

A Safer Place to Work

Protecting NHS Hospital and Ambulance
Staff from Violence and Aggression



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
HC 527 Session 2002-2003: 27 March 2003

executive summary

"Aggression, violence and threatening behaviour will not be tolerated any longer."

*John Denham, the then Minister of State for Health,
launching the NHS zero tolerance zone campaign in
October 1999¹*

- 1 The National Health Service (NHS) is Europe's largest employer, employing more than one million staff². NHS staff have the right to expect a safe and secure workplace and NHS organisations have a legal and ethical duty to do their utmost to prevent staff from being assaulted or abused in the course of their work. The 2000 British Crime report, however, found that nurses are up to four times more likely to experience work-related violence and aggression than other workers³.
- 2 In November 1996, our report, and the subsequent Committee of Public Accounts report, on *Health and Safety in NHS Acute Hospital Trusts in England*^{4,5} highlighted concerns about the burden of accidents on the NHS, including violence and aggression, and the lack of information on the extent of incidents and their costs (**Appendix 1**). Since then Secretaries of State for Health have made reducing levels of violence and aggression a priority for all health service managers. In turn, the Department of Health (the Department) has taken action to improve the management and monitoring of health and safety risks⁶, and issued comprehensive guidance, including examples of good practice, for reducing violence and aggression (**Appendix 2**).



- 3 We have examined the progress made since 1996. Our report, *A Safer Place to Work - improving the management of health and safety risks to staff in NHS trusts*, (which will be published in April), looks at the management of the wider issues of health and safety risks to staff. This report examines the extent and impact of violence and aggression within the NHS (which in 2001-2002 accounted for 40 per cent of all health and safety incidents reported to us) and evaluates the effectiveness of the actions taken by the Department and NHS trusts⁷. An over-view of our methodology is at **Appendix 3**.
- 4 Together the two reports provide a comprehensive view of how well NHS acute, mental health and ambulance trusts are doing in reducing health and safety risks to their staff.

Main findings

- 5 Two initiatives, launched in October 1999, have been key to tackling the growing concerns about the level of violence and aggression in the NHS:
 - the NHS *zero tolerance zone* campaign⁸, which had the support of the Home Secretary, the Lord Chancellor and the Attorney General was aimed at increasing staff awareness of the need to report, assuring staff that this issue would be tackled and informing the public that violence against staff working in the NHS is unacceptable and would be stamped out; and
 - *Working Together, securing a quality workforce for the NHS*⁹, required NHS trusts and health authorities to have systems in place for recording incidents using the standard definition below and set targets for reducing violence and aggression by 20 per cent by 2001 and 30 per cent by 2003. The targets were subsequently incorporated in the *Improving Working Lives*ⁱ standard, launched in October 2000, which all acute, mental health and ambulance trusts were required to put into practice by April 2003¹⁰.
- 6 As part of the *Working Together* initiative the Department undertook two national surveys. Their 2000-2001 survey identified 84,214 reported incidents of violence or aggression, an increase of 30 per cent over 1998-1999¹¹. Our 2001-2002 survey showed a further 13 per cent increase (to 95,501 reported incidents) and significant variations around the country (**Figure 1**). Reasons given include better awareness of reporting with more widespread use of the common definition which includes verbal abuse, but also increased hospital activity, higher patient expectations and frustrations due to increased waiting times. As a result, only a fifth of NHS trusts met the *Working Together* target of a 20 per cent reduction by April 2002. This increase in reported incidents of violence in the NHS is mirrored by an increased tendency to resort to physical and verbal aggression in society more generally³.
- 7 Nurses and other NHS staff who have direct interaction with the public, for example, ambulance and accident and emergency staff and staff who work in acute mental health units, have a higher risk of exposure to violence and aggression^{3,12}. In particular, the average number of incidents for NHS mental health and learning disability trusts is almost two and a half times the average for all trusts, despite evidence that staff working in mental health units are much less likely to report verbal abuse¹³.
- 8 The NHS *zero tolerance zone* campaign⁸ has been developed and implemented in partnership with the trade unions in the health sector and good progress has been made in raising awareness and disseminating good practice. Whilst all NHS trusts have embraced the values set out in the campaign there has been mixed success in encouraging staff to report incidents. Wide variations in reporting standards, different definitions and continued under-reporting, make it impossible to say conclusively how far the increase in reported violence reflects an actual increase in incidents, or measure how trusts, individually and overall, are performing. There also remains a high and varied level of under-reporting of incidents (which we estimate is around 39 per cent).
- 9 Reasons given by staff for not reporting incidents include concern that the incident might be viewed as a reflection of their inability to manage the incident, not wanting the attention any action might bring and forms being too complicated or inappropriate for recording what happened. Staff also fear that no action will be taken or that the NHS trust is unlikely to give them adequate support. Staff surveys also indicate that a lack of feedback on actions taken to deal with or reduce incidents discourages reporting^{14,15}.

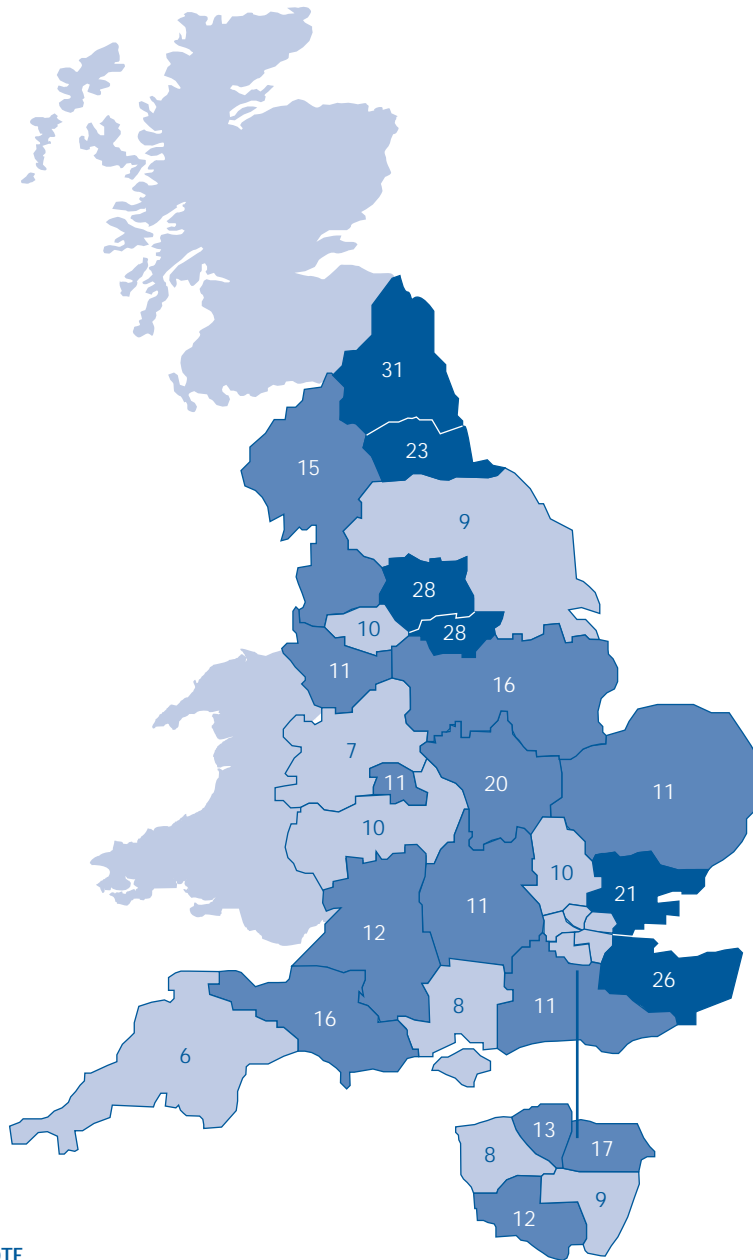
Violence - "any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health"

- European Commission DG V 1997

Source HSC 1999/229⁷

ⁱ The *Working Together* targets and the *Improving Working Lives* initiative were subsequently incorporated into the HR in the NHS plan, launched in July 2002, the Government's workforce strategy for the NHS.

1 The average number of reported incidents of violence and aggression per 1,000 staff per month in 2001-2002, shown by Strategic Health Authority



NOTE

The average number of incidents per 1,000 staff per month in 2001-2002 is 14 for all Trusts and 33 for Mental Health Trusts (Figure 4). Strategic Health Authorities with incident levels of 20 or more all contained one or more Mental Health Trusts.

Source: National Audit Office survey of Trusts

- 10** A number of research projects have demonstrated clear links between violence and aggression and staff sickness absence, turnover and lost productivity^{16,17,18}, but there is no consistent NHS trust data on this making it difficult to quantify the impact on, and cost to, the NHS. International research aimed at estimating the cost of workplace violence and stress concluded that there were too many uncertainties and factors to consider, such as being able to identify the reasons for staff absences, to attempt detailed cost calculations¹⁸.

- 11 In our report *A Safer Place to Work: improving the management of health and safety risks to staff in NHS trusts* we estimate that the direct cost of work-related incidents is £173 million per annum, (excluding staff replacement costs, treatment costs and compensation claims)⁷. Given that violence and aggression account for 40% of incidents reported to us, a crude estimate suggests that the direct cost is likely to be at least £69 million per annum. This takes no account of the human costs, such as physical and/or psychological pain and increased stress levels, which are known to be substantial, nor the impact of violence and aggression on staff confidence and retention.
- 12 Measures to reduce violence need to be based on sound risk assessment and risk management underpinned by effective strategies and locally developed policies¹⁹. The Health and Safety Executive identified concerns about the lack of risk assessments in NHS trusts in situations where staff were at risk from violence (**Appendix 4**). Around 90 per cent of trusts have policies but the content varies, including over 20 different definitions of violence, and staff and other relevant parties are not consistently consulted in drawing them up. There are concerns that some strategies might conflict with staff's legal rights to defend themselves, but the majority of trusts had not subjected their policy to legal review²⁰.
- 13 Managing violence and aggression involves a range of action including risk assessment, prevention, timely response, and also learning from incidents¹⁹. All NHS trusts recognise that some form of training is necessary to help prevent incidents, including induction training aimed at all staff, and dedicated violence-related courses directed at staff particularly at risk. However, there is little evidence of risk assessment of training needs, wide variations exist in the level and types of training provided and in the numbers and types of staff receiving the training, and there is a lack of evidence-based information on successful approaches²⁰.
- 14 Three quarters of nursing staff have received induction training and, together with NHS ambulance trust accident and emergency staff, are the most likely group to attend specialist, violence related training courses. In contrast, only half of all doctors have received any induction training and are the least likely to attend other courses, this is particularly so for junior doctors who are often on rotation and face conflicting demands on their time, making attendance difficult. Although *zero tolerance zone* guidance stresses the need for all staff who interact with the public to receive appropriate training, support staff such as receptionists and porters rarely receive adequate training. Overall, 80 per cent of trusts' accident and emergency department managers and sixty-eight per cent of ambulance trust operational managers believe that the level and coverage of violence and aggression training that their staff receive is inadequate.
- 15 We found a lack of consistency in the way that NHS trusts manage the consequences of violence and aggression, including the support provided to those staff affected. Some trusts provide their staff with fast access to counselling and other support mechanisms while others provide only limited access. A Nursing Times survey of 1,500 nurses in April 2002 showed that, of the 581 who had been assaulted whilst on duty, only 11 per cent were afforded counselling following the incident, and this can be a significant reason why staff choose not to report cases²¹. Departmental guidance issued to trusts in October 2002, emphasised the importance of counselling services being available, but only after an assessment has been made as to its likely benefits as evidence suggests that poor services or those used inappropriately, can do more harm than good²².
- 16 There is a balance to be drawn between the amount of security that can be put in place and the operational requirements of NHS trusts and creating a patient-friendly environment^{23,24}. Security measures vary across trusts, for example the use of CCTV (92 per cent of trusts), panic alarm systems (85 per cent of trusts) and having security staff (40 per cent of trusts) and or a police presence (20 per cent of trusts). While a number of good practice case examples demonstrate that there



have been some successes in reducing violence and aggression, most of the evidence is anecdotal and there is limited quantifiable evidence on the effectiveness of these measures²⁴.

- 17 Research shows that rising activity levels and staff workloads make NHS trusts more susceptible to increased risks^{24,25}. In accident and emergency departments, factors such as reducing waiting times and improving the waiting environment, are seen as key to reducing violence and aggression by removing causes of stress to patients and their families. The approaches used to improve the waiting environment vary, for example the use of information screens, refreshment areas and children's play areas, but many trusts identified a problem in making a business case for investment due to a lack of scientific evidence of the effectiveness of these measures²⁴.
- 18 Violence and aggression against NHS staff results from a complex combination of personal or situational reasons such as fear, anxiety or frustration, medical or psychological conditions, drugs or alcohol¹², and it is difficult to predict when and what might trigger an incident. Measures that aim to deter people from acts of violence are essential, but while most NHS trusts have promulgated the policy of zero tolerance (4 per cent of trusts have not advertised the campaign), translating theory into practice has proved difficult for some. In particular, while there is no central data on prosecutions, staff surveys show that prosecutions are rare^{14,20}. Although all trusts were required to assess the need for a policy on withholding treatment by April 2002²⁶, we found that 39 per cent of trusts had such a policy and 44 per cent were developing one. This deadline was subsequently extended to 31 October 2002. In practice, most trusts have found it difficult to implement.
- 19 The NHS cannot tackle this issue alone. They need to work in partnership with the local police and also the Home Office, Crown Prosecution Service, Social Services and the media¹⁹. The launch of the NHS *zero tolerance zone* campaign is a good example of this partnership working⁸ and in September 2000, new sentencing guidelines were issued to ensure that magistrates take into account when sentencing whether the offence occurred in hospital or medical premises and whether the victim was serving the public²⁷.
- 20 While 61 per cent of accident and emergency departments and NHS ambulance trusts believe that they have satisfactory or very satisfactory relationships with their local police, staff need a clearer understanding of what, when and how to report incidents to them, and the police and magistrates need to adopt a more consistent approach to dealing with incidents in NHS settings.
- 21 The Department's 2000 report, *Organisation with a Memory*²⁸, concluded that most incidents involving patients are systemic and that there are clear lessons to be learned from other industries, for example security and protective services, public transport, educational and welfare and retail outlets. The Department's guidance and good practice examples on the *zero tolerance zone* web site already reflect most of the approaches taken by other sectors, and indeed in many respects may lead the way. Likewise, international research into *Workplace Violence in the Health Sector* concluded that the resource packages provided in the *zero tolerance zone* campaign are "the most comprehensive"²⁹.
- 22 From April 2003, the new Counter Fraud and Security Management Service, established as a Special Health Authority in January 2003, will take over responsibility for all policy and operational matters relating to the management of security in the NHS, including leading the work on reducing violence and aggression against NHS staff. Prior to this, responsibility has been with NHS Human Resources Directorate who lead on all staff welfare, health and safety issues under Improving Working Lives. It is essential that any transfer of responsibilities maintains the progress to date of the *zero tolerance zone* campaign and that preventing violence remains an integral part of improving the quality of working life for NHS staff.



Recommendations

a

Improving information on the extent and impact of violence and aggression

23 The Department should:

- a) issue further guidance on the need for a consistent approach to identifying and recording incidents and measures for tackling under-reporting, drawing on the experiences of those NHS trusts that have introduced a fair and just reporting culture, together with good practice reporting systems;
- b) drawing on the opportunity presented by the new performance monitoring arrangements under *Shifting the Balance of Power*³⁰, encourage the new Strategic Health Authorities and Workforce Development Confederations, to work with NHS trusts to set priorities and local targets for reducing the impact of violence on staff, based on agreed definitions;
- c) encourage the new Commission for Health Audit and Inspection to include questions about staff's experience of violence and aggression, including the support provided, using the planned national surveys;
- d) help NHS trusts prioritise actions for reducing incidents, by ensuring that the new NHS Electronic Staff Record System is developed to capture information on reasons for work-related staff sickness absences and turnover, including those related to violence and aggression;
- e) work with the NHS Litigation Authority and Health and Safety Executive to support the development of a robust costing methodology for assessing the financial impacts/outcomes of incidents of violence and aggression. Full appreciation of the impacts and costs should help NHS trusts prioritise actions to tackle violence and aggression, and develop sound business cases for investment in counter-measures; and
- f) ensure that in transferring lead responsibility for reducing violence and aggression to the new Counter Fraud and Security Management Service, that reducing violence remains part of the strategy for improving the quality of working life in the NHS. It is also important that health and safety managers and staff side representatives are consulted in taking forward any changes.

24 NHS trusts should:

- g) review their policies to ensure they support a clear, unambiguous reporting culture in which staff understand the need for, and are confident in, making accurate and timely incident reports and how these reports will be dealt with;
- h) review their incident reporting systems and procedures to ensure that the information required is properly defined and that staff are clear about why the data is being collected and how it will be used;
- i) use the opportunity presented by the new Electronic Staff Record System to ensure that information on extent and reasons for work-related sickness absence is captured and interventions prioritised accordingly;
- j) ensure that staff surveys include questions about the impact of violence and aggression, and the constraints to reporting incidents and feed the results into action plans;
- k) ensure exit interviews identify cases where staff leave due to concerns or experience of violence and aggression and feed the results into action plans; and
- l) set up systems to monitor the cost of work-related ill health retirements, legal fees incurred and compensation awards due to incidents of violence and aggression and that these are reported to the Trust Board at least once a year.

b

Improving the protection of staff from violent and aggressive incidents

25 The Department should:

- m) provide a policy framework to help NHS trusts clarify the legal implications of their policies for violence and aggression;
- n) encourage NHS trusts to integrate their strategies for managing violence and aggression into the trust risk management arrangements;
- o) build on the research already undertaken to identify the most effective techniques of physical intervention appropriate for responding to incidents that commonly occur in the NHS workplace, including both predictable incidents and ways of responding to unforeseeable circumstances that might require physical interventions, and produce and disseminate guidance;
- p) build on and develop the work being carried out in relation to training of staff in NHS Mental Health Trusts so as to achieve a system of accreditation for all violence and aggression training;
- q) continue to promulgate good practice examples on the *zero tolerance zone* website, particularly where NHS trusts have demonstrated the positive benefits of changes made to the management of violence and aggression, including changes to security measures and to the physical environment;
- r) commission research to identify the extent and reasons why staff fail to report serious incidents to the police, what circumstances enable the police to press charges and why some prosecutions are successful and others fail, so that staff have a clearer understanding of the prosecution process as it applies in the NHS;
- s) review the guidance on withholding treatment, to ensure that it is being applied consistently and in all sectors; and
- t) share good practice in managing violence and aggression with other public and private sector services and industries that have significant contact with the public and continue to promulgate good practice.

26 NHS trusts should:

- u) review their policies on violence and aggression including the withholding of treatment, ensuring that they reflect the views of staff, staff representatives, police and legal advisers;
- v) review their approach to risk assessment, ensuring that high risk areas such as emergency services are evaluated regularly, appropriate action taken and staff informed of the extent of the action;
- w) take a more strategic approach to induction and other training and development based on an annual training needs analysis for all clinical and support staff;
- x) ensure that their strategies for occupational health are pro-active and include measures for dealing with the effects of violence and aggression, including understanding its impact on stress, sickness absence and staff retention and providing counselling and other support to staff while ensuring that there is more formal follow-up by managers;
- y) apply central guidance on pursuing prosecutions in a consistent and comprehensive way, within a strategy that includes staff support; and
- z) ensure full compliance with the statutory requirement to participate in crime reduction partnerships thereby encouraging the development of cross cutting solutions to reducing violence and aggression which benefit the NHS and wider community.