

# Violence and aggression in the NHS

Estimating the size and the impact  
of the problem

INTERIM REPORT





# Contents

# 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

## 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 year<sup>1</sup>. 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.

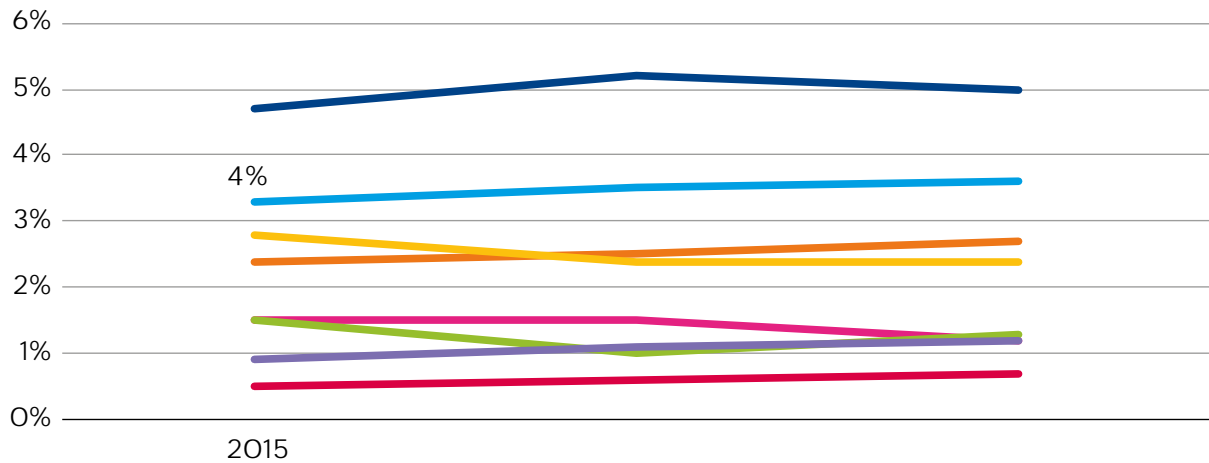
**Table 1: Total assaults by type of organisation**

	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%

## NHS Staff Survey for England 2017

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







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

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



**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,



*“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.”*

*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*

*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



*“We feel undervalued. We work under extremely stressful conditions in a role many*

*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

## 3. Conclusions

# References

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