Tackling incidents of violence, aggression and antisocial behaviour

Natalie Houghton and Neill Hughes outline their trust’s strategy for reducing the levels of abuse and assault experienced by emergency department staff

Abstract

Salford Royal NHS Foundation Trust has developed and implemented a strategy to reduce the number of incidents of violence, aggression and antisocial behaviour (ASB) among patients in emergency departments (EDs) cost the NHS about £69 million a year (Department of Health (DH) 2011a).

The Home Office (2012) defines ASB as 'aggressive, intimidating or destructive activity that damages or destroys another person's quality of life'. It includes forms of nuisance, disorder and crime, from drunken or rowdy behaviour in public to intimidation and harassment.

The NHS Security Management Service (2009) reports each episode of violence, aggression and ASB directed toward staff in one of two ways:

- Physical assault, or ‘the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort’.
- Non-physical assault, or ‘the use of inappropriate words or behaviour causing distress and/or constituting harassment’.

STAFF ABSENCE, lost productivity and additional security due to violence, aggression and antisocial behaviour (ASB) among patients in emergency departments (EDs) cost the NHS about £69 million a year (Department of Health (DH) 2011a).

To tackle the growing problem of violence in the NHS, the DH has published guidelines on recording incidents of violence and aggression, and setting targets for their reduction (DH 1998).

One year later, the DH launched a ‘zero tolerance’ campaign against violence, aggression and ASB in EDs. As part of this strategy, trusts were encouraged to employ security managers and warn aggressive patients in writing that, if their behaviour continues, their treatments could be withdrawn (DH 2000).

Yet staff remain reluctant to report events. It was estimated that about 40 per cent of ASB incidents and 33 per cent of incidents of verbal abuse went unreported, while only one third of hospitals in England had sent out warning letters to violent or aggressive patients (National Audit Office 2003).

A 2010 poll of staff opinions about ASB shows significant under-reporting of ASB and limited implementation of the DH strategy, with many members of staff saying that ASB is simply part of the job (Ipsos Mori 2010).

Strategy

At Salford Royal NHS Foundation Trust (SRFT), implementation of these strategies has been problematic because staff have too little time to report incidents of violence, aggression or ASB. As a result, between 2010 and 2011, the trust devised and introduced a new strategy to reduce incidents of violence, aggression and ASB. This strategy includes:

- Establishing a new senior nurse co-ordinator role to manage responses to such incidents in the ED.
- Introducing a new incident-reporting system.
- Ensuring a multiagency response to incidents.
- Applying for antisocial behaviour orders (ASBOs).
- Retaining a system in which a series of letters are sent to patients involved in incidents.
Nurse co-ordinator role The principle author was chosen for this role, which she combines with her work with ‘frequent attenders’, most of whom misuse alcohol. She must strike a balance between the need to care for every patient with the need to protect staff from aggression.

After incidents of violence, aggression, or ASB have occurred, and during regular education sessions, she explains to ED staff why such incidents are unacceptable.

**Reporting incidents** The ED’s procedure for reporting incidents electronically was replaced by a paper-based system, in which templates of report form are displayed in the staff room and elsewhere to remind staff to complete them.

The nurse co-ordinator is responsible for following up incidents described in completed report forms, drawing up full incident reports and co-ordinating the trust’s responses to them. She then reports back to staff on how the trust has responded.
Multiagency response

Given the severity of some incidents of violence and aggression, it was decided that a multiagency approach must be adopted to deal with them appropriately. A team was set up to improve communication between agencies involved in responses to ASB. The team comprises:

- The nurse co-ordinator, who is the central point of contact for the other team members.
- The co-author, an ED consultant.
- The trust’s security manager.
- Two ASB officers from Salford City Council.
- A Greater Manchester Police liaison officer.

For the team to respond to ASB effectively, they must be able to share information about the people concerned, for example to judge whether they can be held accountable for their actions.

Traditionally, such information has been protected but legislation such as the Crime and Disorder Act 1998 and the Criminal Justice Act 2003 allows NHS and council staff, and the police, to share it to reduce ASB (HM Government 2008, 2009, Home Office 2011).

The nurse co-ordinator, advised, if necessary, by the multiagency team, is responsible for deciding appropriate responses to reported incidents. These incidents vary in seriousness and are dealt with accordingly. One response strategy can escalate to another if further events occur and several approaches can be taken at the same time. For example, a patient may be sent a first warning letter, while police collect enough evidence about the relevant incident to justify the patient’s arrest.

Antisocial behaviour orders

Many EDs are affected by low-level, recurrent ASB, yet no single, nationwide response to it has been devised. Such behaviour, which includes the use of offensive or threatening language, urinating in EDs and telephoning emergency services inappropriately, is not deemed serious enough to warrant withdrawal of treatment or the involvement of the police, but can cause significant disruption if repeated.

At SRFT, such incidents went almost unnoticed in the ED until the nurse co-ordinator role and a more thorough system of incident reporting were introduced, and it was found that a small number of patients were responsible for many incidents of ASB. The nurse co-ordinator then provided details of these patients to the ASB team at Salford City Council and discovered that the patients were creating similar problems in their communities.

The trust adopted the council ASB team’s system of requesting ASBOs for people who are responsible for six incidents of ASB in six months. After collating the numbers of such incidents in the ED with those in the community reports and evidence from the local ambulance trust, the multidisciplinary team found that many people were exceeding the threshold while evidence about their ASB was being gathered.

The collection of evidence for ASBOs usually takes at least three months but staff can reduce this by up to six weeks by intervening early, recording all relevant incidents and supplying evidence in a timely manner.

The issuing of ASBOs has led to a drop in ED attendance rates. Of the patients issued ASBOs who continued to attend, some modified their behaviour, but others did not and, as a result, breached their ASBO conditions. Once they do this, the police can arrest the people concerned.

Total ED attendance of the first three patients to be issued ASBOs on successive weeks before and after the ASBOs were issued is shown in Figure 2.

Warning markers

If patients who have been violent or aggressive re-attend the ED, ‘risk of violence’ markers are placed in their written and electronic records on their arrival. Issued according to NHS Security Management Service (2010) guidelines, these markers notify nurses that the patients may be violent or aggressive again and, in some cases, suggest that security staff should be alerted.

The nurse co-ordinator is responsible for updating the warning marker system, sometimes several times a week, and ensuring that staff continue to use it. Informal feedback from staff indicates that the system helps them to gauge risk.

Warnings by letter

The trust’s system of sending warning letters by registered post to patients involved in incidents of violence, aggression or ASB...
has been retained. Templates for the letters, which the nurse co-ordinator tailors to specific incidents, are available on the trust’s intranet site. Three kinds of letter are sent to people responsible for violence, aggression or ASB:

- The first kind, initial warning letters, draw attention to their inappropriate behaviour, and describe how they should behave and the consequences of failing to do so.
- The second kind, final warning letters, refer to the initial warning letters, draw attention to further inappropriate behaviour and warn that treatments will be withdrawn if the behaviour recurs.
- The third kind, withdrawal of treatment letters, refer to previous warnings, draw attention to continued unacceptable behaviour and states that, for the following year, the people concerned can attend for treatment only for life-threatening conditions or by appointment.

Initial warning letters are sent by the nurse co-ordinator after she has consulted the security manager, the others only with the agreement of the security manager and the trust’s chief executive. All three kinds of letter state that the crown Prosecution Service (CPS) will become involved if appropriate and, if possible, verbal explanations are given to patients known to have literacy problems. Copies of all warning letters are sent to patients’ GPs and details are kept on their hospital records for one year. As part of the trust’s policy on violence and aggression, patients can appeal decisions and incidents may be reconsidered in line with procedure.

Recipients of the letters respond in different ways. Some write to the trust to apologise for their behaviour and to offer to pay for the damage they have caused on receipt of initial warning letters. Others challenge their letters’ contents.

If patients are responsible for further incidents of aggression, violence or ASB, the trust chief executive must consider whether to withdraw treatment from them. If this decision is made, the patients concerned are sent final warning letters. If the patients continue to be violent and aggressive, and are convicted for assaulting staff, the trust withdraws their treatment for one year unless their lives are threatened by injury or illness. By the time most patients reach this level, other actions, such as the issuing of ASBOs, have been undertaken and the possibility that they will attend other hospitals has been considered as part of the requirements of their ASBOs.

Before the nursing co-ordinator role was introduced in 2010, only two warning letters had been sent by the trust. Since the role was introduced, however, 86 initial warning letters, four final warning letters and three withdrawal of treatment letters have been sent.

**Police alerts** Before SRFT implemented its ASB strategy, staff often became frustrated by the response of local police to violent incidents. The police would usually attempt to de-escalate situations by removing the people concerned from the ED and taking them home, rather than arrest and charge them, or fine them. Recently, however, the body responsible for NHS security, NHS Protect, has joined with the CPS and Association of Chief Police Officers (ACPO) to publish guidelines on how the NHS, CPS and police should respond to violent incidents (ACPO et al 2011). The nurse co-ordinator can draw on these guidelines to explain to staff why the police sometimes fail to respond to incidents as robustly as staff had hoped, while helping police officers gather staff statements.

Occasionally, crimes are not reported while perpetrators remain in the ED but, because communication with the police has improved, the nurse co-ordinator can help staff work with the police and the criminal justice system as soon as possible after the crimes have been committed.

**Ethics**

Taking action against violent, aggressive or antisocial patients is a controversial subject and the withdrawal of treatment is considered by some people to be unethical. The SRFT board considers that if such behaviour is not tolerated in the community, it should not be tolerated in EDs or waiting rooms, which are part of the community. This view is shared by the government, which states in its alcohol strategy document that denial of access to NHS services is a reasonable response to abuse or violence (HM Government 2012).

Such responses do not apply to patients whose violence, aggression or ASB is due to physical or mental illnesses, or to some patients who misuse alcohol or drugs. In all cases, the nurse co-ordinator is responsible for gathering and considering all information relevant to incidents to ensure that the trust’s responses are appropriate and proportionate to the behaviour concerned.

Withdrawal of treatment or requests for ASBOs are considered appropriate, therefore, for only a small number of people, for whom other interventions have failed. No ED should refuse patients, including those whose treatments have otherwise been withdrawn, treatments for life-threatening conditions.
Decisions about whether conditions are life threatening are made by the senior doctor on call. Good education of, and communication with, staff is vital, therefore, to ensure that such patients are treated only in these circumstances.

Conclusion
The development and implementation of SRFT’s strategy for tackling violence, aggression and ASB are part of a national trend. Over the past two years, for example, security staff in EDs have been given the power to issue aggressive or violent patients with on-the-spot £80 fines and, as part of a strategy to reduce alcohol use, the government is recommending a regular police presence in EDs (HM Government 2012).

After the nurse co-ordinator role was implemented, the culture of the ED gradually changed. Staff now report incidents of violence or aggression when previously they would not have done so, the numbers of such incidents has fallen and there have been fewer attendances by people known to be aggressive.

According to feedback from staff, fewer patients have been repeatedly violent, aggressive and anti-social, and interventions are initiated sooner. During formal and informal meetings with the nurse co-ordinator, staff have reported that they receive more support when such incidents occur, while partnerships formed between the trust and other agencies in the multidisciplinary team have improved.

As part of a DH (2011b) survey, staff in acute NHS trusts in England were asked to rate the effectiveness of employers in tackling violence and harassment, and staff experiences of physical violence from patients, relatives or the public, during the previous year. The highest and lowest scores respectively were given to SFRT (DH 2011).

Recommendations for practice
Emergency department managers should:
- Introduce a nurse co-ordinator role to ensure a senior member of staff can co-ordinate responses to incidents of violence, aggression and antisocial behaviour (ASB).
- Ensure staff are informed about how trusts respond to such incidents.
- Open communication channels with police, local council ASB teams and security managers.
- Implement trust strategies to improve reporting of incidents by ED staff.
- Request that antisocial behaviour orders are issued to people who are repeatedly antisocial.

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