

Violence and aggression in the NHS

Estimating the size and the impact
of the problem

INTERIM REPORT





Interim report

This interim report has been produced to support the Royal College of Nursing's Stakeholder summit – Assaults on Emergency Workers (Offences) Act 2018 on 31 October. During the event we will be gathering further evidence and feedback to include in a final report. This will help us identify recommendations and actions as we continue our work to ensure safe and secure workplaces for all nursing staff. Please get in touch if you would like more information or to be part of this work.

Kim Sunley, RCN National Officer kim.sunley@rcn.org.uk

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1. Introduction

Data on physical and verbal abuse against NHS staff is an important means of measuring the effectiveness of both national and local initiatives to address violence and aggression. With the introduction of the Assaults on Emergency Workers (Offences) Act 2018 for England and Wales, it is important to have data to see if the Act is making a difference and acting as a deterrent.

Data collection on assaults against NHS workers are collated locally and self-reported data is collected via the respective NHS staff surveys. Since 2017, there has been no central collection of data on assaults to NHS staff in England following the discontinuation of NHS Protect. Various Freedom of Information (FOI) requests have identified the continuing high level of assaults against NHS workers across the UK.

This briefing brings together current data sources in an attempt to describe the size of the problem and to track recent trends in physical assaults in the workplace. It also attempts to look at the problem in more detail from the perspective of NHS nursing staff. It identifies the main themes and patterns emerging from feedback received from RCN members to describe their experiences and provide more context to the main findings. The main themes are:

- the treatment of patients with mental health conditions
- the treatment of patients with dementia
- the role of managers in prevention, reporting and post-incident support
- how low staffing levels exacerbate the risk of assault
- how organisational culture can help or hinder efforts to minimise risk to staff and patients
- interaction with and support from the police and criminal justice system.

2. Data

Health Service Journal Freedom of Information Request for England

According to a recent report based on FOI requests by the Health Service Journal, there are estimated to be an average of 312 assaults per trust every year¹. It also shows that there has been a 9.7% increase in violent attacks on NHS hospital staff in England between 2015/16 and 2016/17.

When NHS Protect was in existence and centrally collecting data on assaults, the number of incidents had risen by 4% between 2014/15 and 2015/16 – clearly showing a persistent rise in the number of assaults in recent years.

Their analysis suggests that there are 200 reported physical assaults on NHS staff every day in England.

Levels of violence against staff working in mental health trusts remain much higher than other types of trust. Across the 39 mental health trusts covered by the research there were 33,820 reported physical assaults in 2016/17 equating to an average of 867 per organisation. However, the rate of increase between 2015/16 and 2016/17 was notably slower than that in other types of trust. There was a 5% increase in the number of incidents in standalone mental health trusts and a 1.5% increase in combined mental health and community trusts, compared to a 31% increase in acute trusts.

Table 1: Total assaults by type of organisation

	Number of trusts	Violent assaults 2015/16	Violent assaults 2016/17	Average per trust 2015/16	Average per trust 2016/17	% change 2015/16 - 2016/17
Acute/Community	104	15,469	18,720	149	180	+21.0%
Acute	57	7,970	10,510	140	184	+31.3%
Mental Health	20	16,535	17,360	826	867	+5.0%
Mental Health and Community	19	16,211	16,460	853	866	+1.5%
Specialist	15	416	523	28	35	+25.7%
Community	13	708	860	54	66	+21.5%
Ambulance	9	2,036	2,330	226	259	+14.5%
Total	181	51,447	56,435	284	312	+9.7%

Source: Health Service Journal

Table 2: Number of assaults by size of organisation

	Number of trusts	Violent assaults 2015/16	Violent assaults 2016/17	Average per trust 2015/16	Average per trust 2016/17	% change 2015/16 - 2016/17
7,000 and over	28	5,854	6,934	209	248	+15.5%
4,000 - 6,999	53	18,465	21,180	537	400	+14.7%
3,000 - 3,999	47	16,222	16,591	345	353	+2.3%
Fewer than 3,000	45	9,815	10,630	218	236	+8.3%

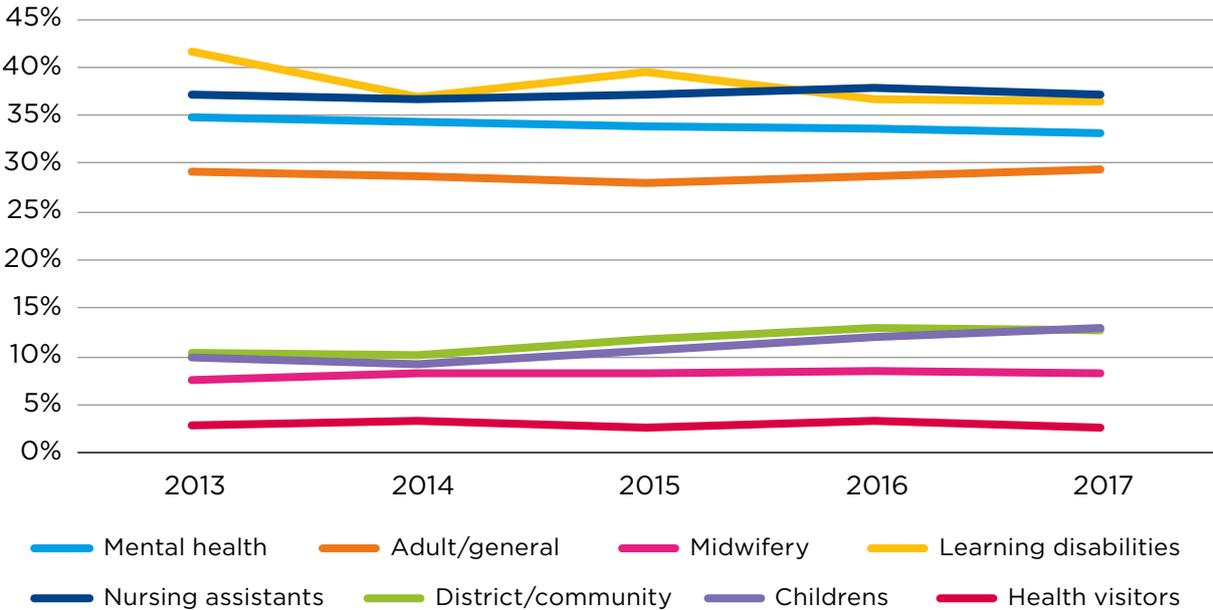
Source: Health Service Journal

NHS Staff Survey for England 2017

According to the 2017 NHS Staff Survey for England, 15% of NHS staff across all staff groups stated they had experienced physical violence from patients, relatives or members of the public over the previous 12 months.²

Chart 1 shows that among nursing staff, over two thirds of learning disability nurses and nursing assistants (37%) stated they had experienced physical violence from patients, relatives or members of the public. A high number of mental health nurses (33%) and adult/general nurses (30%) also said they had experienced physical violence. Health visitors (3%) and midwives (8%) were least likely to state they had experienced physical violence.

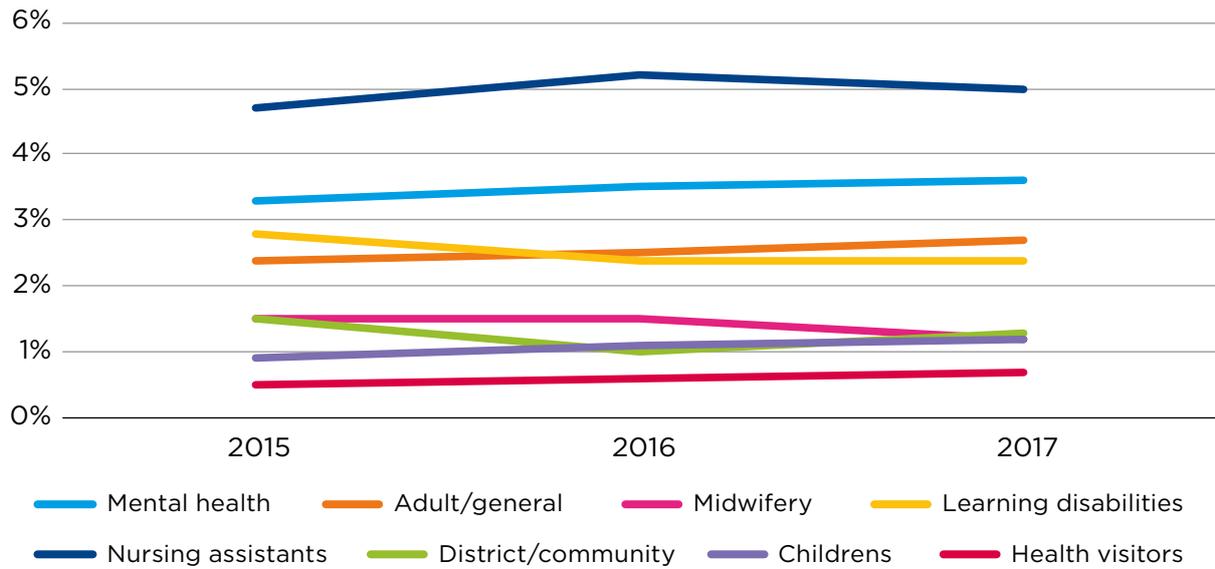
Chart 1: Nursing staff experience of physical violence from patients, relatives or members of the public



Source: 2017 NHS Staff Survey for England: unweighted data

Just over 2% of all NHS staff stated they had experienced physical violence from other members of staff in the 2017 survey. Chart 2 shows that among nursing staff, it is nursing assistants (5%) and mental health nurses (4%) who were the most likely to say they had experienced physical violence from other staff.

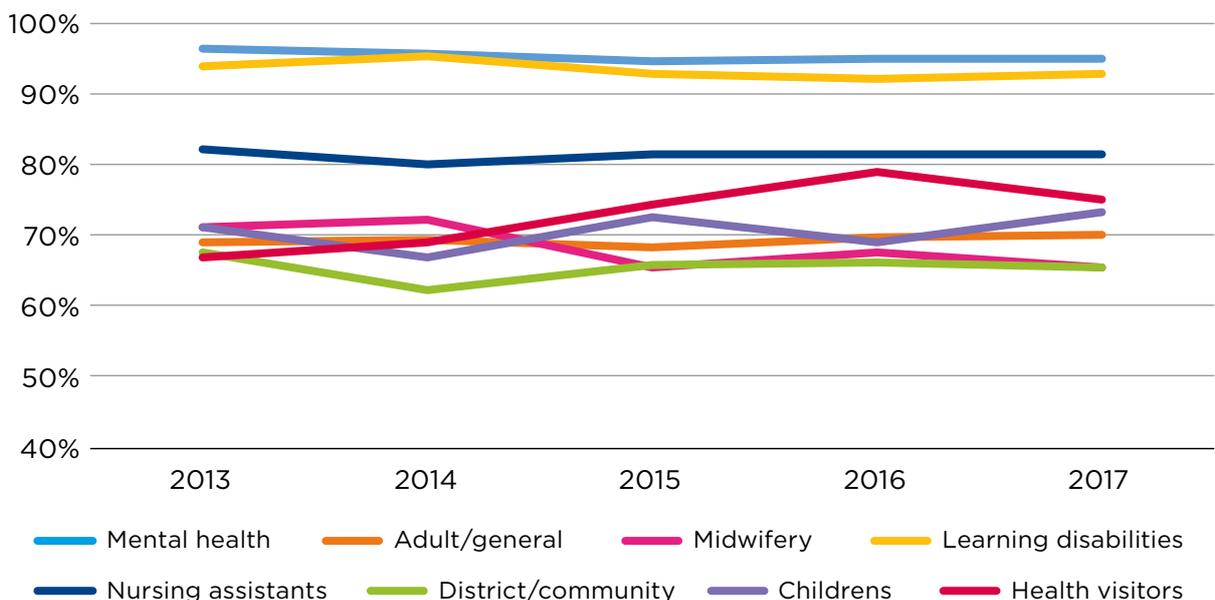
Chart 2: Nursing staff experience of physical violence from staff



Source: 2017 NHS Staff Survey for England: unweighted data

Among all NHS staff responding to the survey, 74% stated that they had reported the most recent experience of violence. Chart 3 suggests that the incidence of reporting is higher among mental health (95%) and learning disability nurses (93%). Among nursing staff respondents, district/community and children’s nurses were the least likely (66%).

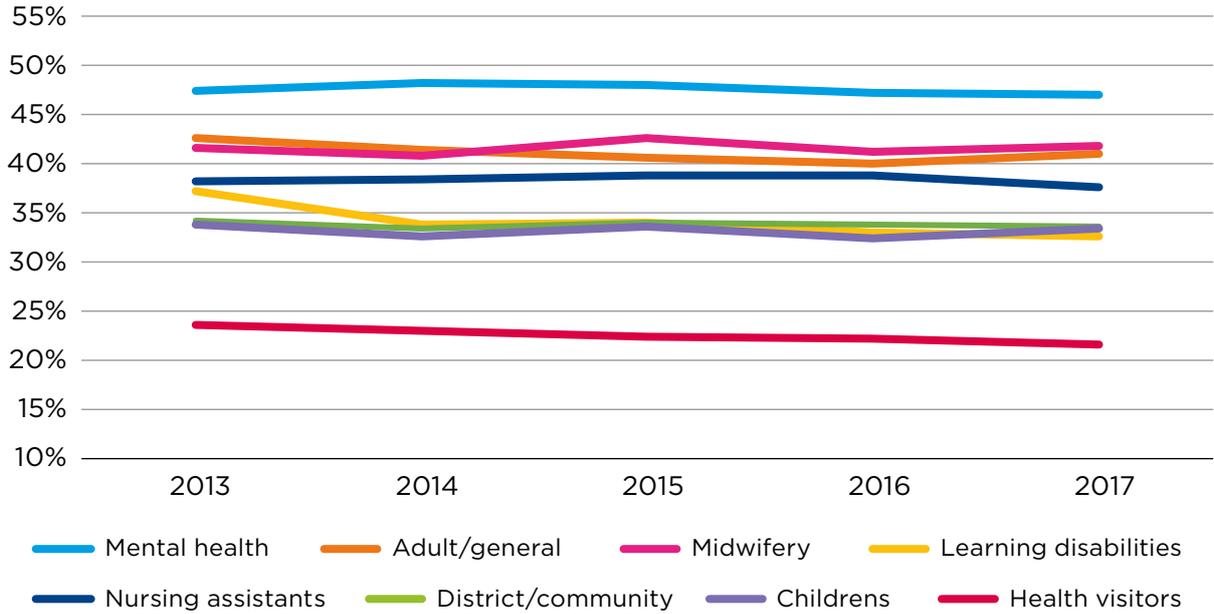
Chart 3: Reporting of physical violence



Source: 2017 NHS Staff Survey for England: unweighted data

Turning to harassment, bullying or abuse, 28% of all NHS staff stated that they experienced abuse from patients, relatives or members of the public in the 2017 survey. This is much higher among most nursing staff respondents, with 47% of mental health nurses most likely among all nursing staff to state they have experienced this, followed by midwives (42%) and adult/general nurses (41%). Health visitors are least likely to state they had experienced such abuse (22%).

Chart 4: Nursing staff experience of abuse from patients, relatives or members of the public



Source: 2017 NHS Staff Survey for England: unweighted data

NHS Staff Survey England - impact of experiences of violence on job satisfaction

The incidence of violence, harassment, bullying and abuse as reported by nursing staff respondents to the staff survey was analysed in relation to measures of job satisfaction relating to questions on:

- staff recommendation of the trust as a place to work or receive treatment
- staff satisfaction with the quality of work and care they are able to deliver
- staff motivation at work
- satisfaction with support from immediate manager

There was little statistical correlation between the incidence of violence and the four measures set out above. However, there was a strong correlation between answers relating to the reporting of incidents and staff satisfaction with the level of support they receive from their immediate manager. This suggests that a positive working environment with strong management support means a higher likelihood of reporting of incidents.

NHS Staff Survey for Wales 2016

According to the survey conducted in Wales in 2016, 11% of all staff stated that they had experienced physical violence at work from patients/services users, their relatives or other members of the public. 61% say that their organisation takes effective action when this happens.

NHS Staff Survey for Scotland 2015

The survey conducted in Scotland in 2015 found that 8% of all staff stated they had experienced physical violence from patients/service users or other members of the public in the previous 12 months. Just under half (47%) reported the abuse or violence they had experienced, and of these 67% were satisfied with the response received. It also found that the most commonly identified reason for non-reporting was that staff felt nothing would happen (61%).

Among nursing staff, 20% stated they had experienced physical violence from patients/service users or other members of the public in the previous 12 months. Over half (58%) reported their experience of abuse or violence and of these two-thirds (66%) were satisfied with the response received.

Department of Health Survey for Northern Ireland 2015

The staff survey for Northern Ireland found that 14% of all staff stated they had experienced physical violence from patients, their relatives or other members of the public and of these 77% reported this.

Just over 26% of nursing staff stated they had experienced physical violence from patients, their relatives or other members of the public.

RCN Employment Survey 2017

The RCN's survey of its membership in 2017 found that 28% of all nursing respondents working in the NHS stated they had experienced physical abuse in the previous 12 months.³

Respondents were also asked about the reporting process and the survey found that of those who had been abused, 61% had reported incidents of abuse. And of those, just under half were satisfied with the outcome of the reporting process.

The survey also asked about verbal abuse, with 70% stating they had experienced an incident in the previous 12 months. Of those, just under half (47%) reported this abuse and among those who had reported, just over half (56%) were satisfied with the outcome.

Table 3: Key findings on extent of physical and verbal abuse, reporting and satisfaction with outcome of reporting on abuse incidents from RCN Employment Survey 2017

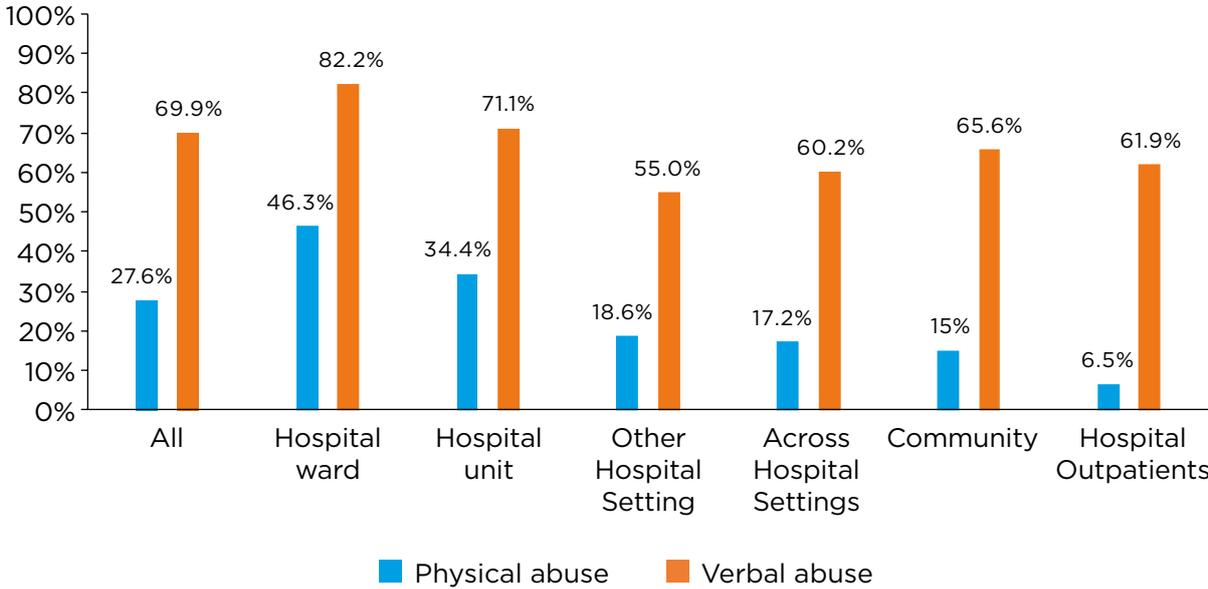
	Yes		No	
	Number	%	Number	%
Experienced physical abuse	1,715	27.6%	4,489	72.4%
Of those who experienced physical abuse...				
Reported the abuse	1,049	61.4%	659	38.6%
Of those who reported the physical abuse...				
Satisfied with the outcome	521	49.9%	523	50.1%
Experienced verbal abuse	4,311	69.6%	1,887	30.4%
Of those who experienced verbal abuse...				
Reported the abuse	2,027	47.1%	2,279	52.9%
Of those who reported the verbal abuse...				
Satisfied with the outcome	1,124	55.7%	895	44.3%

Source: RCN Employment Survey 2017

Chart 7 looks at different experiences of abuse across different settings where respondents work. Those working in hospital wards and units are most likely to state they experienced both physical and verbal abuse.

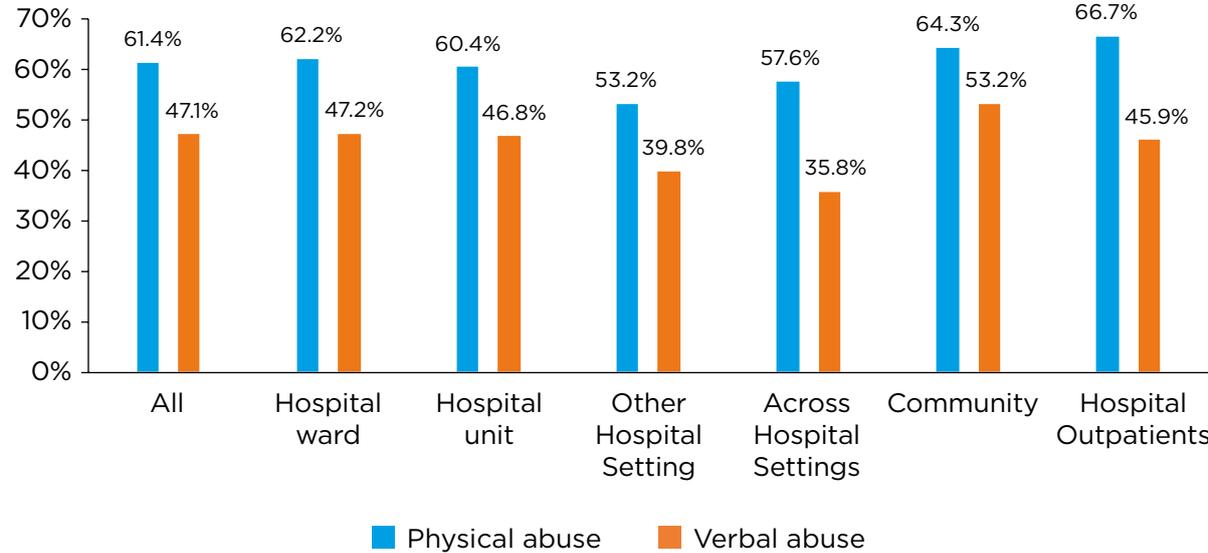
Chart 8 goes on to show that official reporting of physical abuse (61%) is more likely to be undertaken than verbal abuse (47%) and that respondents working in hospital outpatients (67%) and community settings (64%) are most likely to have reported physical abuse, while those working in community setting (53%), hospital wards (47%) and hospital units (47%) are most likely to have reported verbal abuse.

Chart 7: Experience of physical and verbal abuse by setting



Source: RCN Employment Survey 2017

Chart 8: Reporting of physical and verbal abuse by setting



Source: RCN Employment Survey 2017

Chart 9 shows responses according to area of practice and highlights that respondents caring for older people, those working in acute and urgent settings and in mental health settings are most likely to state they had experienced both physical and verbal abuse. Those working in cancer care settings, in outpatients and with children/young people are least likely to say they have experienced either form of abuse.

Turning to the likelihood of reporting abuse, Chart 10 shows that a high proportion of nursing staff working in mental health and learning disability settings stated they reported any incidents. Reporting of verbal abuse (41%) and physical abuse (47%) is lowest among respondents working in surgical settings.

Mental health settings

While not every patient or client with a mental health condition will be violent, the data on assaults in mental health units show much higher rates of physical assaults compared to the acute sector. Assaults may be linked to an individual's condition and some may have little or no insight into their actions or the consequences of their actions. However, some assaults may be with intent and each incident and the appropriateness of sanctions should be investigated on a case by case basis with decisions on capacity made by senior clinicians.

“Colleagues and staff are very supportive however whilst there are zero tolerance posters everywhere the police will not press charges once they are aware that a patient has a mental health diagnosis even though the patient may have full capacity at the time of making the threats. I have also been hit by patients who are intoxicated and the police refused to press charges even though I believe that I am entitled to the same protection as any other member of the public but because this has occurred in a MH [mental health] hospital the police have told me that I should expect this behaviour as part of my role. The Mental Health Concordat has been very helpful to the police as a way of leaving MH nurses having to deal alone with violent and aggressive patients.”

Team manager, mental health hospital unit

“I work in elderly mental health, most of whom don't know what they are doing so no action is taken because they don't have insight. Nothing to fight for.”

Health care assistant, hospital unit

“Higher level management expectation that a degree of abuse comes with mental health nursing.”

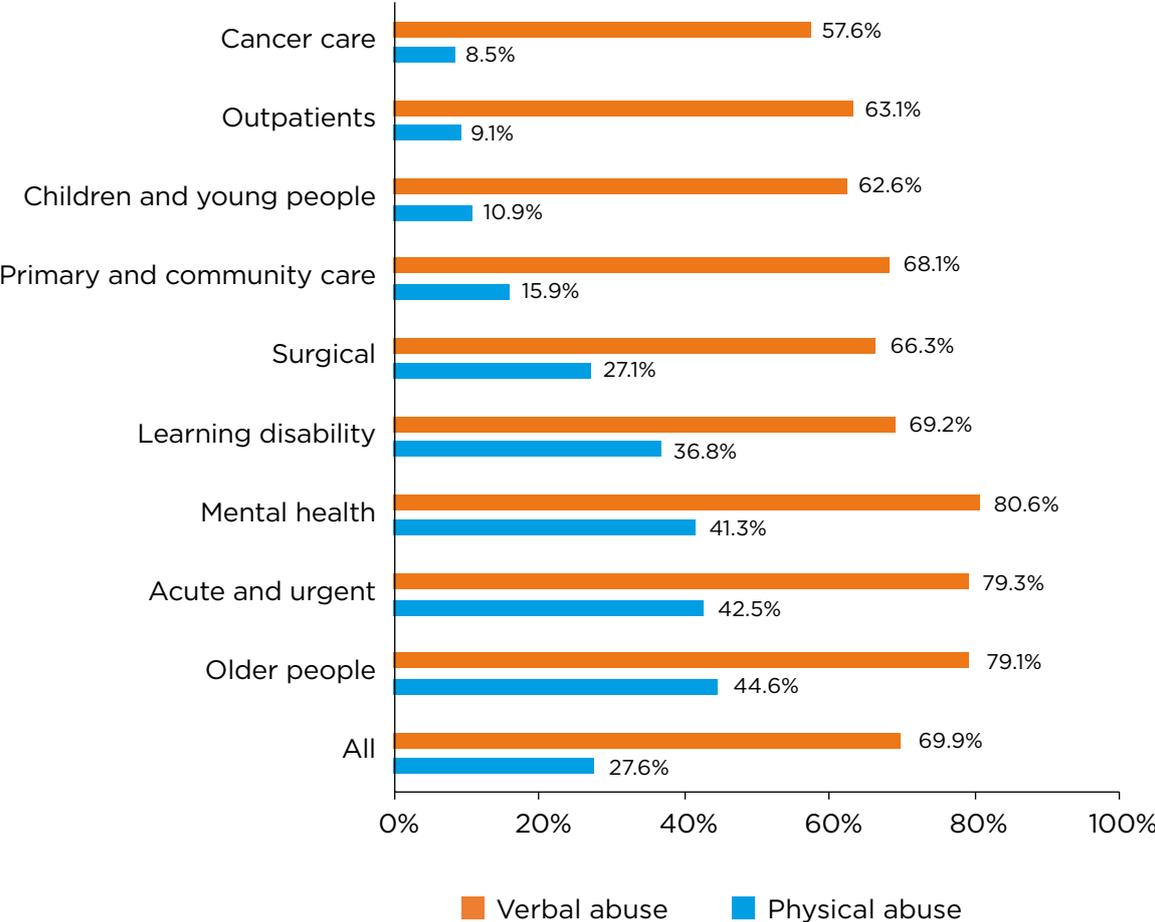
Sister, mental health ward

“Working in Mental Health and as a lone worker, these incidents are reported however there is sometimes very little done with preventative measures - for example, medication reviews or doubling up with staff on the next visit”

Community mental health nurse

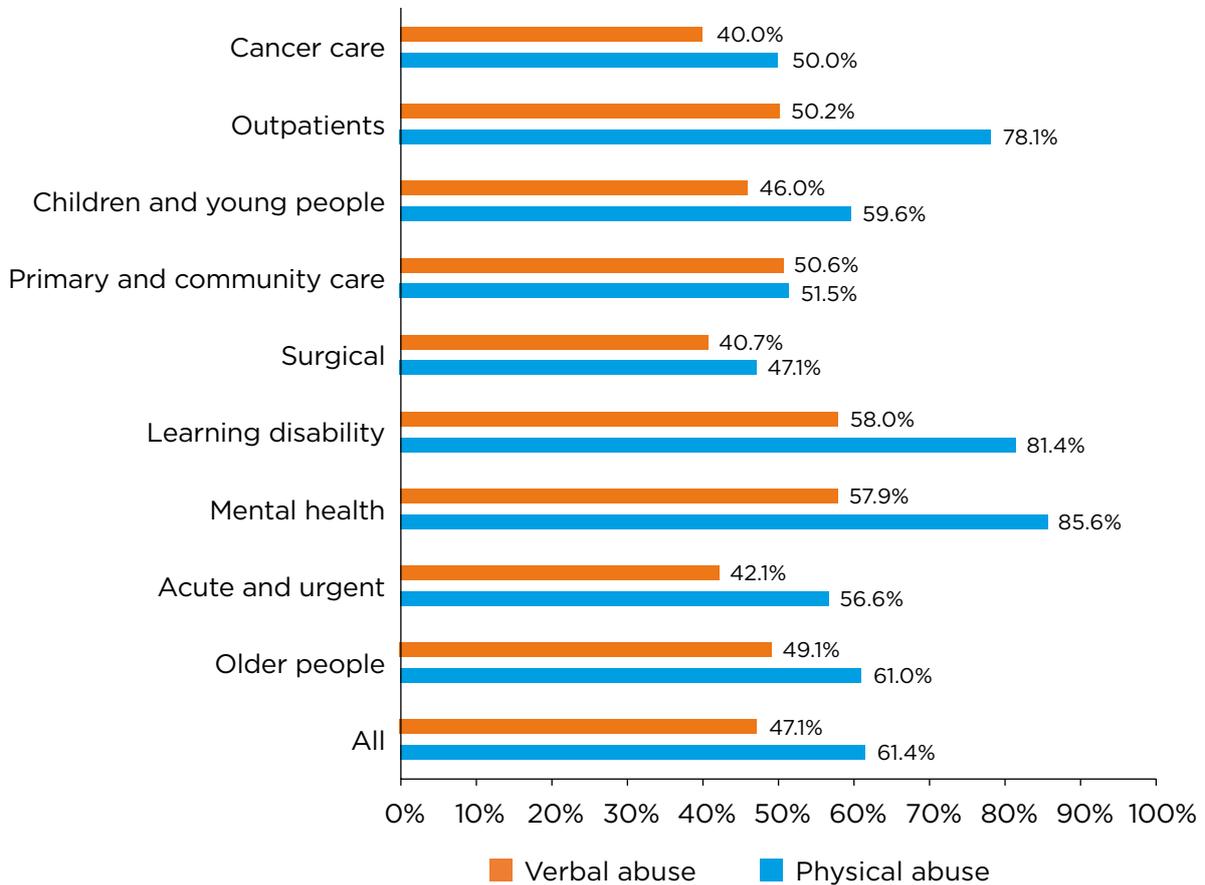
Source: RCN Employment Survey 2017

Chart 9: Experience of physical and verbal abuse by area of practice



Source: RCN Employment Survey 2017

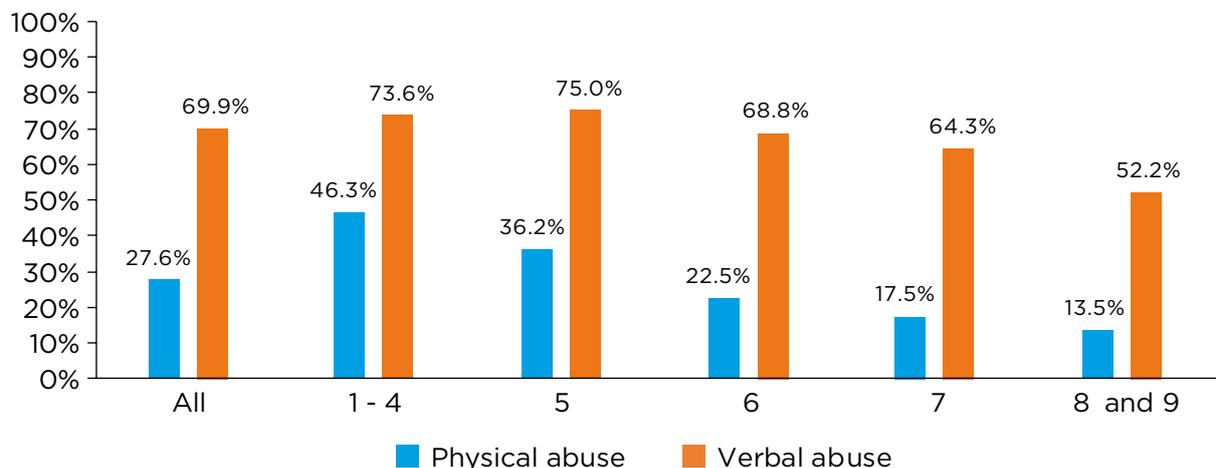
Chart 10: Reporting of physical and verbal abuse by area of practice



Source: RCN Employment Survey 2017

Chart 11 demonstrates how experience of both physical and verbal abuse is associated with seniority, with those in Agenda for Change bands 1 to 5 the most likely to state they had experienced either forms of abuse in the previous year.

Chart 11: Experience of physical and verbal abuse by Agenda for Change pay band



Source: RCN Employment Survey 2017

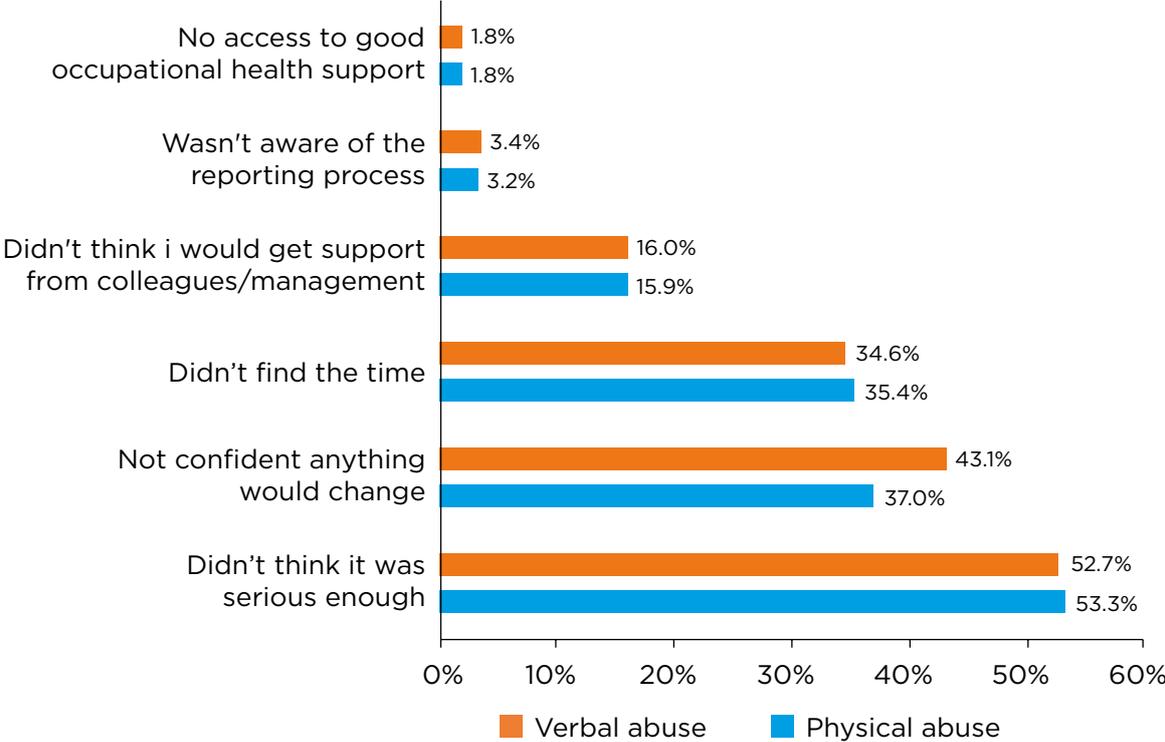
Chart 12 shows that the main reason for not reporting physical and verbal abuse was that respondents did not think the abuse was serious enough – cited by just over half of all respondents who had experienced abuse but not reported it. Other reasons include a feeling that nothing would change as a result and that they just didn't find the time to report the incident.

Many respondents to the RCN Employment Survey 2017 stated that the culture of the organisation meant that physical and verbal abuse was often seen as part of the job.

“It’s become an accepted part of the job. On a daily basis nurses are subjected to more and more abuse from patients/relatives, we report this but nothing changes. It’s become culturally acceptable within Mental Health and Learning Disabilities.”
Staff nurse, mental health ward

Source: RCN Employment Survey 2017

Chart 12: Reasons for not reporting abuse



Source: RCN Employment Survey 2017

Many members reported that even when reports were submitted, they rarely received any feedback or response. They were not aware whether the incident had been followed up or whether the aggregated data about violent incidents were being acted on.

“I didn’t even get an acknowledgement of the Clinical Adverse Event being reported let alone acted upon. My immediate colleagues were very supportive however.”
Advanced nurse practitioner, surgical ward

“Nothing is ever done about the incident, as far as I am concerned, reporting is merely for statistical purposes.”
Community psychiatric nurse

“I don’t know what happened to my report. It was never followed up with me.”

Staff nurse, hospital ward

“It is simply part of the statistic collected, and involves me completing an incident form which is now computerised. This can take up to 30 minutes to complete.”

Community psychiatric nurse

“My manager didn’t even ask me how I was after it. I haven’t heard anything about it since I got an email to say that my report had been received.”

Staff nurse, acute hospital unit

“Do not receive any feedback and I feel it’s just becoming a part of the role. Incidents are reported on such a regular basis and nothing changes, staffing levels are not reviewed and I regularly feel my registration is put at risk.”

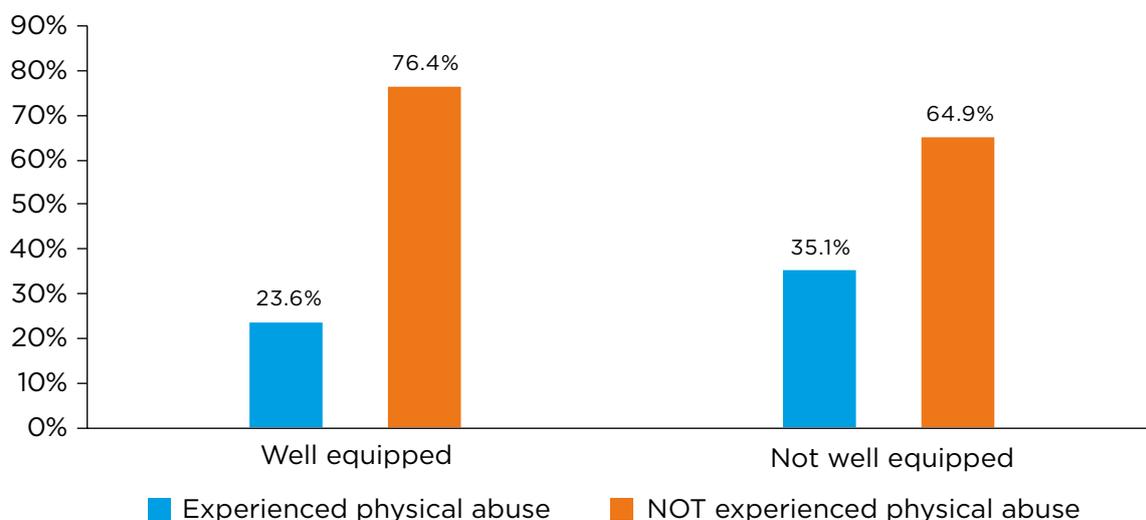
Sister/charge nurse, hospital unit

Source: RCN Employment Survey 2017

The next section explores respondents’ experiences of physical and verbal abuse and associations with other findings in the employment survey, particularly around how they view their job and their satisfaction with nursing.

The employment survey asked respondents how well-equipped they were in their job. Chart 13 shows that a higher proportion of those who said they were not well-equipped in their role (35%) also experienced physical abuse than those who said they were well-equipped (24%). Likewise, a higher proportion of those who said they were not well-equipped (77%) also said they had experienced verbal abuse than those who said they were well-equipped (65%).

Chart 13: How well equipped are you in your role? By experience of physical and verbal abuse in previous 12 months



Source: RCN Employment Survey 2017

“Violence and aggression is increasing and under reported, maybe due to the fact that nurses experience this so often we have become desensitised to it and we are so busy we do not have time to report this every time. I have been a nurse for 27 years and the NHS is becoming so over stretched and under resourced that it is no longer able to meet demand. The system is also abused by patients and relatives sometimes having unrealistic expectations of the organisation. Continually working in under staffed areas in high pressured environment with increasingly challenging patients and relatives is understandably impacting on retention and recruitment of nurses. Despite all this I do love my job and it is a privilege to look after patients and be influential in their recovery.”

Sister/charge nurse, hospital ward

“Suggestions given on how to manage situations when they escalate are hard to implement. Simply not enough Healthcare staff. No security in ED either.”

Staff nurse, acute/urgent setting

Source: RCN Employment Survey 2017

Charts 14 and 15 explore differences in attitudes to nursing as a career according to whether or not respondents had experienced physical abuse. Chart 14 shows a clear difference in satisfaction with nursing as a career according to whether respondents had been physically abused in the previous 12 months. A higher proportion of those who had experienced physical abuse stated they would not recommend nursing as a career (47%) than those who would recommend nursing (40%). Among those who had experienced verbal abuse a higher proportion would not recommend nursing (41%) than those who would (36%).

Chart 15 shows that among those respondents who stated they had been abused over the previous 12 months, a higher proportion said they were looking for a new job than all respondents. Just under half (46%) of those who had experienced physical abuse and 42% of those who had been verbally abused were looking for a new job compared to 38% of all respondents.

Members described the everyday pressures they work under, with physical and verbal abuse just one aspect of their working lives making it harder and harder to provide the level of care they would like to.

“Verbal abuse is accepted. Staff feel that if physical abuse isn’t prosecuted then verbal abuse definitely won’t be. This hasn’t changed. Staff morale is the lowest I have known it and many are seeking alternative employment.”

Mental health nurse

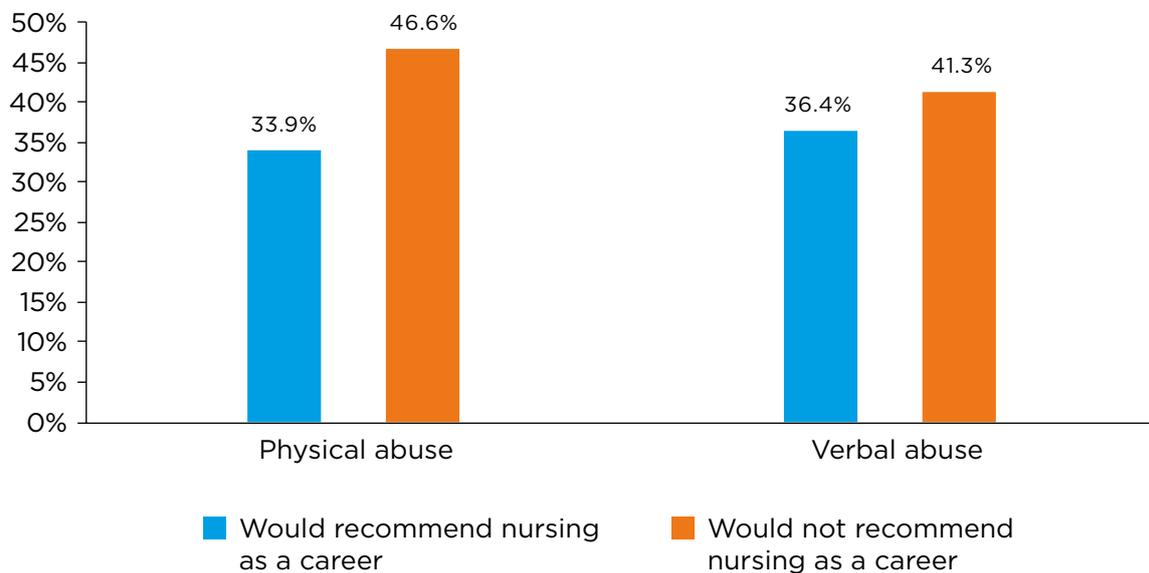
“Staffing levels are poor. Staff have left and not replaced increasing the workload. Stress and workload has then increased which has led to further staff leaving. We have had a number of physical assaults on the ward and verbal abuse can at times be on a daily basis. We have advised managers and executives that the ward is not safe and we do not feel protected. I have come so close to having a break down being signed off with stress.”

Staff nurse, hospital unit

“We feel undervalued. We work under extremely stressful conditions in a role many would not wish to do. We are constantly both physically and verbally abused. We don’t have the staff, resources or opportunity to provide the level of care required. There is a crisis within the NHS with trained and experienced nurses being completely undervalued. We, all as nurses care, but currently we are unable to do this.”
Sister/charge nurse, hospital ward

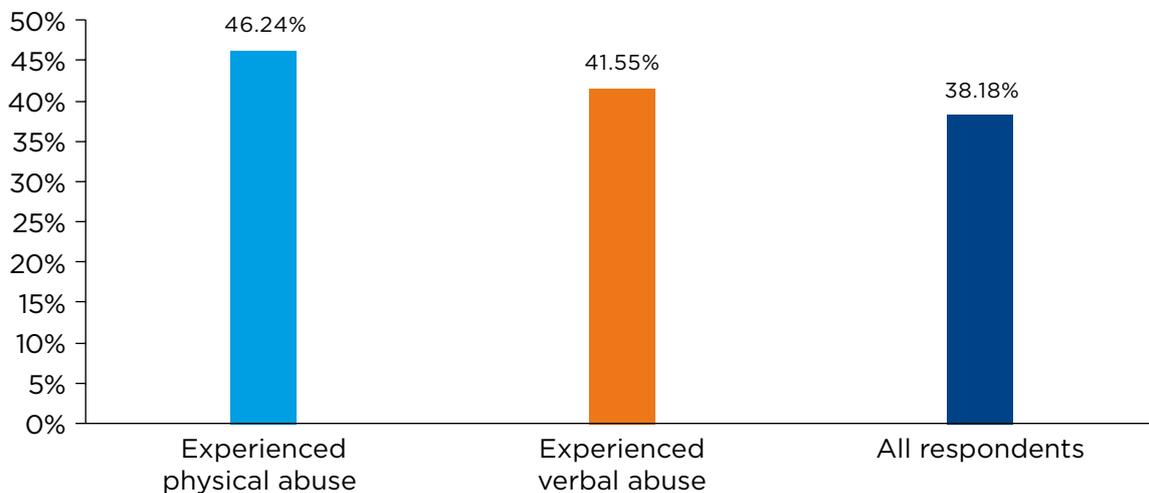
Source: RCN Employment Survey 2017

Chart 14: Feelings about nursing according to whether respondents had experienced physical or verbal abuse in previous 12 months



Source: RCN Employment Survey 2017

Chart 15: Proportion of respondents stating they are seeking a new job according to whether they experienced physical or verbal abuse in previous 12 months



Source: RCN Employment Survey 2017

Interaction with the criminal justice system

All four countries of the UK have codes of practice or charters on how a person who is assaulted should be treated by the criminal justice system and what the expectations are on both parties. The statements below suggest that our members may not feel fully supported following an assault or that assaults that take place within hospital/healthcare premises are treated differently to those that may occur in the street.

“The Police do nothing about it saying they cannot as the patients have a mental health issue. The patient is not usually moved unless it is a very serious assault. So much for a zero tolerance policy!”

Mental health staff nurse

“The trust said I had to bring charges against the person I feel that the trust should instigate such matters as support to their staff also was supposed to receive a copy of the letter that was being sent to the assailant but never have.”

Sister, hospital ward

“A patient hit me in the face twice unprovoked and received a caution from the police even though she has previously been arrested for the same thing.”

Sister, hospital unit

“The perpetrator was given a caution, no formal court appearance and small fine. Should have been charged with actual bodily harm. The person was a relative. Had capacity, and was removed from the clinical area by security while we awaited a police response.”

Staff nurse, hospital setting

“A patient held a knife against my face no action was taken by police or trust due to patient’s mental health, despite consultant on ward writing a statement that she had full capacity.”

Staff nurse, hospital unit

Source: RCN Employment Survey 2017

Management support and organisational policies

Members report feeling let down by their organisation and unsupported when an incident occurs. Physical injuries or even constant verbal abuse can have a long term impact on an individual's mental health and it is essential that managers respond quickly and appropriately after assaults. Debriefs (individual or team), access to counselling and a phased return to work, along with support through the criminal justice process are all examples of how a manager can support an individual.

“The ‘zero tolerance’ on abuse towards NHS staff is not practiced. There have been numerous occasions where I have experienced abuse off patients who are not mentally incapacitated. These patients have not been refused care and treatment, even though their behaviour towards myself and other staff had caused stress, upset and fear - sometimes repeatedly. Thankfully, I now work on a part private, part NHS surgical ward. It’s very different to my previous jobs on acute medical wards. From my experiences, the ‘zero tolerance’ needs to be upheld.”

Staff nurse, surgical ward

“Physical abuse has become very common on the ward, it’s rare that anything happens as a result. As most of the time it’s due to confused patients and as far as I’ve been told there’s nothing that can be done because they are confused. Very rarely is even a datix carried out.”

Staff nurse, acute/urgent setting

“Not much could be done. Despite the fact I had a back and shoulder injury and trauma following the incident the patient had security for a couple of days and that was it. The physio I was referred for never happened.”

Staff nurse, acute/urgent setting

“I had a really bad experience on the ward with a mental health patient which really did shake me and my other colleagues and we received nothing not even any acknowledgement of the incident.”

Health care assistant, acute/urgent setting

“I felt my workplace did not take the assault seriously and I was questioned as to what I did wrong.”

Staff nurse, mental health ward

“It counted as negligence when I did everything to prevent it. I felt not supported at that time by seniors.”

Sister, acute/urgent setting

Source: RCN Employment Survey 2017

3. Conclusions

With the introduction of the Assaults on Emergency Workers (Offences) Act 2018 in England and Wales and the existing Scottish Emergency Workers Act it is important that robust national data sets are in place in terms of measuring the effectiveness of statutory instruments introduced to address the issue of assaults on NHS workers.

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.

References

¹Health Service Journal (2018) *Violence against NHS staff: a special report by HSJ and Unison* London: HSJ. Available at: <https://guides.hsj.co.uk/5713.guide> (accessed 23 October 2018).

²NHS (2018) *Results of the 2017 NHS Staff Survey* London: Available at: www.nhsstaffsurveys.com/Page/1064/Latest-Results/2017-Results/ (accessed 23 October 2018)

³Royal College of Nursing (2018) *RCN Employment Survey 2017* London: Available at: www.rcn.org.uk/professional-development/publications/pdf-007076 (accessed 23 October 2018)

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