# The violence prevention and reduction standard assessment

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| **1. Leadership and accountability** | | | | | | |
| The Board (\*) is accountable for violence prevention and reduction and as such approves resources allocated to violence, prevention and reduction  *\*For primary care or smaller healthcare organisations, ‘Board’ can be replaced with ‘Senior Responsible Manager’ or ‘senior leadership team’. The work of the violence prevention and reduction lead can be taken on as an additional responsibility to an existing role.* | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **1.1** | The Board is accountable for the violence prevention and reduction strategy, policy and improvement action plan. | * Who is responsible for developing the violence prevention and reduction strategy and policy? * Who at board level is responsible for the strategy and policy? * Who at board level is accountable for the strategy and policy? * Is there a named person(s) who has responsibility and accountability – what are their experiences, skills and knowledge – is this an ‘add-on’ to someone’s existing role(s)? * How will that person be responsible and accountable and to whom? * Has the Board stated its commitment to minimising incidents and addressing their impact on staff? * Does the Board fully understand its own responsibilities in endorsing the violence prevention and reduction strategy and policy? |  |  |  |  |
| **1.2** | A designated board member (or equivalent senior leader) is accountable for violence prevention and reduction and ensures appropriate and sufficient resources are allocated to the function (underpinned by an organisational risk assessment). | * How is the way the Board assesses and manages risks relating to preventing, and reducing violence and abuse evidenced? * What practices, processes and policies are in place that enable data-led and evidence-based decision making? * How are lines of responsibility framed and viewed both internally and externally? Are there designated operational, strategic and executive leads? * If those leads are in place, who do they report to, and do they have the authority to make decisions, allocate resources and manage risks to keep staff safe? |  |  |  |  |
| **1.3** | The organisation identifies a violence prevention and reduction lead to manage the co-ordination and day-to-day work of the violence prevention and reduction programme. | * Is the violence prevention and reduction lead suitably and sufficiently trained and qualified to carry out this role? * Do they have the required seniority within the organisation to be able to lead this programme? * Are they afforded enough time and resource to carry out their role effectively? The organisation should determine and justify what suitably and sufficiently trained means in the context of their organisation. However, this may ultimately be tested at court by the HSE. If an organisation can demonstrate they have carefully considered the above and taken a holistic risk-based approach to determining this, it is likely they would be able to evidence they have discharged their duties accordingly. |  |  |  |  |
| The Board (non-executive and executive members, or equivalent senior leadership team) is aware of and endorses the violence prevention and reduction strategy and associated policies and improvement action plans | | | | | | |
| **1.4** | The organisation has developed a violence prevention and reduction strategy and underpinning improvement action plan, which has been endorsed by the Board and is underpinned by the relevant legislation and government guidance. | * Has the violence prevention and reduction strategy and improvement plan been discussed and formally approved at a public board meeting? * Does the strategy and improvement plan provide a detailed and realistic plan of action and a commitment to preventing and reducing violence? * Does this reflect current best practice; is it underpinned by the evidence base? * Does it reflect a commitment to adopting a public health approach to violence prevention and reduction? * Is the strategy supported by the science of public health? * Does the strategy incorporate an evidenced based, trauma informed approach? * Is the strategy reflective of the current legislation (see legislation section)? Has legal guidance been sought if there is any uncertainty? * Is the strategy reflective of any clinical guidelines from NHS England, Department of Health and Social Care, other governmental departments or the National Institute for Health and Clinical Excellence? |  |  |  |  |
| **1.5** | The organisation has developed a violence prevention and reduction policy which has been endorsed by the Board and is underpinned by workforce and workplace risk assessments. | * Does the policy reflect the strategy? * Does it adhere to the same principles as the strategy? For example, it:   + is evidenced-based   + is public health informed   + is data driven   + reflects engagement with stakeholders and partners * Is it supported by workplace risk assessments and is there a sound risk management approach? |  |  |  |  |
| **1.6** | The organisational risks associated with violence have been assessed, and shared where appropriate with partners and stakeholders in the integrated care system. | * Does the strategy reflect the current situation in the organisation – think data, risk assessments, training needs analysis? * Have the risks been shared with stakeholders and partners? * Is the organisation open and transparent about its current risks? How is this demonstrated? |  |  |  |  |
| **1.7** | The Board has sufficient information about the organisation’s performance to prevent and reduce violence, to make informed decisions about the policy. This information is based on credible intelligence and risk assessments. | * The Board makes informed decisions based on the best and most accurate data and information available. * The organisation is assured that the data collection and information flows are robust, consistent, and effective and aligned with policy. |  |  |  |  |
| **1.8** | Senior management is informed of how violence and abuse is affecting staff with protected characteristics, and an equality impact assessment has been developed and made available to all stakeholders. | * How is data and analysis used to gain insight, support action and measure improvement in preventing and reducing violence? * How does the violence prevention and reduction strategy and policy impact on those with protected characteristics, and is this reflected in the equality impact assessment? * Are trends being monitored and addressed? * Who are the stakeholders and groups that need to be consulted with about any trends and themes? |  |  |  |  |
| Informed decisions at board (or equivalent senior leadership team) level | | | | | | |
| **1.9** | Violence prevention and reduction forms part of the overall organisational strategy and planning process and is closely aligned to ICS planning arrangements. | * What tools and methods of validation is the organisation using to appraise and assess the quality of data driven intelligence? Data and intelligence may come from both internal and external information sources. * Reflect on how the organisation gathers data and intelligence; consider how it links with sources of data and intelligence from violence reduction units, the ICS, NHS England, third sector and community- based organisations. * Are these links proactively made and maintained with the right people engaged? Consider how broad and comprehensive the organisation’s stakeholder list is. * Do these links contribute to the process of informed decision making? |  |  |  |  |
| **1.10** | Staff receive timely responses to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management and relevant stakeholders. | * How is the timeliness and type of response to violent incidents evaluated and communicated to staff affected? * Do staff affected by violence in any way, including those who witness violent incidents, trust that the organisation will support them and take action? * How does the organisation support colleagues affected by violence? * What support is available? What form does it take? Does this support reflect any statutory duty? * What happens when investigations are delayed or prolonged? * Is the best practice model followed for supporting staff, for example the Code of Practice for Victims of Crime in England and Wales? * What stakeholder engagement processes are in place (such as with the police and Crown Prosecution Service) and how do they align with overall policy and communications with staff? * What preventative multi-agency approaches could be adopted to work with perpetrators of violence as part of a public health driven, preventative approach? |  |  |  |  |

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| **2. Governance and assurance** | | | | | | |
| There are clearly defined objectives and performance criteria | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **2.1** | The violence prevention and reduction objectives, actions and expected key performance indicators have been incorporated into the policy and are clearly articulated within an improvement action plan. | * What are the organisation’s key performance indicators for violence prevention and reduction? * Are the key performance indicators specific, measurable, attainable, relevant, time-based (SMART)? * Do these accurately reflect the violence prevention and reduction strategy and link to the action plan? * How will performance be measured? * What are the potential weaknesses in the key performance indicators? * Could the key performance indicators result in unintended consequences? * Are the key performance indicators solely quantitative measures or has a blended approach been adopted? * How reliable is the performance data, for example, is it accurate and provided in timely way? |  |  |  |  |
| **2.2** | There are practical and efficient methods for measuring progress against the improvement objectives identified and agreed and sponsored by the Board, in consultation with stakeholders. | * How will the objectives be achieved? * Are the objectives realistic, and have the stakeholders been identified who need to take actions to achieve and meet them? * What data will the organisation use to measure objectives? * Are unintended consequences of key performance indicators being considered? |  |  |  |  |
| **2.3** | The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, for example by their auditors. | * Have you considered the relevant legislation? * What duties must the organisation comply with? * How is the organisation auditing this? * Is the auditing process suitable and does it consider the identified duties? |  |  |  |  |
| **2.4** | Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is referenced in the equality impact assessment. | * Does the equality impact assessment identify groups of staff that may be disproportionately affected – either positively or negatively impacted? * How is the equality impact assessment and actions in it being monitored? * How are risks being mitigated? |  |  |  |  |
| There is an established audit and assurance process for the Board to review violence prevention and reduction performance | | | | | | |
| **2.5** | There is a process for auditing violence prevention and reduction interventions and ensuring that associated systems are effectively managed and assessed regularly. | * Consider what processes are in place for appraising and reviewing performance? * Are incidents fed into the organisation’s incident reporting system and included in lessons learned to manage future incidents? Where possible does this incident reporting system link with the risk management system, and are they regularly updated? * What audit processes are in place to provide assurance that the processes are fit for purpose and accurate. * Does the assurance process help the organisation to identify and evidence where lessons can be learnt and provide certainty that policy objectives are being achieved? |  |  |  |  |
| **2.6** | The audit outcomes inform a regular (e.g. twice a year) board (or equivalent senior leadership) level review. | * Part of the overall assurance process includes review by the organisation’s board twice yearly as a minimum. * The review is informed by relevant data, for example, audit data, project data, testing data. |  |  |  |  |
| **2.7** | A review is regularly undertaken, and also whenever required or requested by an enforcement organisationto evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the Board. | * What executive level review process is in place to evaluate the performance and functions of the violence prevention and reduction programme? * Which executive(s) is taking leadership of this review process? How are they supported? * Who makes up the senior management or project management team? Reflect on whether they are right for the role and if they have the required leadership skills. * How often is the violence prevention and reduction programme reviewed? Is this the minimum requirement or is there a proactive programme review that engages all stakeholders? How are review findings shared with the Board? * What priority areas are identified by the Board following review of the violence prevention and reduction programme? How are they communicated to managers, all other staff and wider stakeholders? |  |  |  |  |
| **2.8** | Inputs to the process include:   * local risk management system (data about violent   incidents) and risk registers   * audit and governance reports that include violence performance * lessons learnt * review of the violence prevention and reduction processes * risk assessments (workplace and workforce) * NHS Staff Survey data, Workforce Race Equality Standard and Workforce Disability Equality Standard data * staff experiences (causation themes, impact on health and wellbeing, consequences, etc) * serious incidents * local HR intelligence (staff recruitment and leavers rates, absenteeism, or retention rates) * stakeholders * trade union concerns raised through the health and safety committee * meetings with Chief Constable or designated representative, police and crime commissioner etc | * Consider how challenges to achieving success are identified and related recommendations made, specifically around resource allocation. * Can the Board identify what resources are required to deliver these recommendations? * Is there a strategy for resource allocation that will meet the needs and requirements of the violence prevention and reduction programme? * How is the issue of resource identification and allocation undertaken? * Are different approaches to and sources of resourcing considered? |  |  |  |  |

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| **3. Collaboration** | | | | | | |
| Collaboration, engagement and co-design support improvements in partnership with staff and stakeholders | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **3.1** | The organisation continually engages with relevant stakeholders, including staff, to inform improvements and celebrate achievements. | * Have relevant stakeholders been engaged with to take a public health approach to the violence prevention and reduction strategy? * Have staff been engaged with during the process, for example, through staff surveys, engagement sessions and feedback forms? * List your stakeholders (including internal and external) and identify gaps. |  |  |  |  |
| **3.2** | The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives. | * Is there demonstrable evidence that trade unions and other workforce groups and stakeholders are consulted with and engaged in tackling violence prevention and reduction? * Is this engagement ad-hoc or formal with regular timed reviews? |  |  |  |  |

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| **4. Data** | | | | | | |
| Violence prevention and reduction data is traceable, retrievable and accessible | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **4.1** | The Board is assured that the mechanism used to monitor VPR data and intelligence is working effectively and that this is providing assurance that the violence prevention and reduction objectives within the improvement plan are being achieved. | * Has the organisation scoped out its own reporting needs dependant on the service they deliver, to ensure relevant VPR data is collected? * Consider the culture of reporting and recording of incidents of violence: is the reporting process valued, and is it promoted to staff? * Is this supported by the regular monitoring of incident reporting trends and themes by the Board? |  |  |  |  |
| **4.2** | Staff members are actively encouraged to report all incidents, including near misses. | * Has the organisation considered a communications and education package to help promote a positive reporting culture and ensure staff know what level of data needs reporting per incident? * Is there a process for addressing feedback on how reporting processes can be improved? |  |  |  |  |
| **4.3** | Violence data is managed in accordance with the UK implementation of the General Data Protection Regulation (GDPR). | * An integral element of violence prevention and reduction is the sharing of data both internally and externally with partner agencies. * As with the multiple strands of data that all organisations within the NHS handle, the organisation should manage all violence data in accordance with GDPR, which in turn should be governed by the organisation’s information governance policies and procedures. * Does the organisation have an information/data sharing agreement in place with external agencies and stakeholders to support the legal sharing of data, and do they have appropriate policy and procedural documents? * What processes and policies are in place to ensure that the personal data of victims is kept confidential? When sharing data with external agencies, have any identifiers been redacted or removed? |  |  |  |  |
| **4.4** | Violence data is frequently analysed using metrics to support the violence prevention and reduction assessments and inform the audit process. | * Evidence is an underpinning foundation of the overall public health approach to VPR and is reliant on data; is the providers data easily accessible, retrievable, and available to all those that require it. * The organisation establishes and can evidence how violence data is analysed to support violence prevention and reduction risk assessments and interventions. * Data is used to inform and underpin any prevention and reduction interventions and initiatives. |  |  |  |  |
| **4.5** | Violence data is analysed using the demographic make-up of the workforce, including by age, sex, ethnicity, disability, and sexual orientation, along with location and type of incident. | * Trend analysis of all sources of data enables the organisation to identify areas with high prevalence of violence while opening other avenues for discussion, reflection, and further analytical testing. * Data is analysed using broad metrics, including workforce demographic(s) such as age, sex, ethnicity, disability, and sexual orientation, as well as location and type of incident. * By analysing data, can the organisation identify if there are particular groups of colleagues most at risk of abuse? * Can the organisation identify people (both groups and individuals) who are being targeted because of their protected characteristics? * Can the organisation evidence how specific support is being implemented to those people, including those with protected characteristics, who have been identified as being at increased risk of violence? |  |  |  |  |
| **4.6** | The protection and storage of data about violence follows the organisation’s information governance policies. | * Can the organisation demonstrate that violence data is:   + secure   + access controlled   + used effectively with other stakeholders to minimise risk and identify threats in line with the Caldicott principles   + dynamic enough to respond to live intelligence, particularly where high levels of prevalence in specific areas or against specific colleague groups is identified? |  |  |  |  |
| **4.7** | The organisation is assured that data collection processes are effective in supporting delivery of policy objectives and enable lessons to be identified. | * Can the organisation evidence that the data analysis process is thorough, accurate, meaningful and deconstructs the root cause(s) of violent incidents? * Is the board able to respond adequately to reduce incidents of violence in specific areas/against specific colleague(s) based on the data presented, particularly in areas with high prevalence of violence? * How responsive is the organisation to shifting data trends? For example, are policies, procedures and practices reviewed and updated in a timely fashion based on trend data analysis? |  |  |  |  |
| **4.8** | The senior management team assesses and provides the resources required to deliver the violence prevention and reduction objectives. | * Is there robust and reliable evidence (both qualitative and quantitative) and data on the scale of the violence problem? * Dependent on the scale of the problem, are there adequate resources to address it? * If not, how will it be addressed? * What immediate and remedial interventions and plan(s) can be developed? |  |  |  |  |

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| **5. Workforce** | | | | | | |
| There is regular staff engagement | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **5.1** | The Board ensures communications on the violence prevention and reduction objectives and priorities are accessible. | * Do staff and stakeholders know who the senior leaders responsible for violence prevention and reduction are and how to access them to raise and share concerns? * How is this communicated throughout the organisation and where is it recorded, and are actions and decisions logged? * Can the organisation demonstrate that the information is easily accessible and available? |  |  |  |  |
| **5.2** | Communications cover all staff groups and functions. | * Can the organisation demonstrate that its communications reach and cover all staff groups and functions? * Is there a process or mechanism to check how effective the communications are? * How assured is the organisation that diverse and under-represented groups are receiving communications, and that those communications reflect their needs and experience? |  |  |  |  |
| **5.3** | Equality, diversity and inclusion (EDI) is considered when objectives are developed, and the organisation’s Public Sector Equality Duty is met, and this is validated by the organisation, or partner or stakeholder, Equality Act 2010 subject matter expert. | * How is diversity considered from a communications and engagement perspective? * How do the objectives deliver High Impact Action 6 in the EDI improvement plan? * Have plans and associated data been reviewed in the light of equalities legislation and best practice, and an equalities impact assessment completed? * How are plans being reviewed to meet duties under the Equality Act and the Public Sector Equality Duty? * Do equality impact assessments consider how policies, practices and decisions affect staff, and those protected under the Equality Act 2010. * If the organisation has an equalities lead, have they been engaged in the work and their input considered and documented? |  |  |  |  |
| There are clear roles, responsibilities and training | | | | | | |
| **5.4** | Roles and responsibilities across all levels of the organisation are clearly set out in a violence prevention and reduction policy. | * Accountability is clear for the ownership of risks related to skill gaps, training needs, resources and investment requirements. * Gaps or shortages should be reflected within the organisation’s risk management policies / action plan. * Lines of sight between roles, responsibilities, and training are considered. For example, can the organisation demonstrate that violence prevention and reduction roles and responsibilities are clearly set out in policy documentation? How and where is this documented? |  |  |  |  |
| **5.5** | A training needs analysis (for VPR) informed by the risk assessment has been undertaken, and suitable and sufficient training and support are accessible and provided to all staff. | * From a training perspective, what evidence is there to demonstrate that a violence prevention and reduction training needs analysis (TNA), informed by any risk assessments related to violence and abuse towards staff has been undertaken? * As a result of the TNA, has suitable and relevant training, development and support been made available to staff? * How is any training intervention evaluated to determine if it is fit for purpose and effective? * What is the evaluation process? * Is the process for training evaluation structured, systematic and evidence-based? * Who is accountable and responsible and is there a plan of action by when issues will be redressed and actions delivered? |  |  |  |  |

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| **6. Interventions** | | | | | | |
| Violence prevention and reduction improvement plans and associated interventions are recorded, implemented and maintained | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **6.1** | Improvement plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the strategy policy. | * What is the organisation trying to accomplish? (the strategy, aims and objectives statement) * Has an improvement methodology been applied to preventing and reducing violence (for example, root cause analysis, PDSA cycles, team-based problem solving)? * What measures of success will be used to determine if the change is an improvement? (Objectives and performance criteria) * What changes can be made that will result in improvement? (Violence reduction and prevention plans) |  |  |  |  |
| **6.2** | The plans are updated at least annually to consider improvements, lessons learnt and risk assessments. | * Plans should be subject to testing, validation and review to ensure they are helping the organisation meet the specific goals and objectives in the violence prevention and reduction strategy and policy. * These plans should also be informed by new and emerging data, for example, from incident reporting, trend and theme analysis, incident reviews, complaints, compliments, and risk assessment(s). * Is good practice shared across the organisation and with others, for example across the ICS? |  |  |  |  |
| Regular risk assessments are conducted | | | | | | |
| **6.3** | Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an ongoing process and documented in the appropriate organisational risk registers. | * How do you demonstrate that policies and practices are in place to regularly assess and manage violence prevention and reduction risks? |  |  |  |  |
| **6.4** | Violence risks are co-ordinated across the organisation, are accessible and shared with the Board, senior management and relevant stakeholders. | * How is this information captured and where is it documented? * How are risks communicated across the organisation and with stakeholders? * How easily can staff and stakeholders assess this information? * What plans are in place to mitigate and reduce risks to staff? |  |  |  |  |
| **6.5** | Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders. | * Is there a mechanism for sharing risk assessments? * Can all staff potentially exposed to risk access information about the risks they face, irrespective of their role, demographics or other factor? * Can trade union safety representatives access risk assessments relevant to their members? |  |  |  |  |
| **6.6** | Identified violence risks and their mitigations/controls are communicated to all staff on a regular basis. | * How frequently is the information shared and reviewed? |  |  |  |  |
| **6.7** | The violence prevention and reduction risk registers are updated accordingly and promptly. | * Where risks are generated from data analysis, are they added to the organisation’s appropriate risk register? * How is current risk data fed into that system so that the violence risk management system is updated accordingly? * Is this process reflected in the organisation’s violence risk management register? * How and when is data generated following incidents inputted into the violence risk management system and linked to individual risks? * Where does responsibility and accountability sit for the violence risk management system? * Is this at an appropriate level? * How is the violence risk management system audited? For example, by:   + peer review processes   + stakeholder appraisal   + internal mechanisms such as board governance |  |  |  |  |
| There is a process in place for corrective and preventative actions for violence prevention and reduction | | | | | | |
| **6.8** | All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable timeframes. Where this is prolonged by investigations and or staff support interventions being put in place, this is recorded and communicated to the Board, relevant staff and stakeholders. | * How does the organisation demonstrate its commitment to colleagues’ health and wellbeing, both before and after incidents? * How is the organisation’s commitment to victims of violence and abuse recorded and communicated to senior management, other colleagues and stakeholders? * How effective is the feedback loop? * How are colleagues kept informed of violence and violent incidents and actions taken as a result? * What is the impact of prolonged investigations? Is the process set out clearly to victims of crime and expectations managed around delays in the criminal justice process? * What does staff support look and feel like across the organisation and externally with stakeholders? * How does the organisation’s staff charter, and the [code of practice](file:///C:\Users\ClaireParker\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QEE4FG30\The%20Code%20of%20Practice%20for%20Victims%20of%20Crime%20in%20England%20and%20Wales%20and%20supporting%20public%20information%20materials%20-%20GOV.UK%20(www.gov.uk)) for victims of crime, contribute to the organisation’s commitment to health and wellbeing? * How consistent is the organisation’s approach to all reported incidents? Is there a systematic, structured and scientific approach to this, for example the [Violence Prevention Alliance Approach](https://www.who.int/groups/violence-prevention-alliance/approach), or is this approached through the application of key investigative standards such as the [Managing investigations](https://www.college.police.uk/app/investigation/managing-investigations) approach? * Is this reflected in appropriate and relevant policies and processes? If so, how will the organisation establish the effectiveness of these policies and processes for corrective and preventative interventions? * How do you collect and collate violence and prevention related data? * What type of coding system does the organisation use? * How is this aligned with outcomes and key performance indicators (KPIs):   + internally (for example in the violence prevention and reduction strategy)   + externally? (for example using metrics such as the [Home Office crime outcomes framework](https://www.gov.uk/government/statistics/crime-outcomes-in-england-and-wales-2020-to-2021/crime-outcomes-in-england-and-wales-2020-to-2021)) |  |  |  |  |

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| **7. Evaluation** | | | | | | |
| A process to measure progress and assess violence prevention and reduction performance is in place | | | | | | |
| **Ref.** | **Indicator** | **Explanatory notes and considerations** | **R** | **A** | **G** | **Supporting evidence** |
| **7.1** | The efficiency and effectiveness of the violence prevention and reduction strategy, policy, improvement plans and processes are assessed and reviewed regularly (ideally on a 6 monthly cycle and/or following organisational changes or serious incidents). | * These governance structures should be reflected in the violence and prevention strategy and include mechanisms for monitoring delivery of plans. * Is there a degree of flexibility within the governance structures to enable the organisation to respond appropriately and swiftly to serious incidents? |  |  |  |  |
| The violence prevention and reduction policy and strategy are updated to reflect lessons learnt | | | | | | |
| **7.2** | Following the Board ongoing review of the violence prevention and reduction updates, the objectives, policy, plans and supporting interventions required to deliver the outcomes are reviewed and enhanced as part of a continual learning culture. | * There is a process for delivering a co-produced appraisal and implementing updated policy and procedures. * As a minimum this work should have executive level sponsorship and oversight, senior management support and involve and engage those within the organisation with primary responsibility for violence reduction and prevention. * Prompts for self-assessment and reflection at this stage may include consideration as to how the links between strategic decision making, tactical planning, and operational delivery are maintained, strengthened and developed. * Does the organisation have a critical friend’s network that will assist with this self-assessment and reflection? * Are there opportunities for external stakeholders and an independent audit to assist in strengthening the violence prevention and reduction programme? * Are the project management requirements for the violence prevention and reduction programme considered? * Is there adequate board level and senior management support and resource for all projects across the violence prevention and reduction strategy and programme? |  |  |  |  |

**Violence Prevention Reduction Standard: High-level assessment and improvement action plan**

**1. Summary of review against VPR standard domains and indicators**

Following review against each domain and all supporting indicators within the VPR standard, use this section to summarise evidence for how you are meeting the standard, improvements identified, and an overarching RAG rating for each domain (Red: Low confidence | Amber: Working toward | Green: Fully meeting)

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| **Domain** | **Overall RAG** | **Evidence of meeting standard** | **Improvements identified** |
| **1. Leadership and accountability** |  |  |  |
| **2. Governance and assurance** |  |  |  |
| **3. Collaboration** |  |  |  |
| **4. Data** |  |  |  |
| **5. Workforce** |  |  |  |
| **6. Interventions** |  |  |  |
| **7. Evaluation** |  |  |  |

**2. VPR improvement action plan**

Use this section to translate the review against the standard into improvement objectives, actions, how they will be measured, and to record progress updates

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| **Improvement objective** | **Actions** | **Outcome measures** | **Target date** | **Progress update** |
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