Sussex
Health&Care

Violence Prevention and Reduction Strategy 2025

Ensuring our people are supported, safe and secure at work

Improving Lives Together

Sussex
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Sussex Violence Prevention Strategy Foreword

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Founded in 1948, the National Health Service (NHS) enabled the UK government to assume responsibility for the first time for the provision of a comprehensive preventative and curative service for the whole population.

The NHS is underpinned by the seven principles set out in the NHS Constitution[1] which outlines that health care services are funded through taxation, are generally free at the point of delivery, are comprehensive and available to all, and are accountable to the communities and patients they serve.

The demands that are placed upon today's NHS present new and ever more complex challenges that require innovative approaches.

The communities we serve, and that we are accountable to, have changed dramatically since the NHS was formed. The population of our communities is increasing and becoming more diverse, and people are also living for longer. These are significant drivers of the growing demand for NHS and other health and care services, and how these services are delivered. Fundamental to service delivery are our people; a workforce that is under pressure and that is, unfortunately, sometimes the victim of violence or abuse.

Now is the time where the delivery of health and care services needs bold and innovative leadership; to be curious and to view the challenges we face from new perspectives.

NHS and other health and care organisations have come together in Sussex as part of our Sussex Integrated Care System to work collectively to better understand our shared issues, and to co-develop and co-ordinate effective activities and interventions. The Sussex Violence Prevention and Reduction Strategy is an example of this collaborative, co-developed approach with the aim of placing the wellbeing of our people at its heart.

Tackling violence and abuse directed towards NHS and other health and care staff through a prevention perspective requires an understanding of the causation factors; what leads an individual to violence or abusive behaviour? This is a complex and wide-ranging question that requires us to explore the boundaries of our knowledge and develop new understanding across a multitude of health, socio-economic, and psycho-social determinants.

This necessitates a new approach; one that is trauma informed, holistic and nuanced by bringing together our partners in health and social care, as well as those across the wider public and voluntary sectors, to share knowledge and insight to mitigate this common issue.

As the NHS nears the celebrations of its 75th anniversary, the Sussex strategy to the prevention and reduction of violence and abuse towards NHS and other health and care staff epitomises the values and principles set out in the NHS Constitution; all of which is embodied in a pioneering, collaborative approach fit for the 21st century.

1 NHS Constitution for England (www.gov.uk)

The Sussex Health and Care Vision

Sussex Health and Care has a vision for 2025 that all Sussex NHS Trusts have endorsed.

A vision where people live for longer in **good health.**

A vision where the **gap in healthy life expectancy** between people living in the most and least disadvantaged communities will be reduced.

A vision where people's experiences of using services will be better and where staff feel supported and work in a way that makes the **most of their dedication, skills, and professionalism..**

A vision where the cost of health and care will be **affordable and sustainable** in the long term.

To support the implementation of the vision and foster enhanced feelings of support across the workforce, the ICS has worked collectively to develop a Sussex-wide response to the NHS Long Term Plan, the NHS People Plan 2020/21, and the NHS People Promise.

These national plans require action to be taken: a "redoubling" of our efforts to prevent and reduce incidents of violence and abuse in the workplace, which are known to be largely preventable[2].

At the heart of the ICS ambition to prevent and reduce incidents of violence and abuse in the workplace is the NHS England Violence Prevention and Reduction (VPR) Standard[3], which is an evidence and risk-based continuous improvement framework. Utilising this framework enables a consistent and rational methodology to be applied in understanding and responding to the challenge. By developing appropriate data gathering and analysis processes the magnitude of the issue can be quantified and the drivers understood to support the development of impactful actions and interventions to achieve our goals. Key to these activities is the innovative consideration of this complex issue, and the multitude of factors that influence it, in new ways and from fresh perspectives.

'Quality data is just one part of a series of measures necessary to address the ongoing issue of violence in the NHS and the wider health and social care system. Prevention of incidents, good management support when incidents occur and effective partnership and response to an incident by the police and criminal justice system are also essential[4].'
Royal College of Nursing

This strategy outlines the Sussex ICS approach and vision to prevent and reduce incidents of violence and abuse towards the workforce, irrespective of the form in which the incident of violence or abuse manifests, and irrespective of the source of the incident, whether that be a service user, member of the public or a colleague. This strategy sets out an agreed definition of violence and abuse, which also includes harassment and bullying, to help frame the issue and develop common understanding. To further support our system-wide commitment to addressing this issue, a number of specific time-bound objectives are included to measure and demonstrate our progress over the short to medium term. These objectives are further supported through the articulation of the underpinning ambitions which will help nurture and embed the required change in approach required to tackle these challenging issues.

Co-development of the Strategy - A Partnership Approach

This strategy has been co-developed through a co-ordinated approach overseen by the NHS Sussex Violence Prevention and Reduction Group (VPRG).

The VPRG engaged with, and invited comment from, the Sussex stakeholders, their respective Staff Networks, clinical colleagues, Trade Unions, Equality, Diversity and Inclusion Leads, Health and Safety Leads, and People Participation Leads.

Ratification and endorsement of this strategy has been provided by each NHS Trust Chief People Officer and the wider Sussex ICS People Committee.

It is envisaged that through further proactive partnership working the scope of the violence prevention programme in Sussex will evolve to include representatives from Primary Care, Community Pharmacy Services, Local Authorities, Voluntary, Community and Social Enterprise organisations, Public Health and Social Services, and other partners to build a community of practice to share learning and good practice.

Organisations and sectors that have contributed to the development of this strategy include:

- East Sussex Healthcare NHS Trust;

- NHS Sussex;

- Queen Victoria Hospital NHS Foundation Trust;

- South East Coast Ambulance Service;

- Sussex Community NHS Foundation Trust;

- Sussex Partnership NHS Foundation Trust;

- Sussex Violence Reduction Partnership; and

- University Hospitals Sussex NHS Foundation Trust.

14.7%

of the Sussex NHS Trust workforce have experienced physical violence from a patient/service user, their relatives, or other members of the public (2022 national NHS Staff Survey)

What do we mean by Violence and Abuse?

Within this strategy, the term 'violence and abuse' encompasses physical and verbal abuse, harassment, bullying and threats of violence whether they be from service users, members of the public or colleagues.

The Health and Safety Executive (HSE) uses the following definition to describe work-place violence:

"Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work." (HSE)[5]

However, when considering the multi-faceted services that the health and care sector delivers, a more rounded definition, as provided by the World Health Organization (WHO), is also appropriate:

"the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (WHO, Global status report on violence prevention 2014).[6]

Therefore, for the purpose of this strategy we are using both definitions in unison to define what we mean by 'violence and abuse'.

27.8% +

Data for harassment, bullying and abuse shows that three Sussex NHS Trusts were above the national average of 27.8% (2022 national NHS Staff Survey)

Definitions of 'violence and abuse'

Health and Safety Executive	World Health Organisation
"Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work."	"the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation"

5 Violence in health and social care, www.hse.gov.uk
6 Global status report on violence prevention, www.who.int

Strategic Aims

"
We want to be validated (acknowledged) that harm has happened and what has been experienced by the individual
"

Anonymous NHS Sussex staff member

People are supported at work.

Our primary aim is for our people to be supported, safe and secure at work through preventing and reducing incidents of violence and abuse towards them.

Workforce psychological safety is paramount to a healthy and productive employer / employee relationship; creating a safe service user and workforce environment and helping to improve the experiences of everyone living in Sussex who use our services.

To achieve this, we must create a culture of compassion and inclusiveness across the partnership with appropriate engagement, strong links and relationships, alignment of processes, and support in place that allows the voices of our people to be heard no matter how difficult these conversations might be. This is set out below and within the 'Taking Things Forward' section.

The Sussex ICS strategic approach to violence prevention and reduction (fig. 1) shows the strategic Sussex ICS approach to violence prevention and reduction:

Fig. 1 Sussex approach to violence prevention and reduction

Understand risk and caution factors of violence
working in partnership to promote and support protective factors to aid prevention and reduction of violence

Building a compassionate, inclusive, trauma informed leadership culture
the workforce is valued and their voices heard

Work with local partners
violence and abuse can only be prevented through a collaborative public health approach

Our people are safe, supported and secure at work

System-wide policies and procedures in place
including governance, accountability, reporting arrangements, support & training to the workforce

Members of the workforce are supported appropriately throughout
clear support plans in place

Reporting of incidents actively encouraged and incidents reported are effectively managed and reviewed
to inform follow up action and preventative measures

To support this approach, the strategy places the Sussex workforce at its heart; fostering a reporting culture whereby all incidents are reported, irrespective of how small they may be perceived to be, and that this becomes the norm. Encouraging and nurturing this reporting culture will be the principles of civility and respect; a golden thread of positive workforce experience. With empowered workforce support in place, fit for purpose systems and competent, well-trained managers and supervisors to provide support, the essential foundations for an environment where everyone feels safe and well and can thrive.

This aligns with, and supports, the following aspirations of the NHS People Promise[7]:

We are
compassionate
and inclusive

We each have
a voice that
counts

We are
safe and
healthy

This civility and respect approach also supports the following objective within the NHS People Plan:

'prevent and tackle bullying and abuse against staff and create a culture of civility and respect; preventing and controlling violence in the workplace; managers encourage wellbeing to actively encourage wellbeing and decrease stress related stress and burnout; supports the civility and respect toolkit that has been made available to employers.'

Trauma informed public health approach

Our strategic vision is to utilise a trauma informed public health approach to support violence and abuse prevention and reduction, encompassing the Office for Health Improvement and Disparities working definition of a Trauma Informed Practice[8], using the 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.

> **We need to be aware of the triggers of physical and verbal abuse, e.g. how we communicate with people is important...being clear in letters and feedback from Patient Advice and Liaison Service about what annoys people.**

Anonymous NHS Sussex staff member

A trauma informed public health approach shifts the focus from 'what is wrong with you?' to 'what has happened to you?' and 'what do you need?', thus presenting a more compassionate and understanding interaction with service users. This promotes the reduction of triggers that may lead to an incident of violence, harassment or abuse. The approach also enhances support to members of our workforce following traumatic incidents and promotes the acknowledgement and consideration of past trauma. There is ample evidence that supports the positive impact of trauma informed interactions with people who are in distress or have unknown complex histories, with consideration to adverse childhood experiences, thus bringing benefits for organisations, service users and the workforce alike.

Trauma-informed training has the potential to build staff understanding of trauma and improve practice.... when combined with high-quality services with good evidence of preventing or reducing trauma then it does have an important role to play in a whole-system approach that seeks to improve outcomes.'

Early Intervention Foundation

Being trauma informed means inviting a curiosity about the behaviour of the person, especially when they are distressed or behaving in a threatening manner.

In addition to the unique circumstance of each service user, an understanding of wider public health influences that can have a bearing on individuals, their behaviour, and how they may react in circumstances when they are interacting with a health and care professional is required.

For example, the World Health Organisation (WHO) (2017a)[9] defines a public health approach to reducing violence as one that:

'Seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence…'

Public Health England[10] take the public health approach to violence prevention further by considering risk factors which increase the likelihood of violence and protective factors which mitigate against perpetration or victimisation of violence.

8 Working Definition of Trauma Informed Practice www.gov.uk

9 Violence Prevention Alliance, The public health approach, www.who.int
10 A whole-system multi-agency approach to serious violence prevention, www.gov.uk
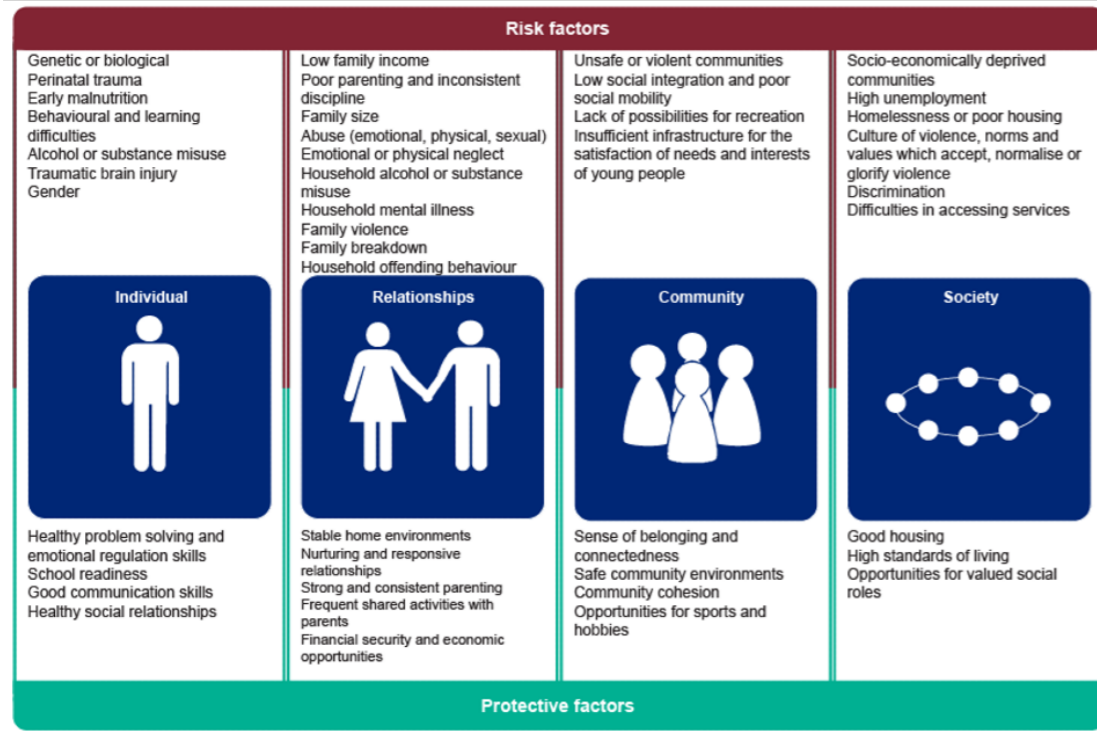
Fig. 2 Public Health England: Risk and protective factors impacting the likelihood of violence

Drawing on the identified causation and risk factors above, there is a clear link with population health that requires a more detailed consideration of health inequalities to support effective prevention of violence towards the workforce. A report from Public Health England outlined approaches to reducing health inequalities[11] and brought together the public health approach, linking it with the risk and protective factors, and also introducing health inequalities to provide a model outlined in Fig. 3:
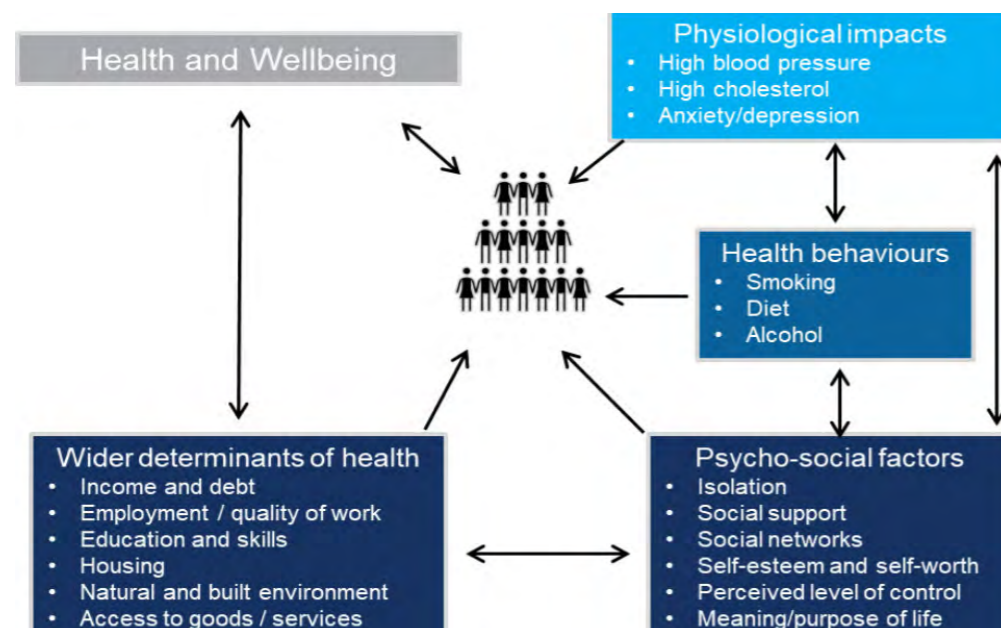

Fig. 3 Place-based approaches for reducing health inequalities

With the introduction of physiological factors such as high blood pressure or depression, psycho-socio factors such as isolation and self-worth, socio-economic factors such as finance, debt, housing, and wider determinants such as education, a complex picture emerges of multiple factors that can all impact the likelihood of a person becoming a victim or a perpetrator of violence. Many of these factors can be influenced by deprivation leading to inequalities that are a key focus for the Sussex ICS Strategy ' Improving Lives Together'[12].

It is well known that socio-economic factors play a huge role in determining people's long-term health and contribute significantly to the health inequalities that exist. As anchor institutions, NHS organisations have sizeable assets that can influence and support their community's health and wellbeing and tackle these inequalities.

The core purpose of the Sussex ICS is to:

Improve outcomes in population health and healthcare;

Tackle inequalities in outcomes, experience and access;

Enhance productivity and value for money; and

Help the NHS support broader social and economic development.

In delivering against the core purpose, the ICS is proactive in tackling health inequalities through a variety of transformation programmes to improve physiological factors and health behaviours, alongside positive action to support social and economic development through the offer of work experience and placement opportunities, for example, to facilitate supporting young people in receipt of Universal Credit into work or an apprenticeship.

11 Public Health England Guidance: Place-based approaches for reducing health inequalities: main report, updated 28 September 2021. Place-based approaches for reducing health inequalities: main report - GOV.UK (www.gov.uk)

12 www.sussex.ics.nhs.uk

Understanding the multiple factors that can influence violence along with Sussex ICS activities to tackle health inequalities may support outcomes in violence prevention. We must utilise this in a deliberate and positive way to support violence prevention towards the workforce in Sussex.

There is also ample research and evidence that supports the argument that violence is preventable, not inevitable.[13] Trauma-informed approaches are seen as an underpinning activity to support this work. Our evidence-based approach through the implementation of the NHS England Violence Prevention and Reduction Standard, with an explicit focus on protected characteristics and supported by engagement with inclusion colleagues and networks, will underpin our aim to reach a shared understanding of the real challenges our colleagues face at work, enabling appropriate and supportive action to then be taken.

> Good scientific evidence is an essential part of a public health approach to violence prevention. There is a rich evidence base for primary prevention of violence...
>
> Where it is not possible to prevent violence, early intervention should be undertaken to mitigate further escalation...
>
> New learning from psychology and public mental health fields needs to be applied in developing violence prevention strategies.
>
> Faculty of Public Health

The recent addition of the Sussex Violence Reduction Partnership (VRP) to the Sussex ICS VPRG Partnership will support our understanding of causation factors that can influence or lead to incidents of violence and abuse and inform the development of appropriate activities and interventions in support of our strategic aims.

Like the other 19 Violence Reduction Units (VRU) nationally, the Sussex VRP embodies a public health approach at the heart of its planning and activities to reduce serious violence. Research commissioned by the Home Office in 2020 to evaluate the impact of VRUs nationally[14] indicated that between April 2019 and September 2020 the work of the VRUs prevented 41,377 incidents of serious violence. This collaborative approach with the Sussex VRP supports the principal purpose of the Sussex ICS under the Health and Care Bill 2022; namely tackling health inequalities and supporting broader economic and social development. These are key factors that influence the probability of violence and aggression and are a significant focus for the Sussex VRP in addressing the root causes of serious violence.

Impact to the NHS Health and care workforce as a result of violent attacks[15]

46.8%
are feeling unwell

31.1%
are thinking about leaving the organisation

It is noted that improvement to the workforce experience will support improving retention, sickness absence rates, and overall health and wellbeing. This in turn directly supports improving service user experience. As an enabler to this, the implementation of compassionate trauma-informed service user interactions can reduce the likelihood of re-traumatisation for people who have experienced trauma; further adding to improving service user experience and reduced likelihood of behaviours towards the workforce that are rooted in difficulties previously experienced.

In preventing violence in the workplace there also needs to be consideration of the design factors of buildings and estates within our public buildings.[16] It is known that design factors and 'enabling environments' can have a positive influence in improving the safety of environments and reduce incidents occurring[17]. Sussex organisations are encouraged to consider this and work with their Estates departments to ensure VPR considerations are factored into building/space design.

13 HM Government, A whole-system multi-agency approach to serious violence prevention. A resource for local system leaders in England. Public Health England working with the Department of Health and Social Care and the Home Office. www.gov.uk

14 Violence reduction unit year ending March 2021 evaluation report www.gov.uk
15 Violence prevention and safety, www.england.nhs.uk
16 Reducing Violence and Aggression in A&E Through a Better Experience, The Design Council and Department of Health, www.designcouncil.org.uk
17 Evidence-based reasons for embedding 'Enabling Environments' relational practice into the Criminal Justice System, A positive social climate is associated with lower rates of violence (Friis & Helldin, 1994) www.rcpsych.ac.uk

The National Context and Sussex Position

National data

"

I do feel we were often used as human sacrifice with difficult patients and relatives.

We were sent out with a message, and this caused the patients relatives to blow up.

Anonymous NHS Sussex
staff member

**Incidents experienced by
NHS Trust workforce (2022)[18]**

14.7%

Violence

27.8%

**Harassment,
bullying and abuse**

Harassment, bullying and abuse incidents against ambulance workforce in the UK (2022[19])

44.8%

18 Data from the 2022 national NHS Staff Survey. Incidents of violence, harrassment, bullying or abuse from a patient, service user, relative or member of the public.
19 Ambulance trust data

Sussex data

Impact to ethnic minority workforce in Sussex

The Workforce Race Equality Standard (WRES) metrics show that within Sussex the ethnic minority workforce have experienced a consistently higher percentage of harassment bullying and abuse from patients/service users, relatives, or the public over the past 5 years

The National Workforce Race Equality Standard (WRES) data shows that **35.3% of Sussex people within ethnic minorities experienced harassment, bullying or abuse in 2022 from patients, service users their relatives or other members of the public,** which is 6.8% higher than the experiences of the white workforce at 28.5%.

There is an even higher disparity regarding **harassment, bullying and abuse at work from managers and other colleagues, with members of the workforce** within the ethnic minority groups experiencing 24.0% which is 6.7% higher than the white workforce at 17.3%.

35.3%	28.5%

■ Ethnic minority workforce
■ White workforce

24%	17.3%

■ Ethnic minority workforce
■ White workforce
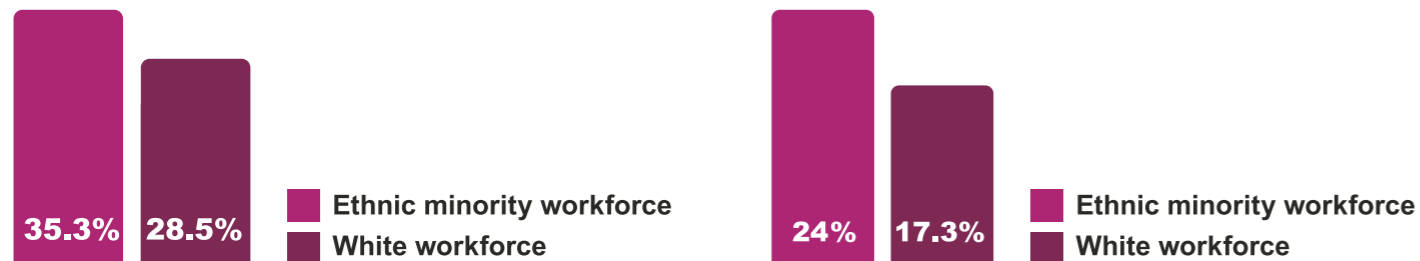
Impact to Sussex workforce with a long-lasting health condition or illness

In 2022, the National Workforce Disability Equality Standard (WDES) data shows that **35.1% of the Sussex workforce with a long-lasting health condition or illness experienced harassment, bullying or abuse** from patients, service users, their relatives, or other members of the public; this being 7.3% higher than colleagues without a long-lasting health condition/illness.

In 2022, WDES figures show that **occurrences of harassment, bullying and abuse from other colleagues were higher** for people with one or more long lasting health condition/illness at 24.6%, which is 8.3% higher than people without a long-lasting health condition or illness at 16.3%.

35.1%	27.8%

■ Workforce with a long-lasting health condition or illness

■ Workforce without a long-lasting health condition or illness

24.6%	16.3%

■ Workforce with a long-lasting health condition or illness

■ Workforce without a long-lasting health condition or illness
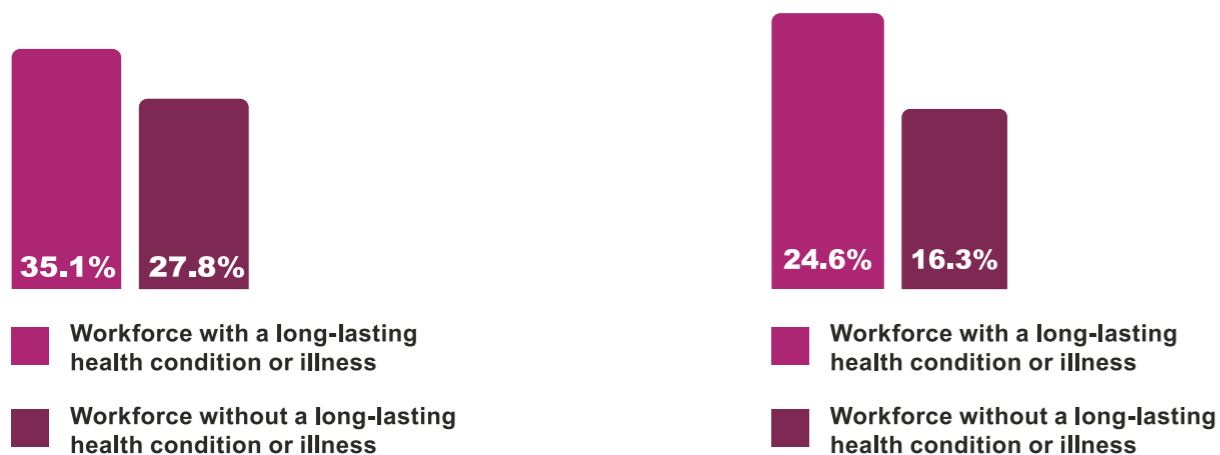
Data from NHS England highlights the damaging impact that violence and abuse can have on people's wellbeing, affecting both mental and physical health. Further anecdotal evidence suggests that people who experience violence and abuse at work are four times more likely to take sick leave than those members of the workforce who do not, and they are also more inclined to leave the NHS.

As Sussex ICS addresses the significant workforce challenges that it faces, it is essential to incorporate the violence prevention and reduction agenda as a key integral enabler of our wider workforce support and retention efforts.

It is therefore vital that we develop strong links between these and our violence prevention and reduction activities; ensuring they are inclusive, aligned and mutually supportive through co-production with our workforce networks and other stakeholders.

Building an evidence base /
What we need to know

The evidence of using a public health approach to reduce violence towards the NHS workforce is still developing. There is, however, emerging evidence that the public health approach is impactful upon serious violence, with the Home Office funded VRUs developing an evidence base demonstrating the benefits of a public health approach to serious crime in the community amongst young people.

The most recent national VRU evaluation report outlined that '*Areas that have rolled out Violence Reduction Units and intensive police patrols in violence hotspots saw 8,000 fewer incidents of violence leading to injury and 41,000 fewer incidents without injury, compared with areas that didn't. This has resulted in an estimated £385 million avoided in associated costs for victims and society*'[20].

Building on the above evaluation, the impact in Sussex of the public health approach to serious violence is demonstrated by a 20% reduction in recorded Serious Violent Crime in the 12 months to September 2021 compared to the previous year.[21]

It is anticipated that we will see an impact upon the reduction and prevention of violence towards the Sussex NHS workforce by taking a similar public health approach; and thus build a similar evidence base over time to support this.

Incidents of violence, harassment or abuse reported within Sussex NHS Trusts 2017-2021 (Sussex ICS, Unpublished, 2021)

15,669
(60 per week)

In Sussex, we need to develop a system-wide understanding of violence, abuse and incivility in the workplace and the subsequent impact on the health and wellbeing of all our colleagues, as well as service delivery and financial implications.

To inform our understanding, we are enhancing the data collected at Trust level with three Trusts already taking part in the National data enhanced data collection pilot – using the NHS Violence Prevention and Reduction Data Collection Template. This is providing the VPRG with a clearer picture of violent incidents across these three Trusts.

The reporting of incidents is vital to the understanding of issues faced by members of the workforce within the violence prevention and reduction landscape. It should be easy and comfortable for people to report incidents. Whilst aligning with the work of Sussex VRP to understand, prevent and reduce violence at system, place, and neighbourhood levels.

Establishing information and data sharing arrangements at a local level is particularly important if we are to work towards a preventative approach. A public health methodology to violence prevention requires NHS organisations to play their part through the collection and sharing of data and intelligence relating to violent and abuse incidents, where necessary and appropriate, with partners at local level.

Preventing violence and abuse requires a fully coherent, joined up approach with data and intelligence held by NHS organisations, when analysed alongside data collected by other partner organisations, can make a significant contribution to:

1 **Increased understanding of the levels and nature of violence in a local area, including to the NHS workforce**

2 **Identifying the population groups and geographical areas most affected**

**3** **Developing and evaluating local prevention activity. (Leading and Lagging indicators)**

The above partnership approach will enable improved risk assessment and support enhancing thesafety of the workforce. This is in alignment with the Serious Violence Duty[22] which came into effect on the 31st January 2023 placing statutory responsibility on health organisations to work together and share information.

Whilst there is ample evidence to support the positive benefits of the proposed public health and trauma informed approach to violence prevention in Sussex, it is also recognised that this is an emerging field of work.

Sussex ICS will be gaining new knowledge and insight throughout the life cycle of this strategy document; leading to a continual review of our activities in light of that new understanding to deliver and maintain positive change.

Following an incident of violence or abuse, the percentage of staff who reported it (2022 NHS Staff Survey)

■ violence

■ harassment, bullying and abuse

73%   50.5%

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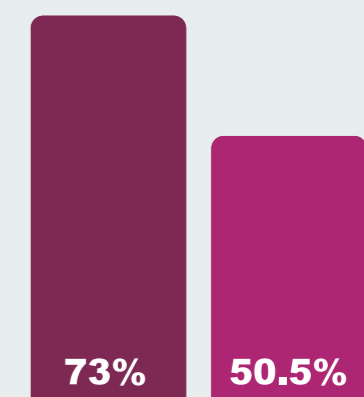
20 Violence Reduction Unit Year Ending March 2021 Evaluation Report, Published April 2022, Home Office. www.gov.uk
21 Violence Reduction Partnership Response Strategy 2022, February 2022 www.sussex-pcc.gov.uk
22 Statutory Guidance:Serious Violence Duty www.gov.uk

Taking things forward

We know that violence, harassment and abuse of members of the workforce in Sussex has a significant and detrimental impact on their health and wellbeing, which adds to service delivery pressures and potentially negatively impacting patient experience.

We also know that the causes of violence are complex and multi-faceted with a wealth of research and evidence identifying various physiological, psycho-social, health behaviour, and wider socio-economic risk and protective factors, countered through the benefits of a public health and trauma informed approach to mitigate and prevent incidents both from services users and members of the community and also inter-personally between members of the workforce.

To enable delivery of the ambitions outlined in this strategy, a number of objectives have been defined and agreed by NHS Sussex organisations for implementation by no later than the 31 March 2025, with some objectives expected to be realised long before this date. The delivery programme will be reviewed annually to determine progress using these criteria:

1 **All NHS Trusts to develop individual action plans** to implement the NHS Violence Prevention and Reduction Standard based upon previous benchmarking exercises and incorporating NHS staff survey and other national data along with their own local strategic objectives. Additionally, working with the other partners to support the development of their action plans by end of September 2022.

2 **Develop a governance and assurance process** to escalate violence risks, issues, and incidents to the Sussex ICS People Committee for strategic consideration by the end of March 2023.

3 **Continue to develop the enhanced collection of data** with the intention of all trusts, as a minimum, following an agreed template of metrics by the end of March 2023**.**

4 **All NHS Trusts within the Sussex Pilot to either have appointed a dedicated Violence Prevention Lead or to have a Violence Prevention Group** in place with responsibility for implementing the NHS Violence Reduction and Prevention Standard and delivering violence prevention by end of September 2023.

5 **All organisations will be fully compliant with the NHS England Violence Prevention and Reduction Standard** by the end of March 2024

6 **Support workforce development and leadership across NHS Sussex** by working with the Royal Society of Public Health and other bodies to pilot relevant operational and leadership development training modules with Sussex partners where appropriate by end of March 2024.

7 **Organisations will have identified their risk points of violence and abuse, and have appropriate policies and processes in place,** supported by data and intelligence sharing mechanisms, to mitigate and manage the risk as appropriate by end of March 2025.

8 **Explored and defined the principles of a trauma-informed public health approach for Sussex**, focusing on both service users and the workforce to inform the further development of the ensuing 2025-2028 ICS VPR Strategy.

Identify trauma-informed and public health approaches / activities

September 2022

Action plans developed to implement the NHS Violence Prevention and Reduction Standard

March 2023

Develop a governance and assurance process
Continue to develop the enhanced collection of data

September 2023

Appointment of dedicated Violence Prevention Lead / Violence Prevention Group

March 2024

Full compliance with standards & staff training rollout

March 2025

Risk identification & mitigation Planning ahead for 2025-28

Trauma-informed and public health approach embedded and business as usual

Acknowledgements

Thank you to the NHS Sussex organisations who have steadfastly supported the implementation of the NHSE Violence Prevention and Reduction Standard across Sussex.

Their participation as part of the Violence Prevention and Reduction Group (VPRG) has enabled Sussex to progress our violence prevention agenda at pace.

Those individuals who have represented their organisations at the VPRG are also acknowledged for their dedicated and proactive efforts in co-developing this system-wide strategy and for their engagement with stakeholders within their organisations.

Appreciation is expressed to members of the workforce who have shared their lived experience with the VPRG. A special thanks to those who have contributed their lived experience within this strategy.

The expertise of the Violence Reduction Partnership has been invaluable in guiding on the public health approach to reducing violence.

The commitment of the Sussex ICS People Committee to preventing and reducing violence towards the workforce has been present throughout, which has provided a firm foundation for the development of this strategy. Similarly, the support and guidance of the National NHS England Violence Prevention and Reduction team, Association of Ambulance Chief Executives and the Social Partnership Forum is appreciated.

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