

Briefing for Westminster Hall debate on e-petition 176138 relating to attacks on NHS medical staff

Monday 27 February 2017

Key Summary

- We firmly believe more action is necessary to protect our healthcare staff from violence and aggression. A survey of our members found that 56% had experienced physical or verbal abuse from patients and a further 63% from relatives of patients or members of the public.¹ Our survey of lone working nurses found that 10% reported having been physically abused over the previous 2 years, and 60% suffered verbal abuse.²
- These figures correspond with reports from NHS Protect that show a 4% rise in physical assaults against healthcare workers in England from **67,864** in 2014/15 to **70,555** in 2015/16.³
- Whilst much of the current focus on violence in the NHS draws attention to pressures in Accident and Emergency (A&E) departments, we are aware that physical assaults occur in a variety of environments including mental health and in the community. 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.⁴
- We are clear that it would not always be appropriate to take criminal sanctions against a patient due to medical factors. However, where assaults are not related to a medical condition NHS Protect figures show that only around 10% of physical assaults result in criminal sanctions.³ This is perceived by nursing staff as a great injustice and is a factor behind staff under reporting such incidents.⁵
- We believe criminal sanctions must go alongside prevention. There are a number of preventative actions which can be taken to reduce and manage the risk of physical assaults such as training in conflict resolution, the provision of lone worker alarms and well-designed environments. However, we believe that 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 common factor behind assaults.^{5,9} Safe staffing levels is therefore an important preventative measure.
- A specific offence would send out a strong deterrent message to those who wilfully assault nursing and other health care workers in the pursuit of their work. Such a law would need to be inclusive of all nursing staff working in a variety of environments.
- NHS Protect plays an important role in overseeing national strategies, ensuring consistency, collating and analysing incident data, supporting local initiatives, police liaison and taking private prosecutions. We believe it is essential that we retain a national strategic approach to the prevention of violence against healthcare workers.

¹ Royal College of Nursing, *Beyond Breaking Point? A survey report of RCN members on health, wellbeing and stress*, 2013

² Royal College of Nursing, *Lone Working Survey*, 2012

³ NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 21 February 2017. Available [here](#).

⁴ NHS Protect, *Lone Worker estate mapping exercise*, 2015

⁵ Ipsos MORI, *Violence against frontline NHS staff*, 2010,

Additional information

Nursing is recognised as an occupational group with a high risk of experiencing work related violence when compared to other occupations.^{9,6} Many nursing staff will be affected by violence and aggression at some stage in their career, either directly or as a witness. The impact is huge. Nursing staff are left traumatised with many having to take time off work to recover, both emotionally and physically. Some leave nursing altogether, no longer willing to accept such abuse while they deliver care. High levels of sickness absence and the loss of staff who leave the profession, has the potential to impact on patient care.

An increase in the number of 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 numbers⁷. This increase may well be largely explained by improved levels of reporting. Nevertheless, this still equates to 193 physical assaults a day.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 healthcare related violence exceeds £69 million annually, equivalent to the salaries of 4,500 nurses.⁸

In addition, an Ipsos MORI 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.⁵

The underlying causes

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:

- A consequence of the patient's mental health condition
- The attacker being under the influence of alcohol
- The length of time waiting to be seen by a health professional
- Problems understanding information or instructions⁵

A separate study into violence within A&E departments found that the main triggers of violence and aggression are waiting times, staff fatigue and the feeling of being in an inhospitable, dehumanising and unsafe environment.⁸

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 deescalate situations.

The role of criminal sanctions

While there are a number of sanctions in place against those who assault NHS workers, our members report an inconsistent response and a reluctance to pursue incidents involving patients with mental health problems, even where the patient has capacity and is aware of

⁶ Health and Safety Executive, *Violence at Work 2014-15, Findings from the Crime Survey for England and Wales*, accessed on 22 February 2017. Available [here](#).

⁷ NHS Protect Statistics, *Reported physical assaults on NHS staff figures*, accessed on 21 February 2017. Available [here](#).

⁸ Design Council CABE, *Reducing Violence and Aggression in A&E Through a Better Experience*, 2011

their actions. Within the annual physical assault reports collated by NHS Protect, there is a wide variation in sanctions declared even by similar sized mental health trusts.³

We believe that if assaulting an emergency care worker were made a specific offence, it would send out a strong deterrent message to those who wilfully assault nursing and other health care workers in the pursuit of their work caring for the public. We believe this law must be inclusive of all nursing staff working in a variety of environments, including in the community.

Concerns about the future of NHS Protect

In 2003, the Comptroller and Auditor General made recommendations to ensure that reducing violence remains part of the strategy for improving the quality of working life in the NHS.⁹ Following this, NHS Protect have provided a much needed strategic overview and authoritative voice on violence against NHS workers in England.

We particularly value the work of their Legal Protection Unit who support organisations in pursuing cases and take out prosecutions on behalf of victims when the Crown Prosecution Services (CPS) and Police decide not to pursue. They also provide free paralegal advice to NHS organisations. More recent work has included an in depth analysis of national incident data, providing valuable information on trends, environments and the characteristics of both the victim and perpetrator.

We are very concerned about media reports that NHS Protect's security and violence function will cease to exist after 31 March 2017.¹⁰ This will be a retrograde step and undermine all the progress that has been made to date to take forward the recommendations of the report by the Comptroller and Auditor General, *A Safer Place to Work*.⁹ At a time when morale among nursing staff is low, removing the role and function of NHS Protect would send out a very negative message about the value of NHS staff and potentially impede NHS England's objective to improve the health and wellbeing of the workforce.

Supporting best practice initiatives

We know there is a plethora of good practice initiatives in operation across England. For example, NHS Protect and the Government have worked with key stakeholders such as the RCN to deliver the following initiatives:

- The Design Council project 'Reducing Violence and Aggression in A&E' reduced reports of violence as well as generating financial benefits. An evaluation of the initiative found that for every £1 spent on design solutions, £3 was generated in benefits.¹¹
- NHS Protect's work '*Meeting Needs, Reducing Distress*' – *guidance on the prevention and management of clinically related challenging behaviour* is an excellent example of work which engaged key stakeholders in producing resources and materials for local use to address those incidents related to medical factors such as dementia.¹²
- NHS Protect's Lone Worker Protection Services, backed by initial Government funding to support organisations to purchase lone worker solutions (devices and training) for those who work in isolation, visiting patients alone often out of hours. This was warmly welcomed by community nursing staff who often complain of being out of sight and out of mind.¹³ However, the initiative has not been sustained locally due to lack of continued funding.

⁹ Comptroller and Auditor General, *A Safer Place to Work – protecting NHS hospital and ambulance staff from violence and aggression*, 2003

¹⁰ BBC news, *NHS Health Check: 'Most staff have been attacked', doctor says*, 10 February 2017. Available [here](#).

¹¹ Design Council/Frontier Economics, *Reducing Violence and Aggression in A&E – impact evaluation findings summary, 2014*

¹² NHS Protect, *Guidance on the prevention and management of clinically related challenging behaviour in the NHS*, accessed on 21 February 2017. Available [here](#).

¹³ NHS Protect, *NHS Lone Worker Protection Service*, accessed on 21 February 2017. Available [here](#).

There are also a number of local level initiatives taking place such as the pilot of body worn cameras by security staff at Guys and St Thomas Hospital which has been introduced following a surge in assaults. It would be important for NHS Protect to be involved in the evaluation of such pilots and share such good practice in order to support the implementation of more national approaches.¹⁴

Royal College of Nursing

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For more information, please contact:

John Considine,

RCN Parliamentary Adviser

020 7647 373

john.considine@rcn.org.uk

¹⁴ BBC news, Body cameras given to Guy's and St Thomas' hospital staff, 20 October 2016. Available [here](#).