trust e-

#WeAreEEAST

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
	identified within the policy.	that staff are complying with their duties by monitoring incident reports. Managers are responsible for investigating all incidents of \V&A.	audits undertaken annually. Results of investigations and action/lessons learnt are audited by the DATIX team.	Inspection sheets	the Health, Safety and Wellbeing Group as and when an incident occurs.	the relevant manager to ensure that an action plan is developed and agreed.	mail system, the intranet or via managers for those staff who do not have access to a PC.
Risk Assessments	Managers for specific areas	Incident reports	As necessary Quarterly	Local Risk Register	All acts of V&A are reported	Where recommendations are made an	Where changes are required, they will be communicated to all

#WeAreEEAST

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
		V&A Reports			quarterly to the Health, Safety and Wellbeing Group The Health, Safety and Security Team receives all reports of incidents of V&A	agreed action plan is formulated and implemented.	staff using the trust e-mail system, the intranet or via managers for those staff who do not have access to a PC.

#WeAreEEAST

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Lone Working	EOC 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 on a bi monthly basis Health, Safety and Wellbeing Group	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 and Wellbeing group	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	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

#WeAreEEAST

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
							forward where appropriate. Lessons will be shared with all the relevant stakeholder

#WeAreEEAST

Appendix 2 - Equality Impact Assessment Summary

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	Health and Safety Lead Director – Clinical Quality and Improvement	
Directorate and department/section	Clinical Quality	
Name of assessment lead or EIA assessment team members	Health and Safety Lead	
Has consultation taken place? Was consultation internal or external? (Please state below):	Internal – The policy was submitted to the Health, Safety and Wellbeing (HSW) group for approval. The HSW group 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	
The assessment is being made on: Please tick whether the area being assessed is new or existing.		
	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 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** £ **Religion/belief** £ **Marriage/Civil Partnership** £

Gender	£	**Disability**	Î	**Sexual orientation**	£
Age	£	**Gender** re- **assignment**	£	**Pregnancy/maternity**	Í

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, Safety and Wellbeing group (the group 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

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

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

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

Evaluation Monitoring Plan/how will this be monitored?

Who - Health and Safety Lead
How - Regular review of the policy
By – Every two years (earlier, if required)
Reported to – Director - Clinical Quality and Improvement