Violence against nurses: tougher penalties are just the first step

The new law must be backed up with improved staffing levels and support for those who report incidents, say experts

IN THIS SECTION

Analysis Can a new law protect nurses from assault at work? p35
Feature How to inspire and innovate at work p38
Peer-reviewed article CPD: Developing resilience – the role of nurses and organisations p43
Multiple-choice quiz Test your knowledge of resilience p49
confidentiality by giving the name of the assailant to police”, which is not true,’ she says.

Announcing the new law, the Ministry of Justice said 17,000 NHS staff had been assaulted in England in 2015-2016. However, Nursing Standard has learned there were 70,555 assaults recorded against NHS staff during this period in England, with the ministry discounting the remaining 53,555 ‘due to the patient’s medical condition’.

Ms Sunley argues that medical conditions are not reason enough for immediate dismissal of assaults. ‘Justice shouldn’t stop at the hospital gates, just because a person has a condition doesn’t mean a case shouldn’t be investigated,’ she says.

She also notes that the government was quoting figures collected by the now-defunct NHS Protect. Because the body collecting that data no longer exists, she asks: ‘How can we measure the effectiveness of the act, and of local measures, if we don’t have the data?’

Only part of the solution
Nurses working alone, particularly in the community, can feel especially vulnerable. To counter this, many employers have introduced personal protection devices (see box).

While Ms Sunley welcomes their wider use because they make staff feel safer, she says the devices on their own are not enough. ‘The introduction of the devices has to come with a strategy of training and explaining the value of them.’

Technology is always only a part of the solution, she says, with communication from management about known threats, and staff feeling comfortable reporting incidents other important factors.

The Health and Safety Executive (HSE) acknowledges that issuing alarms may help reduce the fear a nurse feels, but says there are other things an employer can do, such as providing training in dealing with aggressive or violent people and in how to de-escalate an incident, and making sure handover information highlights any potential problems.

Personal protection devices alone will not prevent incidents from occurring, its guidance says, ‘however, if used correctly and in conjunction with robust procedures, they will improve the protection of lone workers’.

Personal safety devices: ‘standard kit’ for lone workers

Last month, three companies were named as the preferred suppliers of personal safety devices for at-risk workers in the NHS.

About the size of a USB stick, the devices enable nurses who are or feel threatened to subtly alert authorities that they need help.

Send for Help co-founder and marketing director Will Murray says the company currently provides 18,000 devices to 180 trusts and boards across the UK.

He believes personal safety devices should become a standard part of kit for any nurse who works in a dangerous setting.

High-risk environments
‘In the same way that someone who works on a construction site isn’t allowed on a building site unless they’ve got a hard hat, high-vis vest and steel-cap boots, we consider high-risk individuals should carry a personal safety device,’ he says.

The latest models feature two-way audio and dead-man’s-switches, which could detect a sudden attack or serious vehicle accident.

A Nursing Standard investigation earlier this year revealed there were at least 1,544 assaults against nursing staff working alone in England between 2015-17.

District nurse team manager Arielle Goodbourn, who works for care provider Livewell Southwest, says a personal safety device provides some peace of mind. ‘It is good to know you can call someone in an emergency situation and that they will listen to the conversation and call the appropriate responder,’ she says.

But while the devices offer some reassurance, they haven’t eliminated the risks of working alone, she says.

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Kim Sunley, RCN national officer

well the dangers nurses face on a daily basis. Ms Pearce, who has experienced multiple assaults at work, recalls one incident when she was a healthcare assistant and was held hostage by a patient.

‘She had a piece of plastic to my neck, and it was only the fact that I took her to the lift that I was able to summon assistance,’ she says.

Her workplace’s response to the incident was indicative of the general lack of learning and reflection in the nursing profession in relation to violent incidents, she says. ‘When I went back to the ward the following day… in the handover it wasn’t even mentioned. There was no learning from the event, sharing of information or even a “how are you”’.

Ms Pearce suggests other nursing disciplines could learn from the way mental health nurses respond following incidents: ‘If there is an event they ask, “right, what happened 20 minutes before that?”’.
Ms Pearce describes violence against nurses in emergency departments as endemic and says perpetrators generally receive nothing more than a slap on the wrist.

‘It’s happening every day on every shift, we’re all getting shouted out, we’re all getting punched, we all have these things happen but not enough is being done about it,’ she says.

‘I’ve been in situations where I’ve had someone I’ve pressed charges against, given a statement for, they’ve been fined £50 and within six weeks they’ve re-presented and behaved in the same manner.’

While Ms Pearce welcomes the new law for England and Wales, she wants to see more education for nursing students on de-escalation and breakaway techniques, and greater support for nurses who experience violence.

‘Rather than that person being penalised for behaving in the manner that they are, it’s turned around on the nurses to be the bigger people,’ she says. ‘It’s like being an abused partner – you rationalise it as being part of the job and you just take it.’

The Scottish example

The new law in England and Wales comes more than a decade after similar changes were introduced in Scotland. The Emergency Workers (Scotland) Act 2005 made it a specific offence to assault a police, fire service or ambulance service officer, doctor, nurse or midwife while they are on duty. The offence carries a penalty of up to 12 months’ imprisonment and/or a £10,000 fine.

The latest available data from the Scottish Government show that 58 people were given a custodial sentence under the law in 2015-2016. However, this figure pales in comparison to the number of assaults reported for the same period: in 2015-16, 407 assaults (against all emergency workers, not just NHS staff) were reported to the public prosecution service for Scotland;

of these the prosecutor proceeded with 296 cases.

The prosecution service’s chief legal officer, lord advocate James Wolffe, has pointed out that in a ‘significant number of cases’ charges were dropped due to the mental or physical health of the accused.

RCN Scotland associate director for employment relations Norman Provan says it is not enough to rely on stronger penalties, and issues that exacerbate aggression among patients needed to be addressed.

‘We understand that patients sometimes feel frustration with the service they are receiving,’ he says.

‘Nursing staff recognise and share patients’ frustrations at the impact that staff shortages can have, but patients expressing their annoyance through aggression is unacceptable.

‘While the knowledge of potential prosecution under the Emergency Workers Act may be a deterrent, more needs to be done to address staffing levels and ensure the right support is available for patients and staff across services.’

Meanwhile, due to the political paralysis in Northern Ireland, no new laws to protect nurses and other emergency workers in the country are likely to be enacted.

Northern Ireland ‘disparity’

RCN Northern Ireland director Janice Smyth says the suspension of the Northern Ireland Assembly means the country’s nurses are experiencing ‘unacceptable disparity’ with their counterparts on multiple issues, including protection against violence at work.

‘The RCN, in partnership with other health unions, health and social care employers and the Department of Health, is involved in regional work to tackle the broader issue of violence against health staff,’ she says.

But she adds that their efforts will be restricted by the political situation. ‘Regrettably, seeking enhanced legal powers to deal with those who attack health staff is simply not an option in Northern Ireland at the moment.’

Even with the new law in England and Wales, nurses are keen to point out this is just one step in the right direction, not the solution to the problem.

As Ms Sunley said when the campaign to enact the legislation was won in July: ‘This is not the end of the fight. These attacks do not happen in a vacuum, and improved staffing levels, properly funded services and better support from employers would help further mitigate the risk that too many healthcare staff run day in, day out.’