

2000/2001 Survey of Reported Violent or Abusive Incidents, Accidents Involving Staff and Sickness Absence in NHS Trusts and Health Authorities, in England

1. The NHS Human Resources Performance Framework sets out the responsibilities of the NHS as a whole for measuring and maintaining progress on the three strategic aims of *Working Together - Securing a Quality Workforce for the NHS*. One of these aims is for the NHS to demonstrate that it is improving the quality of working life for staff. The *Working Together* targets for creating healthy workplaces require NHS employers to secure an overall reduction in:

- incidents of violence to staff
- accidents at work

by 20% by the end of 2001/2002 and 30% by the end of 2003/2004, and

- levels of sickness absence
- by 20% by the end of 2001 and 30% by the end of 2003.

2. Performance against both the incidents of violence and accidents at work targets is measured on a financial year basis. The survey reported in this paper established 2000/2001 baselines for measuring performance against the improvement targets.

3. Performance against the sickness absence target is measured on a calendar year basis, and was included in the balanced scorecard element of the 2000/2001 NHS Performance Ratings for Acute Trusts. The Department of Health conducted an initial sickness absence survey in 1999 to establish local and national baselines. The national sickness absence baseline is 4.96%¹. The 2000/2001 survey reported in this paper measured sickness absence during calendar year 2000.

4. The tables at Annex A lists violence or abusive incidents, accidents involving staff and sickness absence figures by type of NHS Trust.

Main findings and commentary

Violent or abusive incidents

5. There were 84,273 reported violent or abusive incidents in 2000/2001. The number of violent incidents varied by trust type, for example, the average for mental health/learning disabilities trusts was two and half times the average for all trusts.

¹ Sickness absence is measured as the time staff are absent from work as a proportion of staff time available.

6. The 2000/2001 figure for reported violent or abusive incidents compares to approximately 65,000 reported incidents in 1998/99 (the only other occasion when this information has been collected on a national basis). There are two main reasons for this increase:

- there has historically been significant under reporting of violence directed at staff working in the NHS. With support from the health trade unions, one of the key objectives of the Government's NHS zero tolerance zone campaign has been to improve rates of reporting amongst staff. This is vital if the risk assessment process in the NHS is to accurately reflect the true level of risk faced by staff.

Health Service Circular 1999/229, which set out the performance management process for the healthy workplace targets, acknowledged that the level of recorded incidents was likely to rise in the short-term;

- the 1998/99 survey identified significant differences in the way data on violent incidents was collected by NHS Trusts. For example, the definition of a violent incident in one trust might include verbal abuse, and in another trust it might be excluded. A common definition of violence for reporting purposes has been used for the first time in the 2000/2001 survey. This definition now clearly involves verbal abuse. This common definition has probably contributed to the rise in reported incidents.

Recent developments

Withholding treatment

7. Department of Health guidelines on the withholding of NHS treatment from violent and abusive patients in NHS Trusts were issued to NHS employers on 2 November 2001. The national guidelines are intended to ensure that the need to protect staff is properly balanced with the need to provide healthcare to individuals. A recent snapshot survey conducted through the Improving Working Lives Leads suggests that the majority of trusts have reviewed the need to introduce local policies for withholding treatment, and, where appropriate, have either introduced such policies or are in the process of doing so.

8. In light of the 2000/2001 summary findings, the Department of Health will be reviewing the operation of the national guidelines to see whether these need to be strengthened, or adapted for implementation in specific NHS settings. NHS Trusts who have yet to review the need to have policies for withholding treatment, and/or have yet to introduce such policies, will be expected to have done so by the Autumn at the latest.

Prosecutions for violence against NHS staff

9. One of the key features of the NHS zero tolerance zone campaign has been to encourage closer working between NHS Trusts and other local agencies such as the police and Crown Prosecution Service. Recent, successful prosecutions brought against individuals for assaulting staff working in the NHS highlight one of the benefits of this approach. Examples of recent, successful prosecutions include:

- **(Blackburn, Hyndburn and Ribble Valley NHS Trust)** a man given 12 months prison sentence for assault causing actual bodily harm to A&E staff;
- **(London Ambulance Service NHS Trust)** four months imprisonment for common assault by a patient in his home, on two ambulance crew;
- **(East Anglian Ambulance NHS Trust)** a man was sent to prison for four months for threatening paramedics with a crossbow and replica gun; and
- **(Kettering General Hospital NHS Trust)** a patient was given five months for punching a doctor and guard.

10. The Department of Health will be reminding all NHS Trusts to ensure that staff working in the NHS report all violent or abusive incidents to their managers. They will also be reminded of the need to report incidents to the local police and urged to nominate Police Liaison Officers. Such individuals should have specific responsibility to:

- support staff when reporting incidents to the police; and
- explore how reporting arrangements in trusts can be strengthened and developed to ensure that the police have the appropriate evidence available to charge offenders.

NHS zero tolerance zone campaign guidance will be updated to reflect the fact that trusts should consider with their lawyers the need, where appropriate, to support a prosecution against an individual in cases where the Crown Prosecution Service decides not to do so.

11. It is important that when prosecutions are successful, the courts make full use of the range of sentencing powers available to them. New sentencing guidelines were issued to all Magistrates' Courts in September 2000. For a wide range of offences, the guidelines now include as aggravating factors, to be taken into account when sentencing, whether the offence occurred in hospital or medical premises and whether the victim was serving the public.

Improving Working Lives Funding

12. For the first time ever, new money was allocated in 2001/2002 specifically to support the efforts of managers and staff in tackling violence and abuse in the NHS.

The central funding, which was matched by employers, supported 173 local measures to protect staff, including:

- fitting central locking systems to 33 ambulance trust vehicles;
- purchasing personal alarms for staff;
- commissioning personal safety training for staff;
- installing/upgrading CCTV cameras at inner-city clinics;
- installing swipe card access systems; and
- introducing a voice logging protection system for community staff.

13. Further funding is being made available as part of the Improving Working Lives programme in 2002/2003.

Accidents involving staff

14. There were 108,743 reported accidents to staff in the NHS in 2000/2001. There appears to be no significant variation in accident levels between different types of trust.

15. The 2000/2001 figure for recorded accidents to staff compares to 120,474 recorded accidents in 1998/99 when this data was last collected nationally. The reduction in levels of accidents amounts to some 11,731 (9.73%) over the two years. This is an even more significant reduction if considered against the figure of 130,000 in the National Audit Office Report 1996. The main reasons for the decrease seem to be more awareness of the problem brought about by the introduction of targets, together with a campaign by the Health and Safety Executive (HSE) aimed at ensuring that accidents remained high on the management agenda. HSE have worked closely with the Department of Health to identify trusts with problems in the health and safety area, to ensure that accidents are covered by HSE inspections.

16. The 2000/2001 survey figures are in line with figures released by the HSE on accidents involving more than three days off work, which show a reduction from 6,308 in 1999/2000 to 5,316 in 2001/02.

Sickness absence

17. The national sickness absence level for 2000 was 4.68%. The rates of sickness absence varied by trust type, for example, levels are considerably higher in ambulance trusts than in community and acute trusts. Although the national NHS sickness absence level reduced only very slightly during 2000 this does compare favourably with the current trend in some other parts of the public sector.

18. Research by organisations such as the Institute of Employment Studies suggests that absence levels increase substantially when organisations are involved in change and reorganisation. It seems likely, therefore, that closer management of

sickness absence by NHS employers has succeeded in keeping absence levels at a relatively low rate historically whilst at the same time managing a major change in the structure of the NHS. As change in the NHS takes effect the continued management of sickness absence should show further improvements in absence levels across the NHS.

Recent developments

19. 40% of sickness absence in the NHS is due to back pain and musculo skeletal injuries. To combat this the Department of Health, in partnership with Unison, the Royal College of Nursing, the British Medical Association, the Chartered Institute of Physiotherapists, the National Back Exchange and the Health and Safety Executive, will be launching a national NHS campaign, *Back in Work*, during July. The Campaign is aimed at raising awareness of the problems of back pain and encouraging managers and staff to work together to reduce musculo skeletal injuries and their causes.

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