

Human Resources: Harm to staff Proactive Release: 17 May 2019

13 May 2019



Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 15 April 2019. You requested the following information:

- The total number of assaults against nurses by members of the public from 2013-2018.
- How many assaults against nurses by members of the public, broken down by each year from 2013-2018.

Counties Manukau DHB responds to a number of requests for information on this topic each year. Like other state sector agencies, we now proactively publish responses to Official Information Act requests in a searchable matter on our website.

• https://countiesmanukau.health.nz/about-us/official-information-act-requests/publicly-released-oias/

We believe these several of these responses will address your question, and ask that you review them (best search term is 'harm to staff'), and contact us if you still require additional information.

Before answering your questions, the following may also provide you with useful context.

CM Health services provide health services to in excess of 569,400 people residing in South Auckland, both in hospital and community settings. Obviously, many of these people are acutely unwell and/or in distress when they require care and that can result in behaviours that our staff members need to manage and respond to.

We employ over 7,000 staff, and are constantly working to create a safe work environment. We are clear that it is unacceptable for anyone to experience violence and abuse while working in or receiving care from our services.

Our Incident Reporting system is intended to enable DHB staff to report on any incidents in their workplace, and to have these fully investigated and resolved. However, this can mean there can be issues with data 'uniformity' and interpretation, and we cannot always directly extract information across all incidents logged. Given the differences in reporting systems, and in the DHB sizes and services, comparisons between DHBs can also be misleading.

Each incident is counted as a unique file, and we use coding themes to guide the allocation of incidents, along with narrative text that provides extended details, but this is not as easily coded. While there are 'nominated' codes for types of incidents reported, these may not always be consistently interpreted by everyone. In addition, there will be a range in the severity of incidents within the same code group.

When an incident is logged, details of victim and perpetrator are only in the text descriptions, and may not identify the qualification of the staff member, or their role. Due to the way that incidents are logged, it is not possible to accurately discern from the statistical fields, just assaults on staff members and whether that staff member was a Nurse, and to identify if the perpetrator was a patient, a visitor or a member of the public (although, this is generally clear from the textual description). Incidents can involve more than one type of violence and one incident may be reported by multiple people.

With the above caveats, we can provide the total number of incidents related to violence or aggression that have occurred at Counties Manukau DHB during the years requested.

Annual total number of reported violent incidents calendar years 2013 – 2018

The following totals include *all* violent incidents reported at CMDHB, regardless of whether the victim was a staff member, patient or visitor, and regardless of whether the perpetrator was a patient, visitor or member of public.

Year	Total
2013	518
2014	517
2015	431
2016	463
2017	474
2018	529
TOTAL	2,932

The following Specific Incident Types are included in these numbers:

- o assault physical
- o assault sexual
- assault verbal/ gesture
- o behaviour aggressive/ threatening
- o behaviour violent
- hit/ bitten/ scratched by person

We note that this data shows reported incidents per annum since 2015, but accept that will not be the totality of the cases where staff deal with aggression or verbal abuse. The incident type "hit/bitten/scratched by person" is typically used for incidents where the victim was unintentionally hit, bitten or scratched.

We have also provided the data above by totals of each type of assault/ behaviours, noting that some incidents included more than one type of behaviour.

• Type or nature of all reported incidents calendar years 2013 - 2018:

Specific Incident Type	Total
assault - sexual	44
behaviour - violent	177
hit/ bitten/ scratched by person	181
assault - verbal/gesture	322
behaviour - aggressive/ threatening	1,008
assault - physical	1,388

Accurately determining the role/ profession of a victim, and isolating those cases for the period you have specified would require a manual review of all of the incidents. This would be a substantial piece of research, and collation, as the data fields would need to be confirmed. We have considered if this can be achieved, however, the work involved for five years of reports would compromise other operation priorities for the DHB. We are therefore declining this element of your request, under the Act - Section 18f — substantial collation and research. We believe it is important that the DHB focus on the investigation of incidents as they occur, and of system-wide changes to reduce the number of instances.

We acknowledge that there has been an increase in reported incidents of violence (including physical and verbal) toward staff, but believe this is due to a range of factors, including increasing staff awareness of the importance of formally reporting all types of incidents (both against staff and patients), rather than simply an increase in incidents of physical violence, as we deliver services to more people each year.

Different services in our system will have different numbers of incidents, and have different resources available and clinical skill levels to deal with these types of situations, that can affect reporting. We provide all staff with opportunities for training to learn risk assessment, de-escalation and effective communication techniques that aim to reduce the number of such incidents, and the adverse impacts that can result.

All incident reports are automatically sent to managers for investigation and follow—up. If appropriate, we will support individuals to debrief, access additional health and/or counselling services if desired, and to work with NZ Police, if they pursue investigations.

During 2018, the Emergency Department at Middlemore Hospital starting use of a "code Orange" reporting system, which enables rapid flagging of situations that may require additional assistance/intervention, including:

- Intimidating or manipulative behaviour from patient, whaanau or visitors
- Aggressive/ intoxicated or suicidal patient or visitor
- Event or behaviour in which staff feels uncomfortable or compromised
- Unwelcome visitors
- Patients, whaanau or visitors refusing to be sensitive to, or respect the rights of others to privacy, extremely stressed patient, whanau or visitors

We have implemented a range of service-specific initiatives in clinical areas of greatest need, including the Emergency Department, Mental Health, and with our security and orderly staff, to further enhance our staff's ability to report, debrief and prevent issues of violence against staff and/or patients. These

initiatives include use of CCTV, personal alarms, input from specialist staff, and enhanced training. In addition, we continue to use social media and other messaging with our wider Counties Manukau community about living our CM Health values, and treating others with respect.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

Fepulea'i Margie Apa

Chief Executive