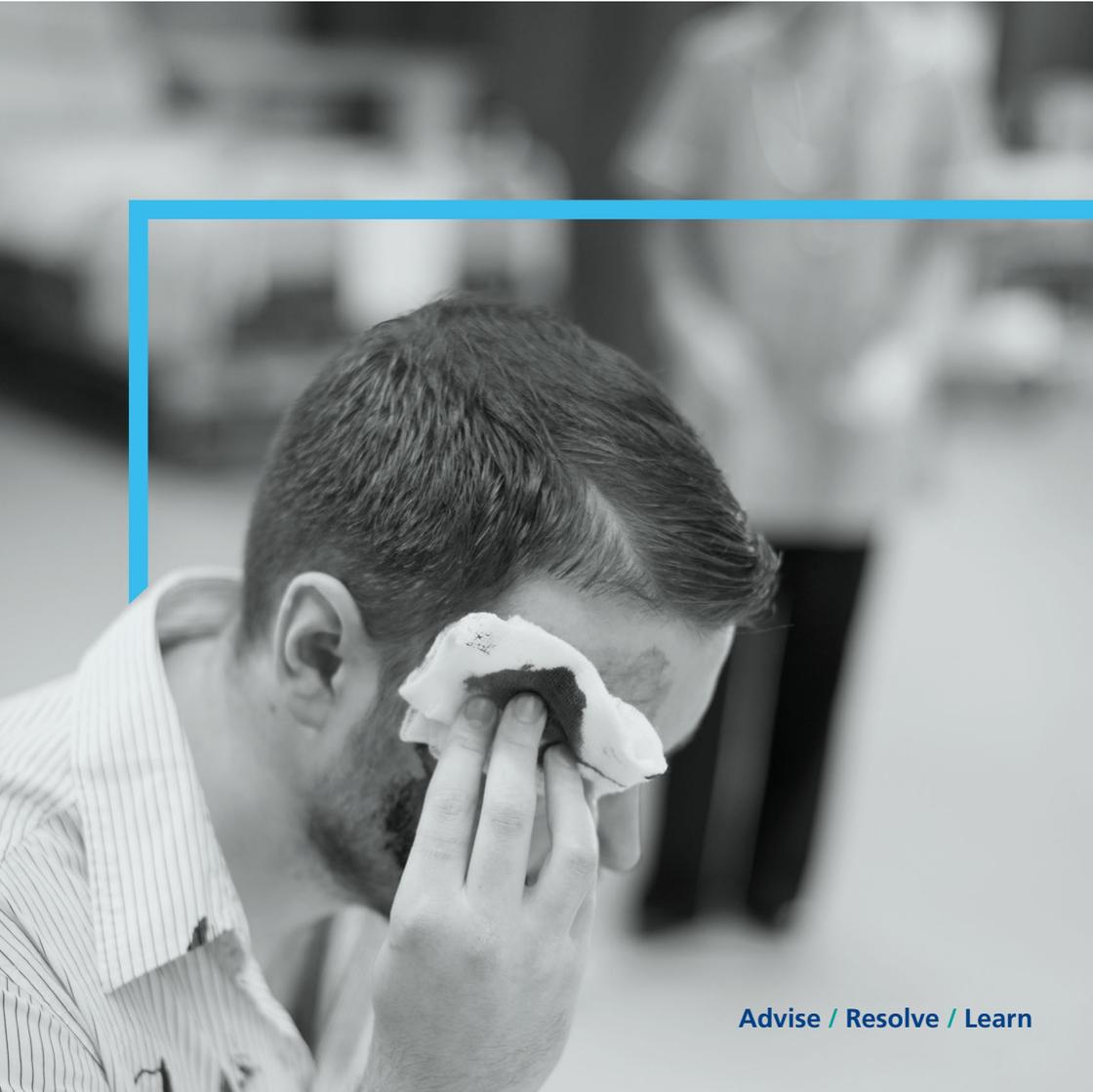


Did you know?

Insights from assault claims



Did you know?

£53.4 million will be spent settling 1,255 of the 3,227 claims made for assault received by NHS Resolution between 2013 and 2018¹. This is equivalent to employing 1,700 registered nurses for one year².

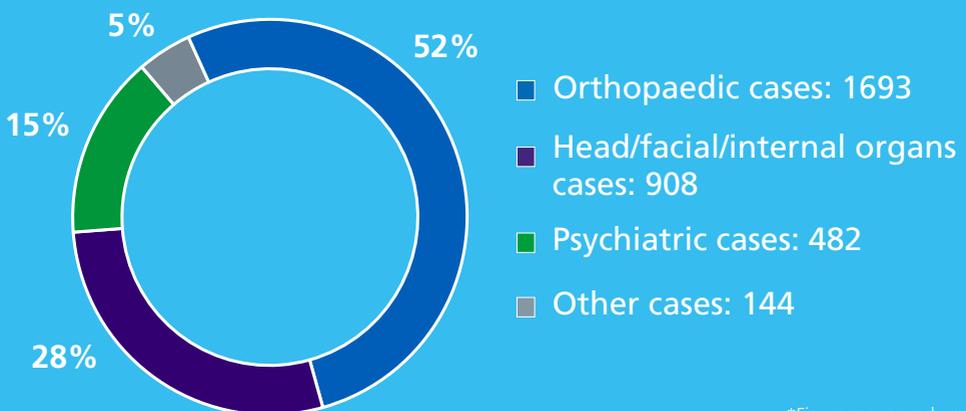
We are raising awareness of the human and financial cost of assault claims. Not all assaults result in a claim for compensation but there is a duty to report all assaults³.

Assault claims result in life changing physical and psychological effects on the individual and in the most tragic cases a loss of life, impacting families and carers.

Following an assault, staff are more inclined to leave the NHS and employers can struggle to attract and retain talent to work in their organisation⁴. The Health and Safety at Work Act 1974⁵ explains the legal responsibilities for employers.

Out of the 1,255 claims that resulted in a damages payment, the average payment was £23,000.

95% of the 3,227 claims made for assault fall into three case categories.



*Figures are round up

¹ Correct as at 30 June 2018, data from NHS Resolution claims management system

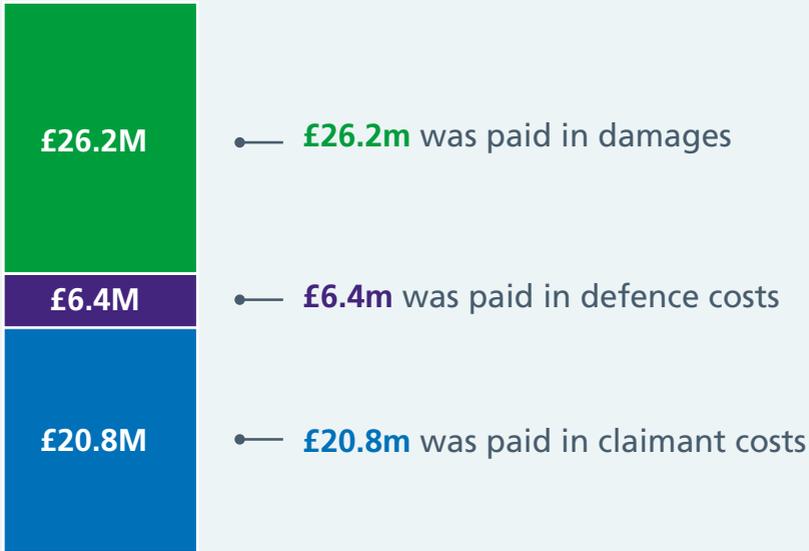
² [AfC pay scale band five 2018](#)

³ [Occupational health and safety consultants RIDDOR guidance](#)

⁴ [Safeguarding NHS staff from violence](#)

⁵ [The Health and Safety at Work Act](#)

The cost of assault claims



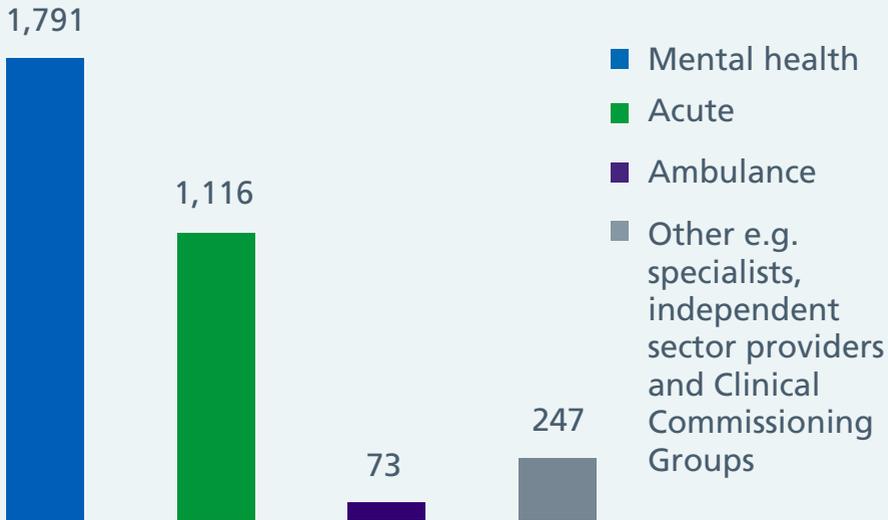
Occupation of claimant

	Notified claims	Unmeritorious claims ⁶
NHS support workers (ward clerks, healthcare assistants, catering and facilities staff)	1,509	789
Non-NHS employees (police, social workers, relatives and patients)	851	365
Nurses and allied health professionals (i.e. physiotherapists/ occupational therapists)	809	408
Ambulance staff	50	30
Doctors/consultants	8	# ⁷

⁶ Rejected claims

⁷ Number of claims fewer than 5 are marked with a "#" (in accordance with Data Protection guidelines)

Number of claims by care setting



Common risk factors

Location

- Mental health wards
- Emergency department

Clinical condition

- Medication causing confusion and aggression
- Mental impairment

First response staff

- Police
- Emergency department
- Community staff

Social triggers

- Alcohol
- Substance misuse

Common claims factors

- Incomplete evidence of staff de-escalation and safety training
- Lack of timely medical reviews and documentation of rationale for medication choice
- Poor post incident support to staff
- Lack of a systemic and systematic communication approach



Things to consider⁸

Staff

- maintain risk assessment records with family and carer information
- document rationale for treatment and medication
- ensure compliance with regular training in:
 - de-escalation
 - disengagement training
 - conflict resolution
- use of patient care passports to recognise indicators of distress
- access to emotional and physical support (including the police where necessary) during and after incident e.g. counselling
- ensure clear communications between care settings during investigations, including - sharing of information on changes to infrastructure, estates and equipment

Managers

- create an environment for implementing safe policy guidance (including collaboration with wider public services):
 - [lone worker guides](#)
 - [seclusion policy \(new guidance\)](#)
 - [managing the risk of violence at work policy](#)
 - [creating a just culture](#)
- ensure there is a process to share risk e.g. flag system in patient records for those with history of violence
- enable, monitor and evaluate staff training
- supporting staff through all stages of incident including wider escalation (police, RIDDOR) and aftercare (counselling and regular meetings)

- champion staff safety
- create an environment for sharing of best practice
- compliance with training, consider [Skills for Health training framework](#)
- consider the use of body cameras and the building environment
- ensure all assaults are reported to the Board

Links for further support and resources

[Better protecting the NHS Workforce: Implementing the NHS Violence Reduction Strategy](#)

[Regulation 13: safeguarding service users for abuse and improper treatment](#)

[Health and Safety Executive](#)

[Royal College of Nursing](#)

[UNISON](#)

[NHS Employers](#)

[NHS Employers Mental Health Act](#)

[NHS violence reduction strategy](#)

[Assault on Emergency Worker \(Offences\) Act](#)

[Guide for employers to support staff with reducing stress](#)

For further information please contact:
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Published May 2019

www.resolution.nhs.uk

