

WORK-RELATED VIOLENCE PROGRAMME 2000-2003 – Progress Report (updated February 2004)**COMPLIANCE**

Programme and Outcomes	Progress
<p>1. Health sector: Extend Key FOD Programme on management inspections of NHS Trusts and private hospitals to include work-related violence (WRV) as a key indicator by December 2001</p> <p>Improve risk assessment and management in all NHS Trusts by December 2005:</p> <p>a) compliance-based interventions at 40 targeted trusts and 200 Nursing Homes in 2001/02</p> <p>b) HSE/Health Services Advisory Committee to develop targets with the private sector, plus programmes to improve intelligence, skills and knowledge.</p> <p>c) sector to identify examples of good practice in managing violence and promulgate.</p>	<p>WRV was a key indicator for 2000/01 and a Key FOD Programme for 2000/01.</p> <p>Further work undertaken as part of the 2002/03 Health Services Priority Programme. This will roll over to 2003/04 and 2004/05 and includes targeted inspections and interventions at Trusts, care homes and independent healthcare premises.</p> <p>A new Special Health Authority - 'Counter Fraud Security and Management Service', was set up in April 2003. The Authority is responsible for all policy and operational matters relating to management of security in the NHS, including reduction of violence to staff, and taking forward the recommendations of the NAO Report 'A safer place to work; Protecting NHS hospital and ambulance staff from violence and aggression'.</p> <p>The NHS Zero Tolerance Campaign has been developed and implemented in partnership with the trade unions in the health sector. Good progress has been made in raising awareness and disseminating good practice. The NAO report showed that:</p> <ul style="list-style-type: none"> • surveys carried out to measure progress against DoH's Working Together national targets, show a 30% increase in the number of violent incidents. • only a fifth of NHS trusts met the Working Together target of a 20% reduction in violent incidents by April 2002. <p>A similar Zero Tolerance Campaign was launched in Scotland in June 2003</p>
<p>2. Identify key areas of employment where existing knowledge would enable the establishment of a benchmark for enforcement of the HSW for WRV - scoping exercise by April 2001. Different benchmarks will need to be developed for different areas of work.</p>	<p>This has been overtaken by the development of national occupational standards on workplace violence (see item 14)</p>

CONTINUOUS IMPROVEMENT

Programme and Outcomes	Progress
<p>3. Security industry: Set up a joint HSE/Security industry national liaison forum. Assess incidence of violence to staff in security sector by March 2001. Explore options with stakeholders (eg sector specific guidance)</p>	<p>Liaison established with the industry through company, trade association and union contacts. Although RIDDOR reports of violent incidents are relatively high compared to other sectors, the overall number of reports is not. Stakeholders and unions have agreed that industry- specific guidance is not needed. HSE's case study guidance for SMEs already includes an example of good practice in the security sector.</p> <p>The industry continues to develop self – regulation mechanisms.</p>
<p>4. Crime and disorder reduction partnerships: Increase awareness in Crime and Disorder Reduction Partnerships (CDRP) of the need to take WRV seriously as a community crime.</p> <p>Include in Home Office Crime and Disorder guidance by September 2000</p>	<p>HO Working Group met in May '02. Regional Crime Directors were consulted on the extent to which CDRP audits were showing WRV to be a problem. The conclusion was that WRV was not a high priority for CDRPs when compared with other crime. Therefore Working Group was of limited value.</p> <p>Views were sought from practitioners via the Crime Reduction Website on whether a new crime tool-kit was needed on WRV but responses not supportive. Further consideration being given to how existing crime toolkits could be improved to cover WRV.</p> <p>Joint HO, DoH, LGA flyer issued in May '02 on "<i>Improving partnership working - primary care trusts and tackling crime and disorder and the misuse of drugs</i>" - it highlighted the need to improve working conditions of NHS staff by reducing the risk of violent attacks.</p> <p>HO advice on CDRPs contains information about HSE's role as a source of advice and guidance.</p> <p>HSE has encouraged employers' organisations (Brewers and Licensed Retailers Association, Institute of Conflict Management and Building Societies Association) to make contact with local partnerships to raise WRV.</p>
<p>5. Government employers: To hold a special ICVS meeting for civil service employers (including Cabinet Office) to do more on WRV.</p> <p>Government employers to have mechanisms to record all physical assaults, near misses, 70% of verbal abuse, and to produce an action plan to reduce the levels of WRV by December 2001.</p>	<p>Proposal was put forward for this to be taken up by the <i>Revitalising H&S</i> High Level Forum (HLF). But agreed that it was not the appropriate mechanism as HLF agenda already agreed.</p> <p>HSE and DWP are currently developing a HSC Priority Programme to improve health and safety management in the public sector. Specific health and safety topics will be targetted and will include WRV as the strategy evolves.. Key government departments will be developed into 'centres of excellence' for specific health and safety issues.</p>
<p>6. Local authorities: To set up a HSE/LA forum to improve health</p>	<p>A FOD/LA forum has been set up. Terms of reference have been agreed. Forum is</p>

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<p>and safety across LAs as employers. Prevention and management of WRV and training issues for LA staff where appropriate to be included in work programme under development.</p> <p>Assess extent of WRV in LAs by December 2001. Develop strategy for reducing incidents by June 2003.</p>	<p>currently focusing on Revitalising priority topics. FOD To review the position in 2004.</p>
<p>7. Consistent prosecution and sentencing To work through trade organisations and intermediaries such as Victim Support and the Home Office (HO) towards more consistent prosecution and appropriate sentencing of assailants.</p> <p>Secure evidence of increased prosecutions and appropriate sentencing by December 2002.</p>	<p>HSE liaised with HO about proposals for sentencing reform. The new Criminal Justice White Paper "Justice for All" was published November 2002, with proposals for sentencing reform. A new Sentencing Guidelines Council to be established which will be responsible for producing a comprehensive set of Sentencing Guidelines. References to WRV likely to be included in those guidelines.</p> <p>Under the NHS Zero Tolerance Zone Campaign, new national sentencing guidelines were issued to all Magistrates' Courts in September 2000.</p>
<p>8. NHS Zero Tolerance Campaign <i>(NB: This initiative is not part of HSC's WRV programme but is complementary to it)</i></p> <ul style="list-style-type: none"> - to have systems in place to record all incidents of violence against staff and to have published strategies in place for reducing incidents by April 2000 - to meet national targets for reducing incidents of violence against NHS staff by 20% by 2001 and 30% by 2003 - to work closely with police to formulate and implement local crime and disorder strategies 	<p>Almost all NHS Trusts now have published policies for reducing WRV.</p> <p>Many local initiatives were launched, involving local police and magistrates in support of the Crime Disorder Partnership initiative. Guidance for managers and staff now supplemented with further material to support staff in high-risk settings (eg ambulance, mental health trusts, community work)</p> <p>New guidance for NHS Managers issued in October 2002, including information about the Crime and Disorder Act.</p> <p>Dedicated website launched in October 2000 to disseminate information and share good practice</p> <p>The new 'Counter Fraud Security and Management Service will be responsible for management of security in the NHS, including reduction of violence to staff and the Zero Tolerance campaign (see item 1)</p>
<p>9. Suzy Lamplugh Trust <i>(NB: This initiative is not part of HSC's WRV programme but is complementary to it)</i></p> <p>Development by the Trust of an International Centre for Personal Safety, to:</p> <ul style="list-style-type: none"> - house extensive library of materials to aid research into personal safety - host in-house and externally organised workshops, seminars and conferences on personal safety topics - be a campaign centre to lobby for changes in law and practice principles. 	<p>Following Diana Lamplugh's illness and her husband's decision to step down the Trust is moving into a new stage of its development and now seeking its first Chief Executive.</p> <p>The establishment of a National Centre for Personal Safety will be high on the agenda for the new Chief Executive and will be a natural stage in the expansion of the work of the charity</p>

KNOWLEDGE

Programme and Outcomes	Progress
10. Lone workers: Commission research to find good practice examples of preventing and managing violence to lone and mobile workers, by April 2001.	Research contract awarded to the Health and Safety Laboratory in February 2002. 19 case studies published on HSE's website in October 2003.
11. Research-design of work environment: Commission research to find further good practice examples where design of the work environment has reduced the incidence of WRV, by April 2001.	Work has started to draw up a draft specification.
12. British and Scottish Crime Survey: Develop improved database of statistics on WRV by putting questions in British Crime Survey (BCS) and Scottish Crime Survey (SCS). By end 2001, established baselines to be in place on the scale of WRV in England, Scotland and Wales.	Questions now included in the BCS and SCS. WRV figures from BCS 2000 were published in July 2001 and form the baseline for HSC's target to reduce WRV by 10% by end 2003. WRV figures from SCS 2000 were not published as the sample size was too small to provide reliable data. Questions in BCS 2002/03 have been revised to be more consistent with RIDDOR.
13. British and Scottish Crime Survey: Consider future policy development in the light of data from the British and Scottish Crime Surveys 2000	BCS figures on WRV for 2001/2 will not be available until September/October 2003. These figures will be used to evaluate the effectiveness of the 3-year programme and will also inform HSC's WRV programme for 2003-2006. HSE to explore with the Scotland Office the possibility of including data on WRV in the Scottish Crime Survey for 2003/04 onwards and to consider future policy development in the light of this data.

SKILLS

Programme & Outcomes	Progress
14. Management standards To support external stakeholders in the development of accredited management standards on WRV. Standards to be in place by December 2001.	National Occupational Standards (NOS) in managing work-related violence published in September 2002 by the Employment National Training Organisation, using funding from HSC. The Standards will form basis for employers' policies, training protocols etc. The ICM held a conference in April 2003 on Unit 1 (risk assessment) of the NOS. Further conferences to follow on other units. Specific sector standards also being developed - eg by the Training Organisation for Personal Social Services.

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<p>15. Management standards: Disseminate accredited management standards to HSE Inspectors/EHOs</p>	<p>National Occupational Standards on WRV to be put on HSE's website in early 2004.</p>
<p>16. Social care sector: Liaison with Nursing Homes Registration Bodies. Training for carers in nursing homes to be developed by December 2001.</p> <p>Reduction in violent incidents to be a key indicator of success.</p>	<p>WRV included in general Care Homes Guidance. Nursing Homes Registration Bodies subsumed into new National Care Standards Bodies in England, Scotland and Wales. Standards prepared with reference to WRV and harrassment. Specific guidance prepared on the use of physical interventions and service user safety.</p>
<p>17. British Institute of Learning Difficulties (BILD) <i>(NB: This initiative is not part of HSC's WRV programme but is complementary to it)</i></p> <p>BILD to develop Accreditation Scheme for trainers of physical interventions in the health and social care sector.</p>	<p>BILD have established a Registration and Accreditation Accreditation Scheme for training practitioners within the special education needs sector in Aprtil 2002.</p>
<p>18. Institute of Conflict Management <i>(NB: This initiative is not part of HSC's WRV programme but is complementary to it)</i></p> <p>ICM to develop Codes of Practice and Standards for trainers in conflict and violence management.</p>	<p>ICM published Codes of Practice for trainers in conflict and violence management in Spring 2001. These were updated in 2003 to take account of the National Occupational Standards.</p>

SUPPORT

Programme and Outcomes	Progress
<p>19. Violence conference: To hold a conference involving Ministers and key stakeholders, to raise awareness of WRV.</p>	<p>First ICVS Conference held on 8 June 2000.</p>
<p>20. Violence conference: To hold further ICVS conference to publicise latest developments by March 2003.</p>	<p>Second ICVS conference held on 2 December 2002.</p> <p>In addition the London Chamber of Commerce held their annual Occupational Health Conference in November 2003 aimed at London businesses. This year's event was on WRV and was sponsored by Transport for London and chaired by HSE. Key themes were sharing good practice and working in partnership.</p>
<p>21. Europe: To host an EU conference to launch an EU-wide campaign to raise awareness of WRV.</p>	<p>Separate conference not considered nessary – as HSE officials have spoken at European events and supported the EC Senior Labour Inspectors' Committee (SLIC) Thematic Day on violence in December 2001.</p> <p>HSE had membership of a Luxembourg Advisory Committee Ad Hoc Group on WRV which produced an Opinion on the way forward. The Opinion was adopted by the Luxembourg Advisory Committee in November 2001 and presented to the EC Commission. The EC Commission has produced an Occupational Health and Safety</p>

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	Strategy for 2002-06 and has asked the LAC to produce an Action Plan to implement it. The LAC's Action Programme for 2003-06 does not at present include action on WRV but this may change in the light of other developments in the next two years
22. Railways: Directorate of Railway Policy (DRP) to agree and produce a strategy to address WRV in the railway industry, including sector- specific guidance, following the RIAC conference in July 1999.	HMRI has implemented a strategy to evaluate the Training Operator Company/Network Rail arrangements for assessment and management of the risk of violence to staff. A series of visits to dutyholders has found overall reasonable compliance. But significant weaknesses were found in management of the risk to contract revenue and contract security staff; and in the systems for reporting and recording violence incidents.
23. Social care sector: Contribute to the development of DoH/DFES guidance on assessment and management of WRV in the Social Care sector - for England but suitable for dissemination in Scotland and Wales	A National Action Plan and guidance was launched in Jan 2001. Follow-up workshops were held in July 2001 in Manchester and London; and field activity by FOD and DoH Social Services Inspectorate in January 2002 to monitor progress.
24. Retail sector: Develop and publish revised guidance for the retail sector. A 20% reduction in incidence of violence in the retail sector by December 2002.	Home Office launched a retail crime initiative as part of the crime reduction strategy. HO guidance on retail crime, which includes advice on WRV, was published in collaboration with key stakeholders in May 2002. As a result HSE decided there is no need for separate sector guidance.
25. Taxi drivers: Publish a free case study fo help employed and self-employed taxi drivers prevent and manage WRV. 5000 copies of the leaflet to be issued by December 2001.	A case study on taxi drivers was included in the lone workers case study guidance (see item 10), published on HSE's website in October 2003. BWED2 plan to develop this case study into a leaflet .
26. Hospitality sector: Develop and publish guidance for the hospitality sector. 80% of hospitality employers to have policies on WRV in place by December 2002.	This proposal was not taken forward due to lack of resources and other work priorities. The Brewers and Licensed Retailers Association have their own guidance which adequately covers WRV.
27. Evaluation: Evaluate success of (a) health and safety training for nursing home carers and (b) guidance for taxi drivers. Consider further policy development by March 2003.	(a) This was overtaken by developments on the emerging Health Services Priority programme. Work in this area will be reviewed under HSC's Government Setting an Example Priority Programme (b) see item 25.
28. Evaluation: Evaluate hospitality industry guidance (if published). Consider further policy development by March 2003.	Guidance not produced (see item 26).
29. Evaluation: Evaluate (a) retail guidance and (b) local government guidance (if published) – see item 6.	(a) Retail guidance not produced by HSE (see item 24). HO retail guidance – no formal evaluation has been done or is planned. However

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Consider further policy development by March 2003.	informal feedback from trade organisations and Chambers of Commerce has been very good. (b) Local government guidance not produced.
30. Guidance: Consider further guidance in the light of research findings into lone workers and workplace design. A reduction in the incidence of violence to lone workers. Prevention of WRV through improved workplace design.	Lone worker research findings published as case studies on HSE website in October 2003. (see item 10). Work in progress on research into workplace design – draft specification has been drawn up.
31. SME guidance: Produce case study guidance on managing WRV in SMEs.	Case study guidance was published on 9 July 2002.