

## Briefing on Private Members' Bill: Assaults on Emergency Workers (Offences) Bill 2017-19

### Summary

- We firmly believe more action is necessary to protect our health care staff from violence and aggression. We welcome and support the intention of the Bill.
- We believe that with further strengthening, this Bill will lead to tougher penalties against individuals who assault any of a range of health care workers in health and care as they seek to discharge their duties. The Bill will place in statute that such offences are aggravated when perpetrated against nursing staff and others working in emergency services. We hope it will act as a deterrent to those who perpetrate such crimes, as well as communicating the unacceptable nature of these actions to the public.
- We are concerned by the narrow scope of health care staff covered by the Bill in comparison to other groups of workers. We call for the Bill to be amended to reflect the fact that emergency situations can happen in a wider variety of health care environments.
- While much of the current focus on violence in the NHS draws attention to pressures in Accident and Emergency (A&E) departments, physical assaults occur in a variety of environments and across settings, such as community and mental health. The risk of physical assault is even higher for staff working alone - the proportion of lone workers in the NHS sustaining an injury from a physical assault is approximately 9% higher compared to non-lone workers.<sup>1</sup>
- The current low level of criminal sanctions is perceived by nursing staff as a great injustice and is a factor behind staff under reporting such incidents. Our employment survey found that only 50% of nurses who reported a physical assault were satisfied with the outcome of reporting.<sup>2</sup> We are clear that in some instances it is not always appropriate to apply criminal sanctions to a patient where there are medical factors such as delirium.
- A survey of over 6,000 of our members working in the NHS found that 28% had experienced physical abuse in the previous 12 months and 70% had experienced verbal abuse from patients, relatives of patients or members of the public.<sup>3</sup> Our survey of lone working nurses found that 10% reported having been physically abused over the previous two years, and 60% suffered verbal abuse.<sup>4</sup>
- These figures correspond with reports from NHS Protect that show a 4% rise in physical assaults against health care workers in England from **67,864** in 2014-15 to **70,555** in 2015-16<sup>5</sup>. The number of criminal sanctions recorded over this same period are 1,642 and 1,250 respectively, indicating that a very low proportion of physical assaults result in criminal sanctions.
- Figures from Wales, obtained via a Freedom of Information request, show that there were 18,000 physical assaults against NHS hospital staff in a five year period from 2011 to 2016.<sup>6</sup>

<sup>1</sup> NHS Protect, *Lone Worker estate mapping exercise*, 2015

<sup>2</sup> NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 21 February 2017.

<sup>3</sup> Royal College of Nursing, Preliminary results of RCN Employment Survey 2017

<sup>4</sup> Royal College of Nursing, *Lone Working Survey*, 2012

<sup>5</sup> NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 21 February 2017.

<sup>6</sup> BBC News, *18,000 Physical Attacks on Hospital Staff in Wales*, accessed on 19 September 2017. Available [here](#)

## Additional information

### 1 Definition of health care staff

We are concerned that at present the Bill narrowly defines what is meant by health care staff and we are calling on the Bill to be amended as it progresses to cover a wider range of health care staff. For example, prison and police officers are covered in the broadest terms, whereas a nurse or health care support worker would only be covered if they are working in an A&E department or an urgent treatment centre. Arguably, not all situations that prison or police officers respond to are emergencies, whereas a nurse working on a ward could be responding to an emergency or a midwife on a maternity unit could be involved in an emergency delivery.

Nursing is recognised as an occupational group with a high risk of experiencing work-related violence when compared to other occupations.<sup>7,8</sup> Many nursing staff are affected by violence and aggression at some stage in their career, either directly or as a witness. Nursing staff are often left traumatised, with many having to take time off work to recover, emotionally and physically. Some leave nursing altogether, no longer willing to accept abuse while they deliver care. High levels of sickness absence and the loss of staff who leave the profession has the potential to negatively impact patient care.

A survey of our members found that 47% of nurses who had been physically assaulted would not recommend nursing as a career. Just under half of those who had experienced physical abuse and 42% of those who had experienced verbal abuse were looking for a new job compared to 38% of all respondents.<sup>9</sup> Furthermore, a large scale study of nurses found that experiences of workplace violence can influence the recruitment and retention of nurses as well as contribute to sick leave and burnout.<sup>10</sup> With the current nursing workforce crisis and over 40,000 nurse vacancies in England<sup>11</sup>, we cannot afford to ignore this issue.

### 2 An increase in violent assaults

Physical assault data has been collected and analysed by NHS Protect since 2004. This data provides important information on trends in assaults at both a sector and national level. In 2011-12 there was a total of just under 60,000 physical assaults against NHS workers reported, five years later that figure has jumped to just over 70,000. The rise is not equated to a corresponding increase in workforce numbers.<sup>12</sup> This increase may well be largely explained by improved levels of reporting. Nevertheless, this still equates to 193 physical assaults a day.<sup>13</sup>

The causes of violence against NHS staff are multifactorial and complex; however a survey on violence against frontline NHS staff found that the main factors that staff identify as the cause include:

- Consequences of patient's mental health condition
- An individual who commits an attack being under the influence of alcohol
- The length of time waiting to be seen by a health professional
- Problems with individuals seeking treatment understanding information or instructions.<sup>14</sup>

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<sup>7</sup> Health and Safety Executive, *Violence at Work 2014-15, Findings from the Crime Survey for England and Wales*, accessed on 19 September 2017. Available [here](#).

<sup>8</sup> Comptroller and Auditor General, *A Safer Place to Work – protecting NHS hospital and ambulance staff from violence and aggression*, 2003

<sup>9</sup> Royal College of Nursing, *Preliminary results of RCN Employment Survey 2017*

<sup>10</sup> Estryn-Bedhar M et al (2008) *Violence Risks in Nursing –results from the European NEXT survey* Occupational Medicine, Vol 58, Issue 2, 1 March 2008, Pages 107-114

<sup>11</sup> Royal College of Nursing, *Safe and Effective Staffing: the real picture*, May 2017

<sup>12</sup> NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 19 September February 2017. Available [here](#).

<sup>13</sup> NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 21 February 2017.

<sup>14</sup> Ipsos MORI, *Violence against frontline NHS staff*, 2010

A separate study into violence within A&E departments found that the main triggers of violence and aggression from patients and their families are waiting times, staff fatigue and the feeling of being in an inhospitable, dehumanising and unsafe environment.<sup>15</sup>

The acute shortage of registered nurses in England may be contributing to the rise in assaults as patients have to wait longer to be seen and staff do not have the time to effectively de-escalate situations.

### **3 The cost of violent assaults**

In addition to the physical and psychological impact of incidents to staff and their families, incidents of violence and aggression have significant financial implications. The estimated cost to the NHS of health care related violence exceeds £69 million annually, equivalent to the salaries of 4,500 nurses.<sup>16</sup> A survey on violence against frontline NHS staff reported that 2% of workers a year in England hand in their notice or change jobs as a result of being physically assaulted.<sup>17</sup>

### **4 The role of criminal sanctions**

While there are a number of sanctions in place against individuals who assault NHS workers, our members report an inconsistent response from employers and a reluctance to pursue incidents involving individuals with mental health problems and capacity and awareness of their actions. Within the annual physical assault reports previously collated by NHS Protect, there is a wide variation in sanctions declared even by similar sized mental health trusts.<sup>18</sup>

Nursing staff are providing a public service to nurse, care for and protect members our population. We believe that if assaulting NHS staff was made a specific offence, it would send out a strong deterrent message to those who wilfully attack nursing and other health care workers in the pursuit of their work caring for the public.

### **5 Blood and DNA samples**

In relation to the elements of the Bill that deal with taking DNA samples from perpetrators of assault, particularly instances concerning spitting and saliva, there must be comprehensive guidelines to support decision makers such as those authorising and collecting samples to objectively assess the risk of blood borne viruses from such exposures, and on when to proceed with seeking consent for such blood tests.

### **6 Experiences in Scotland**

Since 2008, in Scotland it has been a specific offence to assault a doctor, nurse or midwife while they are working. The Emergency Workers (Scotland) Act 2005, modified in 2008 to cover these groups whenever they are acting in their professional capacity, carries a penalty of up to 12 months imprisonment and/or a £10,000 fine.

The NHS Scotland staff survey in 2015 found that the proportion of NHS staff who had experienced a physical attack had decreased by 10 percentage points since 2008.<sup>19</sup>

### **7 Investing in prevention**

We believe the opportunity to apply criminal sanctions must also be developed alongside strengthened approaches to prevention of violence within the workplace across the range of health and care settings. Prevention should be informed by the implementation of risk

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<sup>15</sup> Design Council CABE, *Reducing Violence and Aggression in A&E Through a Better Experience*, 2011

<sup>16</sup> Design Council CABE, *Reducing Violence and Aggression in A&E Through a Better Experience*, 2011

<sup>17</sup> Ipsos MORI, *Violence against frontline NHS staff*, 2010.

<sup>18</sup> NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 19 September February

<sup>19</sup> House of Commons Library (2017) Debate on e-petition 176138 relating to attacks on NHS medical staff accessed 19<sup>th</sup> September 2017. Available [here](#).

assessments, as required under health and safety law. Employing organisations need to carry out robust risk assessments and identify a range of preventative actions to minimise risks to staff these could include training in conflict resolution, de-escalation, the provision of lone worker alarms and well-designed environments.

However, we believe the acute shortage of registered nurses in England is contributing to the rise in assaults, with the length of time waiting to be seen by a health professional cited as a common factor behind assaults<sup>20</sup>. Safe and effective staffing levels are therefore a critically important preventative measure to ensure that there are enough staff, with the right skills, to provide timely patient care, and therefore preventing potentially violent situations from escalating.

**Royal College of Nursing, October 2017**

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